FOR OFFICE USE ONLY	Date Received	Application complete
	By	



City of Coeur d'Alene, CDBG EMRAP Program

CDBG Community Development Specialist Sherrie Badertscher 710 E. Mullan Ave. Coeur d'Alene, ID 83814

email: SherrieB@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

and processed on a find Page 10 for the App providing the required <b>Incomplete</b> or unsi	first come, first served be lication Checklist, which d supporting documenta gned applications will	rotect property from further structure pasis. All projects are subject to an make will assist you in accurately come ation (be sure to return page 10 a ation to be processed. A maximum failed septic system conversions	Environmental Review. Ple pleting this application as w s part of the completed app um of \$5,000.00 in grant	ase see ell as in lication). <b>funding</b>
Please check application Applicant is Homeowr		Home is Applicant's □Yes primary residence? □ No Age of Home:	Home is located within Coeur d'Alene city limits?	☐ Yes
The CDBG Emergen household income do		and Accessibility Program is open to mum amount for the corresponding	•	al
Household	Maximum	Household Size	Maximum	
1	\$43,900	5	\$67,750	
2	\$50,200	6	\$72,750	
3	\$56,450	7	\$77,750	
4	\$62,700	8	\$82,800	
Please contact the C	ity's CDBG Grant Admir	nistrator for income limits relating to	households of 9 or more.	

EMRAP is intended to provide assistance to eligible homeowners for safe, sanitary and secure living 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 Water Heater
Plumbing	Furnace/Heating System
Floor (structural)	Electrical
Accessibility Improvements for Homes where Disabled Individuals	City Code Violation
Reside	Emergency Sewer/Water Line Replacement
Other:	

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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			Social Security	<i>t</i> #:	
APPLICANT'S NAME			Phone Number		
Data of Divide		-	Year Home Wa	as Built:	-
Date of Birth ———					
ARE YOU (check one)	☐ Married ☐ Div	vorced	☐ Separate	ed 🗆 Single	☐ Widowed
ADDRESS —				.ZipY	ears at residence
CO-APPLICANT'S NAM	F		Social Security	/ #:	
OO ALL LIGARE ONAM	_		•	. F	
			Phone Number		
Date of Birth ———	3.5				
ARE YOU (check one)	☐ Married ☐ D	ivorced	☐ Separat	ted   Single	☐ Widowed
ARE 100 (GROOK GRO)					
Please provide income infor otherwise, verification will be withheld.	mation for <u>all</u> household e required. Gross income	members is the tot	18 years or olde al amount of ear	ning before taxes or c	leductions have been
Sources of Income	Applicant	Со	-Applicant	Other Adult Household Members	Other Adult Household Members
Employment Salary					
Pay Period					
Company					
Telephone Number					
Interest & Dividends					
Business Net Income			1		
Rental Net Income					
Social Security/SSI					
Pension/Retirement					
Child Support/Alimony				I.	
Unemployment					
Workers Compensation					
Income from Assets					
Regular MonetaryGifts Other					
Other		-			
Otrici					
TOTAL					
Total Household size:		-			
Total Household Income S	\$		LMI? □ Y	′es □ 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:

EMERGENCY/MINOR REPAIR:			
Roof (specify)			
Structural (specify)			
Plumbing (specify)			
Handicap Modifications (	specify)		
Do you claim a disability?	☐ Yes ☐ No		
Code violation/enforceme	ent		
Sewer/Water Line			
Description of the work to	be done:		
*Ruilding permits whether require	dunder Coeurd'Alene Cit	/Code or by State Statute, shall be the respons	sibility of the property
• .		and maintain all permits necessary for the proj	
DO NOT bogin work or income	v coots until the Netice t	o Proceed is issued by the City of Coarry	Alono
		o Proceed is issued by the City of Coeur d'addeduction described by the Notice to Proceed issued by	
eligible for repayment under the	EMRAP program.	as phonic the frequency to 1 receded focused by	THE ONLY THE THE DO
For the purpose of participating	in this program, I (we)	will allow the City of Coeur d'Alene and the	eir representatives to
make any inspection of my (our	) house, including: photo	ographic record, as may be necessary for the	ne administration,
		y's Emergency/Minor Home Repair and Acc that the statements contained in this applic	
that the City of Coeur d'Alene s	hall not be liable for dam	nages that may arise out of or in connection	with the
repairs/modifications done unde			
		ation is full, true, and complete to the best	
I/We understand that any willfu	misstatement may be g	rounds for disqualification. In addition, any nt of grant dollars received or other financia	fraudulent, fictitious or
signature(s) below constitute	my/our consent to vei	rifying information from any necessary s	source.
Applicant Signature	Date	Co-Applicant Signature	Date
Applicant Signature	Date	OO-Applicant Olynature	Date
	<del></del>	-	<del></del>
Return completed application	10:		
Sherrie Badertscher 710 E. Mullan Ave.			

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.

