



Spruce Up Elyria

ARPA | HOUSING BEAUTIFICATION PROGRAM GUIDELINES & APPLICATION OWNER- OCCUPIED

The Housing Beautification Program provides financial assistance to property owners for exterior improvements to aid in the redevelopment and beautification of the City of Elyria's housing stock. This is accomplished by correcting code violations and improving the curb appeal, which will in turn increase property values and serve as a catalyst for neighbors to invest in their homes. A grant of up to \$5,000 is available per residential property to assist with specific home repairs or activities that eliminate blighted conditions. Funds are provided through the American Rescue Plan.

ELIGIBLE REPAIRS

Eligible activities or repairs include but are not limited to the following:

- Physical construction costs of improvements facing the public right-of-way.
- Porches/Steps
- Paint/Siding
- Windows/Doors
- Roofs
- Driveway/Sidewalk Repair
- Landscaping improvements are eligible only with an approved exterior repair project and must be visible from the public right-of-way.
- Demolition of dilapidated porches, fences and structures facing the public right-of-way.

Ineligible activities or repairs include but are not limited to the following:

- Improvements to rear of property not visible from the public right-of-way.
- Foundations
- Chain link fencing
- Debris removal
- Routine Maintenance

This is a one-time grant program. No funds will be provided for partial correction, for non-eligible improvements or to the owner in cash as reimbursement for the repair work completed (or to the owner directly for labor or materials purchased by the homeowner). If the approved scope of work is more than the funds provided by the grant, the property owner is responsible to pay the difference.

Because funds are limited, applications must be accepted on a "first come, first served" basis. Only complete applications will be considered for funding.

ELIGIBILITY REQUIREMENTS

The following requirements must be met to be eligible for program funding:

- The structure must be residential in nature, within the boundaries of the city of Elyria Ohio, and meet all zoning requirements.
- The property must be owner-occupied. The applicant must be the legally titled owner of the property.
- Mobile homes are ineligible.
- Residential portions of Mixed-Use properties are eligible if they are three (3) units or less
- The property must be located in a Qualified Census Tract or property owner must be at or below 185% of the federal poverty guidelines. The applicant must provide income source documentation if not located in a QCT.

- Projects with code enforcement violations are eligible to apply with the condition that all violations are corrected in the scope of work.
- Property taxes on the parcel must be current. Special assessments on the property for utility delinquencies placed calendar year 2022 or prior and not paid in full will be considered delinquent.
- No utility delinquencies with the City of Elyria.
- Applicant must disclose all funding sources and funding amounts for the scope of work to verify there will not be a duplication of benefit.
- Contractor that will be used by the owner must be licensed to operate in the city of Elyria.
- Contractor must have the appropriate certifications/licenses (RRP) if the scope of work will impact/involve surfaces that are suspected to have lead-based paint, and have licensed workers on the job site as required along with any requisite lead clearances as needed. Contractors will have thirty (30) days from the date of review by the Rehab Specialist to obtain necessary approvals.
- Contractor must provide a 1-year contractor's warranty on the work completed.
- Applicants that received funding in 2023 are not eligible for the program.

PROCEDURE

1. Review the guidelines and completely fill out an application – if not completely and correctly filled out, it will delay the processing of the application.
2. The Community Development Department will review the application for eligibility and completeness, including income verification (when applicable), verifying all real estate tax payments and utility payments are current and there are no outstanding code violations of record (unless they will be corrected in the scope of work).
3. The Housing Rehab Specialist will visit the applicant's project site and review the reasonableness of the detailed scope of work and cost estimate for completing the work from the third-party contractor being engaged by the owner of the property. Scope of work must include product name, description, quantity, and warranty (if applicable).
4. The contractor is required to be licensed to operate in the City of Elyria. In cases where Contractors selected by the applicant do not meet eligibility requirements, applicant will be notified and given thirty (30) days to allow Contractor to obtain all required licenses or to select a qualifying Contractor.
5. Upon determination by the Community Development Department of a complete application package and estimated project schedule, a Conditional Award Letter/Notice to Commence will be issued. Work cannot begin before the date on the executed Conditional Award Letter/Notice to Commence.
6. All necessary permits must be secured prior to the commencement of work.
7. Applicants are responsible for any necessary approval by other administrative bodies (i.e. Landmarks Commission, Planning Commission). Applicants will have thirty (30) days from the date of submission to obtain necessary approvals. A one-time 30-day extension will be allowed if the approving body does not have a meeting, tables, or denies the application.
8. Projects must be completed within thirty (30) days of the Conditional Award Letter/Notice to Commence.
9. Funds will be disbursed as a direct payment to the contractor upon the completion of the Housing Rehab Specialist visiting the homeowner's project site and confirming that the work completed by the contractor reasonably satisfies the detailed scope of work and is consistent with the cost estimate provided at application for completing the scope of work. The Rehab Specialist will also garner sign-off by the property owner that owner is in agreement with this assessment of the work completed. The Rehab Specialist shall also collect the requisite approvals/signoffs from any City permit inspections that work was appropriately completed. This process will constitute proof of project completion, permit inspection sign-off (when required) of the completed work, and evidence of proof of payment if the property owner pays for the work in full in lieu of payment directly by the City.
10. Properties are only eligible to receive funding once.

