**RI CDBG Housing Rehabilitation Projects – Rolling Application Form**

**Part II. Property/Household Information**

**Instructions:** Complete and submit this section (one hard copy and one electronic copy) for each property requesting CDBG housing rehabilitation assistance. This form is designed for single family homeowner properties. Please contact OHCD for guidance on submitting rehabilitation requests involving rental units. Rehab property applications will only be considered if Part I was submitted in PY20/21. A completed application does not guarantee funding. For privacy/security reasons, do not email applicants’ sensitive personal information.

**Application Contact Name/Email:**

**Property Owner’s Name:**

**Property Address:**

**City/Town:**

**National Objective:** To be eligible for CDBG assistance, all projects must meet the L/M Income Housing Benefit National Objective. Use the [CPD Income Eligibility Calculator](https://www.hudexchange.info/incomecalculator/) and attach a signed pdf of 24 CFR Part 5 Annual Income Calculation with backup documentation.

Instructions for using the Income Calculator for CDBG Housing Rehab:

1. Select *CDBG Program*, then *Low/Mod – Housing* national objective.
2. Under *Beneficiary Location*, all communities except Hopkinton, Middletown, New Shoreham, Newport, Portsmouth, and Westerly must select *Providence-Fall River, RI-MA HUD Metro FMR Area*. Then select the 80% income limit.
3. Under *Beneficiary Location*, select *24 CFR Part 5 Annual Income*.
4. Enter data as prompted.
5. Print and obtain signatures. Note: Households above the 80% limit are not eligible to apply.

**Scope of Work:** Provide copy of work write-up and a comprehensive pre-inspection property report. Include photos. The work write-up should match the scope in the bid solicitation scope and the Environmental Tier II Review.

**Cost Estimate & Budget:** Complete *Housing Rehab Budget Form* and attach cost estimate(s) to verify costs. Explain the basis for cost estimates and other sources of funding. List all additional (non-CDBG) proposed sources of funding and approximate dates funding will be available.

**Environmental Review:**

Has a Tier 2 Review Statutory Checklist been completed for this property?      yes      no

Is the structure in the regulatory floodplain (1% annual chance)?      yes      no

If yes, attach copy of current flood insurance policy.

Historic Resources: Is this project consistent with a current Programmatic Agreement with R.I. Historic Preservation and Heritage Commission?      yes      no. If no, attach correspondence notifying RIHPHC and any response.

Is consultation with the Narragansett Indian Tribal Historic Preservation Office (THPO) required? (Remember to include a copy of [When to Consult with Tribes Under Section 106](https://www.hudexchange.info/resources/documents/When-to-Consult-with-Tribes-Under-Section-106-Checklist.pdf).)

     yes      no. If yes, attach correspondence notifying the THPO and any response.

Is this project consistent with Tier 1 Environmental Review or did it convert to Exempt?

     yes      no. (Remember to submit copy of Statutory Checklist with application.)

Date Authorization to Use Grant Funds (form HUD 7015.16) issued by OHCD:

**Lead Based Paint Compliance:** Include the following notification in homeowner certifications. *Please be advised that access to CDBG funding requires pre- and post-inspections for lead paint. The unit must be certified lead free or lead safe at project completion. The pre-inspection may result in the disclosure of a lead hazard which may not be able to be supported by the program.*

Year structure built:       If structure was built prior to 1978, Lead Based Paint Compliance is required.

Has a [Lead Safe Housing Requirements Screening Worksheet](https://www.hudexchange.info/resources/documents/MakingItWorkSampleForms.pdf) been completed for this scope of work?      yes      no. If “yes,” was this project determined to be Exempt from all requirements of 24 CFR Part 35?      yes      no. If “no,” compliance is required, based upon construction cost. Mark the applicable section below and attach documentation.

       Lead presumed to be present

       Surfaces to be disturbed were tested for lead

       Risk assessment/lead hazard screen was performed (N/A < $5,000)

*Note: The project file should contain documentation of all lead based paint compliance actions taken before/during/after construction, including a certification that the homeowner received the* [Protect Your Family from Lead in Your Home](https://www.epa.gov/lead/protect-your-family-lead-your-home-real-estate-disclosure) *pamphlet.*

**CDBG Residential Rehabilitation Application Checklist**

**Provide the information listed below to ensure that your application will be processed in an expedited manner.**

*(Note: If any of the items below are not applicable, please provide an explanation.)*

Applicant (Municipality): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Property Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CDBG Assistance Requested (not to exceed $120,000/unit):

