



# CITY OF EDMOND CDBG OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM

Contact: City of Edmond, CDBG, 10 S. Littler/P.O. Box 2970, Edmond, OK 73083-2970. Phone **359-4694**, fax 359-4767, E-mail: [Susan.miller@edmondok.com](mailto:Susan.miller@edmondok.com).

## Eligibility Requirements

The purpose of this program is to rehabilitate homes within Edmond’s city limits to meet basic HUD standards, with emphasis placed on structural safety, handicap accessibility, sanitary conditions and energy efficiency. The primary beneficiaries are low to moderate-income individuals and families. This program is for owner-occupied, single-family homes. Investment (rental) property is not eligible.

1. To be eligible, the household’s gross income (before taxes) must be less than the following:

Size of Household	Annual Income
1 person	\$38,850
2	\$44,400
3	\$49,950
4	\$55,500
5	\$59,950
6	\$64,400
7	\$68,850
8	\$73,300

Gross income shall include all earnings of all individuals, who share the household, including children, relatives and unrelated residents. See the Application for a complete list of items to attach. Proof of any and all income must accompany your Application. (Do not attach anything to the Pre-Application.)

2. The applicant and his/her spouse must not have liquid assets in excess of \$35,000.00. Assets shall be defined as cash, cash deposits, checking accounts, savings accounts, certificates of deposit, stocks of publicly held firms on listed exchanges, certificates of beneficial interest or ownership, bonds, (including corporate, municipal, and other government issues), Trusts, Treasury Bills, Notes and Bonds, mutual funds, and similar funds or money market instruments.
3. The applicant must own and have occupied the structure for a minimum of one (1) year.
4. The applicant must submit documentation that demonstrates that hazard insurance coverage has been obtained on the subject property and will remain in effect to cover the total amount of indebtedness.
5. Applicant must commit to fully rehabilitate the property to meet HUD and City of Edmond rehabilitation standards. No partial work is authorized, unless work is to address EMERGENCY and/or HANDICAP ACCESSIBILITY needs only. If the lowest bid amount to rehabilitate the property exceeds the \$50,000.00 grant maximum (including lead-based paint testing and abatement), it is the applicant's option to cut non-essential items or cover the costs exceeding the grant maximum from personal cash resources and/or loans from another source. In some cases, the home will be deemed ineligible based on the dilapidated condition and cost to rehabilitate the home. Home reconstruction is available if funding is available.
6. The assistance is provided in the form of a no-interest, five-year, *forgivable* loan for the actual cost of the rehab. To secure this loan, the City of Edmond files a Second Mortgage (a lien) against the property at Oklahoma County. It is released at the end of the five-year period. If the recipient of the loan sells, rents, leases, or transfers the property within five (5) years, he/she will be obligated to repay the City of Edmond according to the following schedule:

< Over >

- After 1 year - 80% payback required
- After 2 years - 60% payback required
- After 3 years - 40% payback required
- After 4 years - 20% payback required
- After 5 years - -0- payback required

The payback provision shall also apply to and be binding upon heirs or devisees in the event of death of the original applicant. Loans may not be assumed (inheritance is not considered assumption). However, if title to property changes hands from the original inheritance, the loan as provisions stated above shall apply.

**Work Write-Up**

After all requested documentation is on file and verified, and it has been determined that the applicant and the home have qualified for the program, the CDBG Rehabilitation Specialist will then inspect the subject property. Most homes will also undergo lead-based paint testing by a certified agency. The results of the inspections will be compiled and included in an itemized description of work necessary to bring the house up to HUD standards.

**Bidding Process**

The CDBG staff will begin the bidding process. The Department has a mailing list of approved, qualified, general contractors that will receive a copy of the Work Write-Up and bid documents. All bids must be received by the CDBG Department before the specified deadline. The bids are then opened and sent to the CDBG Rehab Specialist for review, who then makes a recommendation to the CDBG Coordinator. The CDBG Coordinator reviews and approves the bid. Then prepares an approval letter for the homeowner.

**Loan Closing**

The loan closing will be held in your home. This meeting will consist of the applicant, the general contractor, and the CDBG Rehab Specialist. Important documents such as the FINAL WORK WRITE UP and the REHABILITATION CONTRACT will be read and approved at this meeting. This is your final chance to review the work that is to be done, the timeframe for completion, and to identify the responsibilities of both the homeowner and the contractor.

**Contractor's Payment**

The CDBG Rehabilitation Specialist will inspect all phases of the work. The contractor may receive 50% payment after 60% of the work is complete and approved/inspected by CDBG Staff. Invoices are to be signed by the homeowner prior to submission to the rehab specialist for payment. After the work and final inspections are complete, the contractor may request final payment. All checks will be made payable to the general contractor.

**One Year Warranty**

All work described on the Work Write-Up will be covered by a one (1) year warranty by the general contractor. It is the homeowner's responsibility to notify the CDBG Staff of any warranty work to be performed before the one year warranty expires.

