FOR OFFICE USE ONLY	Date Received	Application complete	
	Ву		



City of Coeur d'Alene, CDBG Entitlement Program
CDBG Grant Administrator: Michelle Cushing
710 E. Mullan Ave.
Coeur d'Alene, ID 83814

email: mcushing@cdaid.org, phone: 208-769-2382

The City of Coeur d'Alene's Emergency Minor Home Repair and Accessibility Improvement Program (EMRAP) is designed to assist low to moderate income persons make emergency/minor home repairs or accessibility modifications to their home. Emergency repairs are those repairs which are necessary to safeguard against imminent danger to human life, health or safety, or to protect property from further structural damage. Applications are accepted and processed on a first come, first served basis. All projects are subject to an Environmental Review. Please see Page 10 for the Application Checklist, which will assist you in accurately completing this application as well as in providing the required supporting documentation (be sure to return page 10 as part of the completed application). Incomplete or unsigned applications will not be processed. A maximum of \$5,000.00 in grant funding per household does apply.

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Please check applicable boxes					
Applicant is Homeowner	☐ Yes	Home is Applicant's	☐ Yes	Home is located within	☐ Yes
	☐ No	primary residence	☐ No	Coeur d'Alene City limits	☐ No
If no to any question, app	olicant does not qualify.	Age of Home:			
• •	does not exceed the m	aximum amount for	•	to owner-occupants who conding household size lis	
Household Size	Maximum Income	Household Size	V	aximum Income	
1	\$51,700	5		\$55,850	
2	\$41,400	6		\$60,000	
3	\$46,550	7		\$64,150	
4	\$51,700	8		\$68,250	
	provide assistance to	eligible homeowr	ners for safe	e, sanitary and secure li	•
conditions. Activities which may be eligible under the CDBG Emergency/Minor Repair program include, but are not limited to, the repair, replacement, or modification of the following. *Please circle that which applies to your household.					
Roof			Hot W	ater Heater	
Plumbing			Furna	ce/Heating System	
Floor (structural)			Electri	cal	
Accessibility Improvem	ents for Homes where Disab	led Individuals Reside	•	ode Violation	
Other:			— Emerç	gency Sewer/Water Line Replace	ement
Non income corning of	enate may not avacad	\$25,000 Non inco	mo cornina	assats can include core	and

Non-income earning assets may not exceed \$35,000. Non-income earning assets can include cars and property owned beyond primary residence and primary vehicle. Applicants must certify that the value of all of their 'Non-income earning assets' does not exceed \$35,000. Non-income earning assets do not include revenue derived from rental property and revenue derived from retirements savings. These real-income benefits must be counted toward gross income and be included with income documentation.



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APPLICANT'S NAME	Social Security No.			
		Phone Nu	ımber	
Date of Birth				
ARE YOU (check one)	 ☐ Married ☐ □		ated	
ADDRESS				_
ADDRESS				ears at residence
CO-APPLICANT'S NAM	CO-APPLICANT'S NAME Social Security No.			
		Phone Nu	ımber	
Date of Birth				
ARE YOU (check one)	☐ Married ☐ D	Divorced Separ	ated Single	☐ Widowed
Please provide income unless stated otherwise	_			
before taxes or deducti		-	e is the total amount	or earning
Sources of Income	Applicant	Co-Applicant	Other Adult Household Members	Other Adult Household Members
Employment/Salary	\$	\$	\$	\$
Pay Period				
Company				
Telephone Number				
Interest & Dividends	\$	\$	\$	\$
Business Net Income	\$	\$	\$	\$
Rental Net Income	\$	\$	\$	\$
Social Security/SSI	\$	\$	\$	\$
Pension/Retirement	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$
Income from Assets	\$	\$	\$	\$
	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$
Total Household size  Total Household Income   LMI  Yes  No				

Please indicate the type of repair with an explanation of the existing problem. Include a brief description of the work to be done (repair/modification) under the CDBG Emergency/Minor Home Repair Program. Emergency repairs are those repairs which are necessary to safeguard against imminent danger to human life, health, or safety, or to protect property from further structural damage. Other eligible program activities may include handicap accessibility. If additional space is needed, please attach a separate page. Please label any additional pages with homeowner's name and address. **EMERGENCY/MINOR REPAIR** 

	Roof (specify)
	Electrical (specify)
	Structural (specify)
	Plumbing (specify)
	Handicap Modifications (specify)
	Yes No Do you claim a disability?
	Heat (specify)
	Code violation/enforcement
	Sewer/Water Line
	Other (specify)
	Description of the work to be done:
	Building permits, wether required under Coeur d'Alene City Code or by State Statue, shall
	be the responsibility of the property owner. The owner may specify that their contractor
	obtain and maintain all permits necesssary for the project work.
_	begin work or incur any costs until Notice to Proceed is issued by the City of Coeur d'Alene
lone	or costs accumulated for purchases made prior to the Notice to Proceed issued by the City <b>WI</b> I

. Any work L NOT be eligible for repayment under the EMRAP program.

