



Application for Emergency/Minor Home Repair Program
City of Coeur d'Alene, CDBG Entitlement Program
Panhandle Area Council
11100 N. Airport Drive
Hayden, ID 83835-9798
(208) 772-0584 ext. 3012

Application Checklist

Application submittal must include:

- Completed Application
Including:
 - Signed Applicant Authorization
 - Completed Information for Monitoring Purposes
 - Certification of Non-income earning assets
 - Bid/Quote Worksheet with
 - Minimum of 3 quotes for each activity/materials/etc.
- Current year's Income Tax Return with W-2's, and/or 1099's, for each household member who filed a tax return.
- If applicant is self-employed, two year's tax returns and bank account statements for proof of income.
- Social Security number(s), with most current income statements for household member who receive social security.
- Paycheck stubs for the last two months for each employed household member.
- Copy of deed, contract of sale, and/or escrow agreement.
- Mortgage Balance Statement.
- Certificate of current fire insurance coverage.
- Divorce decree, if you were awarded the property through a divorce.
- Copy of written report of City code violation, if applicable.
- Confirmation of receipt of Lead Pamphlet
- _____
- _____

Return completed application to:

Panhandle Area Council
City of CDA Entitlement Program
11100 N. Airport Drive
Hayden, ID 83835-9798

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

Incomplete or unsigned applications will not be processed.

FOR OFFICE USE ONLY

Date Received _____ Applicant code _____
By _____
Logged Application Complete



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The City of Coeur d'Alene Emergency/Minor Repair Program is designed to assist low to moderate income person make repairs, accessibility or weatherization modifications to their homes. 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 as processed on a first come-first serve basis. All projects are subject to an Environmental Review. **Incomplete or unsigned applications will not be processed.**

Applicant is Homeowner Yes No
Applicant's primary residence Yes No
Home is located within Coeur d'Alene City Limits Yes No

If no to any question, applicant does not qualify

The CDBG Emergency/Minor Repair program is open to owner-occupants whose total household income does not exceed the amount for the corresponding household size listed below:

Household Size	Maximum Income	Household Size	Maximum Income
1	\$ 31,950.00	5	\$ 49,250.00
2	\$ 36,500.00	6	\$ 52,900.00
3	\$ 41,050.00	7	\$ 56,550.00
4	\$ 45,600.00	8	\$ 60,200.00

Please contact Panhandle Area Council for income limits for households of 9 or more.

The Emergency/Minor Repair program 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 repair, replacement or modification of:

- Roof
- Plumbing
- Sewer
- Floor (structural)
- City Code Violation
- Accessibility Improvements for Home where Disables Individuals Reside
- Hot Water Heater
- Furnace/Heating System
- Electrical
- Weatherization

Non-income earning assets may not exceed \$35,000. Applicants must certify that the value of all of their "Non-income earning assets" do not exceed \$35,000. Excluding the value of their primary residence, income earning real estate investments (revenue derived from rental property is counted under income), qualified retirement savings (revenue derived from retirements savings is counted under income), household furnishings, clothing and cars.



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APPLICANT'S NAME _____	Date of Birth _____	Social Security No. _____
		Phone Number _____
ARE YOU (check one) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed		
ADDRESS _____	Zip _____	No. of years _____
CO-APPLICANT'S NAME _____	Date of Birth _____	Social Security No. _____
		Phone Number _____
ARE YOU (check one) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed		

Please provide income information for all Household members 18 years or older. Use Gross Income unless stated otherwise, verification is required.

Source of Income	Applicant	Co-Applicant	Other Adult Household Members	Other Adult Household Members
Employment/Salary	\$ _____	\$ _____	\$ _____	\$ _____
Pay Period	<input type="checkbox"/> Month <input type="checkbox"/> Annual	<input type="checkbox"/> Month <input type="checkbox"/> Annual	<input type="checkbox"/> Month <input type="checkbox"/> Annual	<input type="checkbox"/> Month <input type="checkbox"/> Annual
Company	_____	_____	_____	_____
Telephone Number	_____	_____	_____	_____
Interest/Dividends	\$ _____	\$ _____	\$ _____	\$ _____
Business Net Income	\$ _____	\$ _____	\$ _____	\$ _____
Social Security/SSI	\$ _____	\$ _____	\$ _____	\$ _____
Pension/Retirement	\$ _____	\$ _____	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____	\$ _____	\$ _____
AFDC, Welfare, etc.	\$ _____	\$ _____	\$ _____	\$ _____
Income from Assets	\$ _____	\$ _____	\$ _____	\$ _____
Regular Monetary Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____
Total Household size _____ Total Household Income \$ _____ LMI <input type="checkbox"/> YES <input type="checkbox"/> NO				

Mortgage Lien Holder _____	Own home outright <input type="checkbox"/>
Mortgage Balance/Total Debt on House \$ _____	Are taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total housing debt is less than amount of current Kootenai County Tax assessment of property. <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Certification of Non-income Earning Assets

I hereby certify that my non-income earning assets do not exceed \$35,000.

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total non-income earning assets	\$ _____

Non-income earning assets may not exceed \$35,000 in value excluding the value of their primary residence, qualified retirement savings, household furnishings, clothing, and vehicles used in primary mode of transportation. Applicants must certify that the value of all their "Non-income earning assets" do not exceed \$35,000.

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

NON-INCOME PRODUCING ASSETS

- Recreational Vehicles
- Summer House/time Share
- Land Not Adjacent to Primary Residence
- Customized Cars/Motorcycles

INCOME EARNING ASSETS

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

I/We certify, under, 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 Signed

Signature of Co-Applicant

Date Signed



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APPLICANT'S AUTHORIZATION

I/We, _____, Applicant, and _____

Co-Applicant, who reside at _____

hereby authorize the release of all pertinent information to the City of Coeur d'Alene and their representative, Panhandle Area Council for use in determining my/our eligibility for an Emergency/Minor Repair Program loan offered through the City of Coeur d'Alene CDBG Entitlement Program.

This authorization entitles:

-  All financial institutions in which I/we have/had business transactions
-  Places of employment
-  Any other organizations having access to pertinent information

to release said information to the City of Coeur d'Alene or Panhandle Area Council, when a written request is supplied along with a copy of this document.

Signature of Applicant

Date

Signature of Co-Applicant

Date

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 rook 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 Bid/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: _____

FOR OFFICE USE ONLY

Project funding approved Yes No

Funding amount approved: \$ _____

Bid/Quote Worksheet

Applicant Name

Address

Activities to be completed:

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Other:			
Other:			
Other:			
Tax:			
Total Cost:			
Low Bid/Quote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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

- 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
- Head of Household:**
 Yes
 No
- I do not wish to furnish this information

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
- Head of Household:**
 Yes
 No
- I do not wish to furnish this information



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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