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**PLEASE NOTE:** This program is for **Housing Rehabilitation**, and should not be viewed as a means to alter or remodel a dwelling unit. Rehabilitation means bringing the unit up to HUD and other standards so that the home is safe, accessible, sanitary, energy efficient, and structurally sound. Unless it is part of a handicap accessibility project, remodeling projects (such as room additions, relocating interior walls, or redesigning the home) are not eligible projects in this program. Certain items are considered luxury items and therefore are not eligible. Applicant/occupants are responsible for moving all furnishings before and after rehabilitation work. Failure to do so delays any and all rehabilitation work. This program is funded by the US Department of HUD's Community Development Block Grant (CDBG) Program.



**City of Edmond  
Community Development Block Grant (CDBG)  
Owner-Occupied Housing Rehabilitation (OOHR)**

Office Use Only

Date Received: \_\_\_\_\_

Staff: \_\_\_\_\_

Emergency Rehab

**Pre-Application**

This is a Pre-Application form. Once we receive this form at the address below, and review it to see what emergency you may have, you will be notified so Jeff Mathews can make an appointment to come out and see your home. If you need EMERGENCY assistance, for things such as loss of heat, water, roof leak or HANDICAP ACCESSIBILITY, please indicate in the space provided below.

\_\_\_\_\_  
OWNER'S NAME(S)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
BUSINESS PHONE

\_\_\_\_\_  
CITY, STATE, ZIP

Does your home have EMERGENCY or HANDICAP ACCESSIBILITY needs? \_\_\_\_\_ If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of children in your household: \_\_\_\_\_ Number of adults in your household (Living in the home) \_\_\_\_\_

How long have you owned this home? \_\_\_\_\_ Household gross annual income: \_\_\_\_\_

The table below is the HUD income limits based on the number of persons in your household. Does your household's gross annual income fall below the income limit for the number of persons in your household? \_\_\_\_\_

Size of Household	Annual Income
1 person	\$38,850
2	\$44,400
3	\$49,950
4	\$55,500
5	\$59,950
6	\$64,400
7	\$68,850

**I have read the CDBG OOHR Program Eligibility Requirements and certify that I meet these requirements. I understand that this is a PRE-APPLICATION. The above information is true and I understand that any misinformation given could result in the dismissal of this request.**

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit Pre-Application to:  
**CDBG Coordinator**  
City of Edmond  
10 S. Littler/PO Box 2970  
Edmond, OK 73083  
Susan.Miller@edmondok.com  
Phone: 359-4694 Fax: 359-4767



**CITY OF EDMOND  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
OWNER-OCCUPIED HOUSING REHABILITATION (OOHR)**

<u>Office Use Only</u>
Date Received: _____
Staff: _____

**APPLICATION**

\_\_\_\_\_  
OWNER'S NAME (S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
BUSINESS PHONE

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Please briefly describe the work needed at your home: \_\_\_\_\_

Have you received housing rehab funds from another source? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you ever been contacted or received a citation from a City of Edmond Code Enforcement Office regarding the condition of your home? \_\_\_\_\_ If so, when? \_\_\_\_\_

Year home was built: \_\_\_\_\_ \*Date you took ownership of the home: \_\_\_\_\_

Current monthly house payment: \_\_\_\_\_ Current Mortgage Payoff Amount: \_\_\_\_\_

Name, Address and Phone # of Mortgage Lender: \_\_\_\_\_

\*Owner's Average Monthly Balance of **Checking** Account(s): \_\_\_\_\_

Name, Address and Phone # of Bank: \_\_\_\_\_

\*Owner's Average Monthly Balance of **Savings** Account(s): \_\_\_\_\_

Name, Address and Phone # of Bank: \_\_\_\_\_

Number of occupants who are disabled: \_\_\_\_\_ Are you the Female Head of Household? \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

**Housing Rehabilitation Income Verification.**

Please provide the requested information for **EACH PERSON** residing in the home, including owner(s), children, relatives and unrelated individuals.

Name	Last 4 digits of Soc. Sec. #	Age	Sex	Race	Relationship to owner	Annual Income	* Name, address and phone number of employer(s) or other income sources

**\*Documentation required.** This application will be reviewed once copies of **ALL** of the following documents are received.

**No exceptions.**

- Proof of ownership – Warranty Deed.
- Proof of homeowners insurance.
- Last two years of your household’s signed full Federal Tax Returns.
- Last two months of pay stubs from all employers. And if applicable, submit proof of Child Support agreement, Social Security benefits, Disability benefits, Veterans benefits, rental property income, DHS assistance, etc.
- Last two months of bank statements, including checking, savings, annuities, retirement, etc.
- Applicant’s (homeowner’s) driver’s license(s)

*I have read and understand the CDBG OOHR Program requirements. The above information is true and I understand that any misinformation submitted could result in the dismissal of this request for housing rehabilitation assistance. I understand that this application does not guarantee assistance and this request will be kept confidential and reviewed by the City of Edmond CDBG staff to determine eligibility. I have also received the “Protect Your Family From Lead in Your Home” pamphlet.*

**Signature(s):**

\_\_\_\_\_

\_\_\_\_\_

Submit application and documents to:

**Susan Miller**  
**City of Edmond**  
**CDBG/Planning**  
**10 S. Littler/PO Box 2970**  
**Edmond, OK 73083**  
**Phone: 359-4694      Fax: 359-4767**