PRE-CONSTRUCTION REQUIREMENTS

Debris removal is a pre-construction requirement to program participation. The property must be in a clean and sanitary condition before a contract can be approved.

GENERAL

- Repairs may only be completed by contractors who are licensed and registered as required by the Elyria Building Department.
- Only completed applications will be accepted. See the Application Checklist for requirements.
- The City of Elyria administers all programs without regard to race, creed, color, sex, ancestry, national origin, or handicap.

AUTHORIZATION FOR RELEASE OF INFORMATION

If the attached Authorization for Release of Information form is returned with the application for assistance, but this specific part of the form is unsigned or this form is NOT returned with the application, the application is incomplete and no assistance with home repairs can be provided. ***Please complete a separate release of information form for each adult household member who has an income.***

If you are within the income guidelines, in need of the eligible repairs, and would like to be considered for assistance, you MUST reply to all the questions in the Application and return the application to the City of Elyria Community Development Department, and provide a copy of all applicable requested documents. Because funds are limited, complete applications must be accepted on a "first come, first serve" basis.

Applications are taken on an on-going basis as long as funds are available.

Please print or type and submit copies of requested information with this application.

We will not return any documents you enclose with this application.

The City of Elyria is an equal opportunity provider. No person shall be denied benefits or be subject to discrimination based on race, color, religion, sex, age, national origin, familial status, or disability.

APPLICATION CHECKLIST: *If not applicable indicate with N/A.*
Incomplete applications will not be considered for assistance.

Application completed. **Sign & answer all questions.**

Proof of Active Homeowners Insurance (Submit the Declaration Page)

Contractor Estimate(s)/Scope of Work

Property taxes (must be current)

Copy of most recent water bill (must be current)

Copy of most recent stormwater bill (must be current)

**Please submit the following if property is NOT located in a Qualified Census Tract. Qualified Census Tract Map attached for reference.*

Release of information completed for each adult member who has income.

All household income listed for family members 18 years and older must be included.

Copies of wage statements for all members working in household. (Six months most recent pay stubs for each household member)

Not employed? Please provide signed statement of circumstances indicating there is no income. If receiving unemployment, submit four most recent statements.

2024 Annual statements for Social Security, Disability and/or Pensions.

Provide all Bank Account information for all members of household over the age of 18 years old. Submit most recent six months statements (Savings and Checking).

If Self-employed, provide complete copies of Federal Tax Returns for last 3 tax years filed.

CITY OF ELYRIA

ARPA HOUSING BEAUTIFICATION PROGRAM APPLICATION

OWNER-OCCUPIED

Applicant Information

Applicant Name _____
(Last) (First) (MI)

Applicant Name _____
(Last) (First) (MI)

Home Address _____, Elyria, OH 44035

Home Phone (____) _____ Work Phone or Cell Phone (____) _____

Email Address _____

A. Project Information

Type of Property: _____ Single-Family _____ 2-Unit _____ 3- Unit _____ Mixed Use

Provide a brief description of the entire project:

Contractor Information:

Company Name _____ Contact Name _____

Company Address _____ City, State, Zip _____

Phone _____ Email _____

Are you related to the person performing the improvements? Yes No

Is the contractor currently debarred or suspended? Yes No

Project Source & Use of Funds:

Project Cost \$ _____

Grant Request \$ _____

Owner Responsibility \$ _____

*Projects require initial and final inspection by City staff to verify scope of work and to ensure completion prior to disbursement of grant proceeds.

B. Personal Information- Must be completed by applicants not located in a QCT

Head of Household Name _____ Age _____

(Last)

(First)

(MI)

Employer _____

Work Address _____ Job Title _____

Spouse _____ Age _____

(Last)

(First)

(MI)

Spouse's Employer _____

Work Address _____ Job Title _____

Work Phone (____) _____

Note: Roommates are also considered household members. Other household members' employment information (including children 18 or older who are not full-time students) may be listed on back if applicable.

Name (First/Last)

Age

Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please continue on back if additional space is needed.

C. Annual Income & Assets- Must be completed by applicants not located in a QCT

YEARLY INCOME

Family or Other Household Members	a)Wages/Salaries (Gross)	b)Benefits /Pensions	c)Public Assistance	d)Other Income
1)Totals				

2) Enter total of items 1a) through 1d). \$ _____

Please provide the **last six months of pay stubs or statements** for all income listed above. Current Disability Statements and/or SSI Benefit Statements are also acceptable, as are yearly pension statements. Household Income will be evaluated and calculated based upon Federal Income Poverty guidelines. All sources of income will be verified with documentation from the

income source. This documentation will be made a permanent part of the case file. Include most recent W2 forms and income tax filings if self-employed.

