

Application for Emergency/Minor Home Repair Program

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 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, other than roofing, or failed septic system conversions to sewer or failing sewer laterals.***

Please check applicable boxes

Applicant is Homeowner? ☐ Yes
☐ No

Home is Applicant's ☐ Yes
 primary residence? ☐ No

Age of Home: _____

Home is located ☐ Yes
 within Coeur d'Alene ☐ No
 city limits?

If no to any question, applicant does not qualify.

The CDBG Emergency/Minor Home Repair and Accessibility Program is open to owner-occupants whose total gross household income does not exceed the maximum amount for the corresponding household size listed below. *Please circle that which applies to your household.

Household	Maximum	Household Size	Maximum
1	\$52,750	5	\$81,350
2	\$60,250	6	\$87,350
3	\$67,800	7	\$93,400
4	\$75,300	8	\$99,400

Please contact the City's CDBG Grant Administrator 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

Plumbing

Floor (structural)

Accessibility Improvements for Homes where Disabled Individuals
 Reside

Other: _____

Hot Water Heater

Furnace/Heating System

Electrical

City Code Violation

Emergency Sewer/Water Line Replacement

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 #: _____

Phone Number: _____

Date of Birth _____

Year Home Was Built: _____

ARE YOU (check one) ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed

ADDRESS _____ Zip _____ Years at residence _____

CO-APPLICANT'S NAME

Social Security #: _____

Phone Number: _____

Date of Birth _____

ARE YOU (check one) ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed

Please provide income information for all household members 18 years or older. Use Gross Income unless stated otherwise, verification will be required. Gross income is the total amount of earning before taxes or deductions have been withheld.

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				
Regular Monetary Gifts				
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) _____

Do you claim a disability? ☐ Yes ☐ No

Heat (specify) _____

Code violation/enforcement _____

Sewer/Water Line _____

Other (specify) _____

Description of the work to be done: _____

**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.*

DO NOT begin work or incur any costs until the 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.

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: 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 (we) am (are) the owner(s) of this property, that the statements contained in this application are true, and certify that the City of Coeur d'Alene shall not be liable for damages that may arise out of or in connection with the 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 on this application will require repayment of grant dollars received or other financial help in full. **My/Our signature(s) below constitute my/our consent to verifying information from any necessary source.**

Applicant Signature	Date	Co-Applicant Signature	Date
_____	_____	_____	_____

Return completed application to:
Sherrie Badertscher
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	\$

***Non-income earning assets** may not exceed \$35,000. Non-income earning assets can include cars and property owned beyond primary residence. 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 documented.

For illustration purposes only the following represents a few examples of asset types:

NON-INCOME PRODUCING ASSETS

Land Not Adjacent to Primary Residence
Customized Cars/Motorcycles

INCOME EARNING ASSETS

Income from Qualified Retirement Plans
Interest from Savings/Investments
Farm Property/Equipment
Rental Property Income

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

I 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 Accessibility Improvement grant offered through the City of Coeur d'Alene's CDBG EMRAP 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 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 Name _____ Address _____

Activities to be completed

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. In that instance the applicant could submit more than 3 bids. (Three bids to repair the roof, and three bids to replace the roof, then choose which specific project to complete.) Each bid/quote should include pricing information that allows the applicant to compare costs across bidders and ensure cost reasonableness. The lowest responsive and responsible bid/quote will be used.

Budget Worksheet – Attach copies of Bids/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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Amount of Grant funds requested: \$ _____

Other funds or contributions to complete project:

Source: _____

Amount: \$ _____

Source: _____

Amount: \$ _____

Total Project Cost: \$ _____

Estimated Start Date: _____

Estimated Completion Date: _____



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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 check the box below.

Applicant

- Ethnicity:** ☐ Hispanic or Latino
☐ Not Hispanic or Latino
- Race:** ☐ White
☐ Black/African American
☐ Asian
☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native & White
☐ Asian & White
☐ Black/African American & White
☐ American Indian/Alaskan Native & Black African American
☐ Other Multi-Racial
- Gender:** ☐ Female
☐ Male
☐ Non-binary
☐ Transgender
☐ Prefer not to say
- Head of Household:**
☐ Yes
☐ No

Co-Applicant

- Ethnicity:** ☐ Hispanic or Latino
☐ Not Hispanic or Latino
- Race:** ☐ White
☐ Black/African American
☐ Asian
☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native & White
☐ Asian & White
☐ Black/African American & White
☐ American Indian/Alaskan Native & Black African American
☐ Other Multi-Racial
- Gender:** ☐ Female
☐ Male
☐ Non-binary
☐ Transgender
☐ Prefer not to say
- Head of Household:**
☐ Yes
☐ No

☐ I do not wish to furnish this information

☐ I do not wish to furnish this information

Confirmation of Receipt of Lead Pamphlet

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_____

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
Administrator:**

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Incomplete or unsigned applications will not be processed.

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