For the purpose of participating in this program I (we) will allow the City of Coeur d'Alene and their representatives to make any inspection of my (our) house, including a photographic record, as may be necessary for the administration, monitoring, and completion of this project under the City's Emergency/Minor Home Repair and Accessibility Program. I (we) certify that I am the owner(s) of this property, that the statements contained in this application are true, and certify that the <u>City</u> of Coeur d'Alene shall not be liable for damages that may arise out of, <u>or in connection with, home</u> repairs/modifications done under this grant.

I/WE certify, under penalty of law, that the above information is full, true, and complete to the best of my/our knowledge. I/We understand that any willful misstatement may be grounds for disqualification. In addition, any fraudulent, fictitious or false statement <u>on this application will require repayment of grant dollars received or other</u> financial help in full. My/Our signature(s) below constitute my/our consent to verifying information from any necessary source.

Co-Applicant Signature Date **Applicant Signature** Date

Michelle Cushing

Return completed application to: 710 E. Mullan Ave.

Coeur d'Alene, ID 83814

The City of Coeur d'Alene does not discriminate on the basis of race, sex, color, age, national origin, religion or disability in its employment opportunities, programs, services or activities.



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# **Certification of Non-Income Earning Assets**

Source	Amount		
\$			
\$			
\$			
\$			
\$			
Total \$			
include cars and proprty owned beyond primary residence value of all of their "Non-income earning assets" does earning assets do not include revenue derived from refrom retirements savings. These real income benefits must and be documented.  For illustration purposes only the following represents	not exceed \$35,000. Non-income ntal property and revenue derived st be counted toward gross income		
NON-INCOME PRODUCING ASSETS	INCOME EARNING ASSETS		
Summer House/Time Share	Income from Qualified Retirement Plans		
Land Not Adjacent to Primary Residence	Interest from Savings/Investments		
Customized Cars/Motorcycles	Farm Property/Equipment		
I/We certify, under penalty of law, that the above information is full, true and complete to the best of my/our knowledge. I/We understand that any willful misstatement may be grounds for disqualification. In addition, any fraudulent, fictitious, or false statement on this application will result in the calling in of any note, deferred grant, or other financial help in full. My/Our signature(s) below constitute our consent to verifying information from any necessary source.			
Signature of Applicant	Date		
Signature of Co-Applicant	Date		



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# **APPLICANT'S AUTHORIZATION**

I/We,	Applicant, and		
Co-Applicant, who reside at	Home is Applicant's		
hereby authorize the release of all pertinent information to the City of Coeur d'Alene for use in determining my/our eligibility for an Emergency/Minor Home Repair and Accessability Improvement grant offered through the City of Coeur d'Alene's CDBG Entitlement Program.			
This authorization entitles:  All financial including copy of deed, contract of sale, and/or escrow agreement  Places of employment			
Any other organization having access to pertinent information			
to release said information to the City of Coeur d'Alene, when a written request is supplied along with a copy of this document.			
Signature of Applicant	Date		
Signature of Co-Applicant	Date		

### **Bid/Quote Process**

- 1- Determine the scope of the project; enter details on the Bid/Quote Worksheet.

  Outline the problem and the activites necessary for correction; please be specific. This project information should be used to obtain the bids/quotes and should contain sufficient detail to allow bidders and/or suppliers to provide bids/quotes that are easily comparable.
- 2- Contact the City of CDA Building Department regarding permit requirements.

  Building permits, whether required under Coeur d'Alene City code or by State Statute, shall be the responsibility of the property owner. The owner may specify that their contractor obtain and maintain all permits necessary fo the project work.
- 3- Obtain a Minimum of Three bids/quotes for the work materials required for the project
  Bids/quotes must describe comparable services or materials. For example a bid to repair a portion
  of a leaky roof cannot be compared to a bid to replace the roof. The lowest responsive bid/quote will
  be used.
- 4- Enter information for each bid/quote on Bid/Quote Worksheet
- 5- Project Funding

If project costs are more than the maximum allowable grant amount, list other sources of funding to be used (savings, donation, cash gift, grant, loan, etc.). Sufficient funding to complete the project must be identified prior to project approval.

6- Bids/Quotes

Attach copies of bids and/or quotes to completed Bid/Quote Worksheet; submit to City of Coeur d'Alene's CDBG Grant Administrator.