ASSETS — Refer to page 13 for Asset Inclusions & Exclusions			
Family Member	Asset Description	Current Cash Value of Assets	Actual Income from Assets
3. Net Cash Value of Assets.....		3.	
4. Total Actual Income from Assets.....			4.
5. If line 3 is greater than \$5,000, multiply line by _____ (Passbook Rate) and enter results here; otherwise, leave blank			5.

D. Banking Information- Must be completed by applicants not located in a QCT

List the following information regarding accounts you may have at banks, savings and loans, or credit unions. If you need additional space, please complete on the back of this form.

Bank Name _____ Bank Name _____

Address _____ Address _____

Type of account/s: CHECKING SAVINGS CD OTHER _____ (circle appropriate ones)

Also, please indicate the following concerning any stocks, bonds, or securities you may have.

Type of security _____ # of shares _____ and/or certificates _____

Value per share \$ _____ or bond account \$ _____

Name and address of company issuing security _____

Provide us with copies of the last 6 official statements for each bank and/or securities account.

E. Housing Information (Please circle the appropriate answer below)

- 1. Do you own your own home? YES NO
- 2. Are your property taxes current? YES NO
- 3. Do you have homeowner's insurance? YES NO
- 4. Do you have any liens against your property? YES NO
- 5. Are Federal, State and Local taxes current? YES NO
- 6. Open Code Violations? YES NO

If yes, please explain.

7. Are you receiving or requesting financial assistance for project? YES NO

If yes, please explain.

Please list name, address and policy number of insurance company and provide copy of Declaration page.

Insurance Co. _____ Policy # _____

Address _____

F. Racial Information: (optional)

Please circle all appropriate answers.

Head of Household	Spouse/Other Adult(s)
G. Racial Composition:	Racial Composition:
H. Single or multiracial	Single or multiracial
I. Ethnicity:	Ethnicity:
J. Hispanic or non-Hispanic	Hispanic or non-Hispanic
K. Race:	Race:
L. White	White
M. Black/African American	Black/African American
N. Asian	Asian
O. American Indian	American Indian
P. Native Hawaiian/Pacific Islander	Native Hawaiian/Pacific Islander
Q. Multi-Racial	Multi-Racial
R. Other	Other

I CERTIFY ALL THE INFORMATION ON THIS APPLICATION AND ALL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY BELIEF AND KNOWLEDGE. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NECESSARY.

Signature of Applicant _____

Date _____

Signature of Applicant _____

Date _____

Please return your completed application to the:

**City of Elyria
Office of Community Development
131 Court Street, Suite 302
Elyria, OH 44035**

For Office Use Only

Application # _____

Date Application Received _____

Application Received By _____

AUTHORIZATION FOR RELEASE OF INFORMATION

This document is for authorization to release information regarding your City of Elyria Housing Beautification Application for the purpose of verifying information supplied in your application and for reports to the U.S. Treasury.

I _____ (your name) hereby grant permission to the City of Elyria to verify information provided in this application and to release to its authorized representatives and U.S. Treasury to the attached information (all information pertaining to the application and all related documents).

I hereby state that I have read and fully understand the above statements as they apply to me and do herein express my consent to disclosure for the purpose or need and the extent or nature as stated above.

The information provided is for confidential use in determining your eligibility for the Housing Beautification Program.

Applicant Signature

Date

If this form is not signed and returned with the application, the application is incomplete and no assistance with home repairs can be provided. Please complete a release of information form for each adult household member who has income.

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ASSET INCLUSIONS AND EXCLUSIONS

INCLUSIONS: IF YOU OWN ANY OF THE FOLLOWING LIST THEM AS ASSETS ON PAGE 6 OF THE APPLICATION.

1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance.
2. Cash value of revocable trusts available to the applicant.
3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g., broker fees) that would be incurred in selling the asset. Under HOME, equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.
4. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts.
5. Individual retirement and Keogh accounts (even though withdrawal would result in a penalty).
6. Retirement and pension funds.
7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).
8. Personal property held as an investment such as gems, jewellery, coin collections, antique cars, etc.
9. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.
10. Mortgages or deeds of trust held by an applicant.

EXCLUSIONS: THE FOLLOWING ARE NOT CONSIDERED ASSETS AND ARE EXCLUDED.

1. Necessary personal property, except as noted in number 8 of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.
2. Interest in Indian trust lands.
3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset.
4. Equity in cooperatives in which the family lives.
5. Assets not accessible to and that provide no income for the applicant.
6. Term life insurance policies (i.e., where there is no cash value).
7. Assets that are part of an active business. "**Business**" does not include rental of properties that are held as an investment and not a main occupation.