Coeur d'Alene, ID 83814



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

Source	Amount
	\$
	\$
	- \$
	- s
Total	\$
retirements savings. These real income benefits mus	or be bodified toward grood income and be
documented.  For illustration purposes only the following rep	
documented.	
documented.  For illustration purposes only the following rep	presents a few examples of asset types:
NON-INCOME PRODUCING ASSETS  Land Not Adjacent to Primary Residence Customized Cars/Motorcycles  I/We certify, under penalty of law, that the above knowledge. I/We understand that any willful misstatical raudulent, fictitious, or false statement on this application.	INCOME EARNING ASSETS  Income from Qualified Retirement Plans Interest from Savings/Investments Farm Property/Equipment
NON-INCOME PRODUCING ASSETS  Land Not Adjacent to Primary Residence Customized Cars/Motorcycles  I/We certify, under penalty of law, that the above knowledge. I/We understand that any willful misstate traudulent, fictitious, or false statement on this application of the financial help in full. My/Our signature(s) be	INCOME EARNING ASSETS  Income from Qualified Retirement Plans Interest from Savings/Investments Farm Property/Equipment Rental Property Income  information is full, true and complete to the best of my/or externent may be grounds for disqualification. In addition, are cation will result in the calling in of any note, deferred grant, or
NON-INCOME PRODUCING ASSETS  Land Not Adjacent to Primary Residence Customized Cars/Motorcycles  I/We certify, under penalty of law, that the above knowledge. I/We understand that any willful misstate traudulent, fictitious, or false statement on this application of the financial help in full. My/Our signature(s) be	INCOME EARNING ASSETS  Income from Qualified Retirement Plans Interest from Savings/Investments Farm Property/Equipment Rental Property Income  information is full, true and complete to the best of my/or externent may be grounds for disqualification. In addition, are cation will result in the calling in of any note, deferred grant, or



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## **APPLICANT'S AUTHORIZATION**

I/We,		Applicant, and	
Co-Applicant, who resid	e at		
		☐ Home is Applicant's	
-	ency/Minor Home Repai	formation to the City of Coeur d'Alene for use in deter ir and Accessibility Improvement grant offered throu	• •
This authorization entitle	es:		
All financial includ	ing copy of deed, contra	act of sale, and/or escrow agreement	
Places of employr	ment		
Any other organiza	ation having access to p	pertinent information	
to release said informati this document.	on to the City of Coeur o	d'Alene, when a written request is supplied along with	ı a copy of
Signature of Applicant	er er	Date	
Signature of Co-Applica	nt	 Date	

#### **Bid/Quote Process**

#### 1. <u>Determine the scope of the project: enter details on the Bid/Quote Worksheet.</u>

Outline the problem and the activities 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 for 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; and 8) Any other pertinent information

# **Bid/Quote Worksheet**

Applicant N	ame	Address	
Activities to be	completed		
compared to a and three bids information the responsible bid	a bid to replace the roof. In that instants to replace the roof, then choose at allows the applicant to compare cod/quote will be used.	nce the applicant could submit more the which specific project to complete.) sts across bidders and ensure cost rea	pair a portion of a leaky roof cannot be nan 3 bids. (Three bids to repair the roof Each bid/quote should include pricing sonableness. The lowest responsive and
Budget Wor	ksheet – Attach copies of Bids		
Company	Project Estimate - 1	Project Estimate 2	Project Estimate - 3
Phone#			
Work Task			
Materials			
Materials			
Materials			
Labor			
Permits			
Other			
Other			
Other			
Tax			
Total Cost			
Low Bid/Quote			
Other funds or	Ame contributions to complete project:	ount of Grant funds requested:	\$
Source:		A	mount: \$ mount: \$
Source:			mount: \$
		Total Projec	t Cost: \$
Estimated Start Estimated Com			



☐ I do not wish to furnish this information

#### Application for Emergency/Minor Home Repair Program

City of Coeur d'Alene, CDBG EMRAP Program Sherrie Badertscher 710 E. Mullan Avenue Coeur d'Alene, ID 83814

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

### Demographic 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 checkthe box below. **Applicant** Co-Applicant Ethnicity: ☐ Hispanic or Latino Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Not Hispanic or Latino Race: Race: ☐ White White 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 & Whie ☐ 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 Male ☐ Non-binary ☐ Non-binary Transgender Transgender ☐ Prefer not to say ☐ Prefer not to say **Head of Household:** Head of Household: ☐ Yes ☐ Yes No

☐ I do not wish to furnish this information

# **Confirmation of Receipt of Lead Pamphlet**

have received a copy of the pamphlet, Protect Your Family From Lead in Your Home, informing ne of the potential risk of the lead hazard exposure from renovation activity to be performed in my lwelling unit. I received this pamphlet before the work began.
Printed Name
address
Signature Date

## **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, please write "NA" next to the item. ☐ Current year's Income Tax Return with W-2's and/or 1099s, for each household member who filed a tax return ☐ 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 household member ☐ All bank statements (checking, savings, etc.) for the last two months for each household member over 18 years of age ☐ Copy of property deed, contract of sale, and/or escrow agreement ☐ Mortgage Balance Statement ☐ Certificate of fire insurance coverage / proof of homeowners' insurance ☐ Divorce decree, if you were awarded the property through a divorce ☐ 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: Demographic Information (Optional) ☐ Page 9: Confirmation of Lead Pamphlet Receipt. ☐ Page 10: Completed Application Checklist. Return completed application to the CDBG Grant **Sherrie Badertscher**

Incomplete or unsigned applications will not be processed.

Administrator:

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.

710 E. Mullan Ave.

Coeur d'Alene, ID 83814