Rehab: $ Operating (up to 20%) $ Total $

Household Size: Household Income: $

Sources of Household Income:

Tenancy (owner-occupied, tenants):

Municipal Cost Estimate: $ Date of Estimate:

Number of Bids Received: Name of Selected Low Bidder:

**Attachments: Attach supporting documentation in the order listed below.** *Include a cover letter describing special circumstances, if any. Examples include: tenants, multiple units, disqualification of low bidder, conflict concerns, phased work, etc.*

**A. Application Forms**

\_\_\_\_ *PY’2018 Municipal Application Cover* Form

\_\_\_\_ Completed *CDBG Residential Rehabilitation Application Checklist*

\_\_\_\_ Completed *Part II. Property/Household Information* Form

\_\_\_\_ HRSA Budget Worksheet <http://ohcd.ri.gov/community-development/cdbg/documents/applications/cdbg-hrsa-budget-form.xlsx>

\_\_\_\_ Completed Homeowner Application Form, with certifications

**B. Documentation of Ownership**

\_\_\_\_ Documentation of ownership (e.g. fee simple deed in homeowner’s name)

\_\_\_\_ Documentation real estate taxes and mortgage payments are current

\_\_\_\_ Documentation of approx. property value (e.g. tax assessor data)

\_\_\_\_ Documentation of property insurance (declaration page)

**C. National Objective Compliance Documentation(current within last 12 months)**

\_\_\_\_ Photocopy of homeowner’s driver’s license or Rhode Island State Identification Card

\_\_\_\_ Completed 24 CFR Part 5 Annual Income Calculation Form <https://www.hudexchange.info/incomecalculator/>

\_\_\_\_ Provide any and all proof of income for all adults (age 18+) that live at the property

\_\_\_\_ Last 6 months of bank statements

\_\_\_\_ Last 3 consecutive months of pay check stubs

\_\_\_\_ Current copy of social security statement/award letter

\_\_\_\_ Current copy of retirement/pension statements

\_\_\_\_ Current copy of unemployment statement

\_\_\_\_ Other third-party documentation as necessary (list)

**D. Scope and Procurement**

\_\_\_\_ Work write-up (include preparer’s name, title, date of site visit)

\_\_\_\_ Pre-inspection property report (include clear photos) and itemized cost estimate

\_\_\_\_ Copy of bid docs and transmittal or advertisement

\_\_\_\_ Copy of bids received, with selected (lowest responsive) bid marked

\_\_\_\_ Documentation selected contractor is not debarred ([www.sam.gov](http://www.sam.gov))

\_\_\_\_ Documentation selected contractor is registered/licensed and insured

Contractors: <http://www.crb.ri.gov/search.php>

Trades (electricians, plumbers): <https://dltweb.dlt.ri.gov/profregsonline/LicenseSearch>

\_\_\_\_ Selected contractor certification (no conflict of interest)

**E. Environmental Review**

\_\_\_\_\_ Completed Tier 2 Statutory Checklist, with supporting documentation

\_\_\_\_\_ Completed “When to Consult with Tribes under Section 106” checklist <https://www.hudexchange.info/resources/documents/When-to-Consult-with-Tribes-Under-Section-106-Checklist.pdf>

\_\_\_\_ Documentation of flood insurance (declaration page), if applicable

**F. Lead Based Paint Hazards**

\_\_\_\_\_ Tax Assessor documentation indicating year structure built

\_\_\_\_ Homeowner’s lead certification

\_\_\_\_\_ One of the following

\_\_\_\_\_ [Lead Safe Housing Requirements Screening Worksheet](https://www.hudexchange.info/resources/documents/MakingItWorkSampleForms.pdf), completed and signed; OR

\_\_\_\_\_ Lead-safe or Lead-Free Certificate(s)

\_\_\_\_\_ Documentation of determination regarding Lead Paint Hazards

**G. Rental Units\* (1-4 units only)**

\_\_\_\_\_ Current lease agreements

\_\_\_\_\_ Draft monitoring agreement

\_\_\_\_\_ Draft deed restriction

\_\_\_\_\_ Copy of [Uniform Act](https://www.hudexchange.info/programs/relocation/) correspondence with tenants

<https://www.hud.gov/sites/documents/1378X2CPDH.PDF> <https://www.hud.gov/sites/documents/1378X4CPDH.PDF>

\_\_\_\_\_ Completed OHCD rental spreadsheet

\*Contact OHCD for guidance. Additional documentation may be required.