**DO NOT** begin work or incur any costs until **Notice to Proceed** is issued by the City of Coeur d'Alene. Any work done or costs accumulated for purchases made prior to the Notice to Proceed issued by the City WILL NOT be eligible for repayment under the EMRAP program.

Quotes for materials/appliances may be obtained by telephone or internet. Written documentation of quotes must include:

1)Specifications of item to be purchased 2)Company name/contact name 3)Company address, telephone number or internet address 4)Date and time of quote 5)Timeline and delivery information 6)Warranty (if applicable) 7) Costs, including tax & shipping 8)Any other pertinent information

# **Bid/Quote Worksheet**

Applicant N	ame Addi	ress	
Activities to b	pe completed:		
can not be of (Three bids to Each bid/quo	compared to a bid to replace the to repair the roof, and three bids ote should include pricing informations.	roof. In that instance the applicato replace the roof, then choose	oid to repair a portion of a leaky roof ant could submit more than 3 bids. which specific project to complete.) compare costs across bidders and will be used.
<b>Budget Wor</b>	ksheet - Attach copies of Bi	ds/Quotes	
	Project Estimate - 1	Project Estimate 2	Project Estimate - 3
Company		•	
Phone #			
Work Task			
Materials			
Materials			
Materials			
Labor			
Permits	=		
Other			
Other			
Other			
Tax			
Total Cost			
Low Bid/Quote			
Other funds Source: Source:	Amo or contributions to complete proje		\$ Amount: \$ Amount: \$ Et Cost: \$
Estimated St	art Date:ompletion Date:		



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### **Information for Monitoring Purposes - Optional Section**

You are not required to answer the following questions, however, this information is being requested for reporting purposes. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not wish to furnish the information, please check the box below. **Applicant** Co-Applicant Ethnicity: ☐ Hispanic or Latino Ethnicity: ☐ Hispanic or Latino ■ Not Hispanic or Latino □ White Race: Race: White
 ■

Output

Description

D ☐ Black/African American ☐ Black/African American ☐ Asian ☐ Asian ☐ American Indian/Alaskan Native ☐ American Indian/Alaskan Native □ Native Hawaiian/Other Pacific Islander □ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & White ☐ American Indian/Alaskan Native & White Asian & White Asian & White ☐ Black/African American & White ☐ Black/African American & White ☐ American Indian/Alaskan Native & American Indian/Alaskan Native & Black African American Black African American ☐ Other Multi-Racial Other Multi-Racial Gender: □ Female Gender: □ Female Male **Head of Household:** Head of Household: ☐ Yes ☐ Yes ☐ No No I do not wish to furnish this information I do not wish to furnish this information



Signature

### Application for Emergency/Minor Home Repair Program

City of Coeur d'Alene, CDBG Entitlement Program
Michelle Cushing

710 E. Mullan Avenue Coeur d'Alene, ID 83814 email: mcushing@cdaid.or, phone: 208-769-2382

## **Confirmation of Receipt of Lead Pamphlet**

Date

I have received a copy of the pamphlet, Protect Your Family From Lead in Your Home,
informing me of the potential risk of the lead hazard exposure from renovation activity to be
performed in my dwelling unit. I received this pamphlet before the work began.
Printed Name
Timed Name
Address
Audiess



activities.

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# **Application Checklist**

Application submittal must include the following:		
☐ Page 1: Completed homeowner information		
Page 2: Completed worksheet listing all household income, mortgage/tax, and age of home		
information. If any of the items do not apply to your individual situation, to the item.	, please write "NA" next	
Current year's Income Tax Return with W-2's and/or 1099s, for eatax return	each household member who filed	
If applicant is self-employed, two year's tax return		
Social security number(s), with most current income statements	for household members who	
receive social security		
Paycheck stubs for the last two months for each employed house	nold member	
All bank statements (checking, savings, etc.) for the last two month household member over 18 years of age  Copy of property deed, contract of sale, and/or escrow agreeme  Mortgage Balance Statement		
Certificate of fire insurance coverage		
Divorce decree, if you were awarded the property through a divo	rce	
Page 3: Signed description of problem and potential repair.		
Copy of written report of city code violation, if applicable		
Page 4: Certification of Non-Income Earning Assets.		
Page 5: Signed Applicant Authorization.		
Page 7: Completed Bid/Quote Worksheet.		
Include and attach a minimum of 3 quotes for each activity		
Page 8: Optional Selection.		
Page 9: Confirmation of Lead Pamphlet Receipt.		
Page 10: Completed Application Checklist.		
Return completed application to the CDBG Grant Administrator:  Incomplete or unsigned applications will not be processed.	Michelle Cushing 710 E. Mullan Ave. Coeur d'Alene, ID 83814	
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