

# Davis County

## Emergency Home Repair Program

### Information & Application

#### Objective:

Davis Community has established the Emergency Home Repair Program to provide lower income homeowners up to \$4,000 in grant money to immediately correct an emergency condition that has been determined to present an imminent danger to health and safety of the occupants or residential property in Davis County\*. Homeowners may be assisted only for those repairs urgently required to make the home safe. This program is limited to owner-occupied residences.

**\*Grants are not eligible in Clearfield or Layton.**

#### Target Population:

Funds are targeted to assist single family homes, town homes and condominiums that are owner-occupied which have a household income at or below 80% of the area median income as determined by the U.S. Department of Housing and Urban Development (HUD). Multi-family units do not qualify.

#### Income Limits:

HOUSEHOLD SIZE	2020 MAXIMUM INCOME
1 Person	\$48,350
2 Persons	\$55,250
3 Persons	\$62,150
4 Persons	\$69,050
5 Persons	\$74,600
6 Persons	\$80,100
7 Persons	\$85,560
8 Persons	\$91,150

#### Eligible Applicants:

- All applicants must meet income guidelines.
- The property must be the applicant's primary residence.
- Homeowner must be current on mortgage, lot payment (if applicable) and taxes

**Eligible Repairs:**

Eligible repairs include, but are not limited to the following:

- Furnace repair or replacement
- Burst pipes or water leaks
- Water Heaters
- Blocked drains
- Inoperative toilet
- Broken water service line
- Leaking roof
- Electrical
- Other safety or health hazards

**Funding:**

The fiscal year for the Emergency Home Repair Program grant program begins July 1<sup>st</sup> of each year. Funds are processed and disbursed on a first come, first served basis until the fiscal year's funds are depleted. Grants from the Emergency Home Repair Program shall not exceed \$4,000.

**Application Process:**

Applicant must complete and submit the following application to the Davis Community Housing Authority. This application will assist the Davis Community Housing Authority staff to evaluate your eligibility to participate in this program. Incomplete applications may be delayed and other complete applications will be processed first. Please provide the most accurate information possible. All information is subject to verification.

**If you have any questions or if you would like to schedule an appointment, please contact Shelly Pace, Special Programs Administrator at (801) 939-9198 or by email to: [shelly@daviscommunityhousing.com](mailto:shelly@daviscommunityhousing.com)**

**Once your application is completed, you can return it by mail or bring it to our office. Our address is:**  
**352 South 200 West, Suite 1**  
**Farmington, UT 84025**

You may also email the application to **[shelly@daviscommunityhousing.com](mailto:shelly@daviscommunityhousing.com)**.

The Special Programs Administrator will review your application, explain the program and answer any questions you might have. Notification of program acceptance or denial normally occurs within two weeks of receipt of your application.

# Davis County Emergency Home Repair Process

1. All applicants must begin by submitting an application to the Davis Community Housing Authority, Special Programs Administrator. An incomplete application will not receive priority if there are other applicants.
2. The Special Programs Administrator will review the application to determine eligibility.
3. The Special Programs Administrator will notify the applicant of program acceptance or denial within two weeks from the date the application is received.
4. Once the applicant has been notified, the Special Programs Administrator will schedule an inspection of the property if necessary to determine the repairs needed.
5. Contractors will be invited to bid for each project. An approved contractor will be chosen per the housing authority procurement policy and procedures and scheduled to perform the work required. All contractors must be licensed and provide proof of liability and worker's compensation insurance.
6. Upon completion of the work, the Special Programs Administrator will inspect the repairs and ensure the home owner is satisfied with the work performed.
7. The contractor will submit an invoice to the Special Programs Administrator. Payments will be made to the contractor within 20 days after receipt of the invoice. The contractor will provide to the home owner all warranties for labor and materials.
8. All files with no activity for 45 days will be automatically closed. If the applicant is still interested in Emergency Home Repair, he or she must re-apply and submit all required paperwork once again.

## **DOCUMENTS REQUIRED:**

Please attach the following documents to this application. Incomplete applications will not be processed. All information will be presented to the Davis Community Housing Authority's Special Programs Administrator.

**NOTE: All household members 18 years and older who receive an income must supply the information listed below. All requested information will be used solely to determine applicant and property qualification.**

- Completed Application
- Current Property Tax Statement/or title if mobile home
- Proof of Income for the previous 30 days (Pay stubs, SSI/SSA benefit letter, child support/alimony, retirement funds and pensions, unemployment benefits, disability compensation, worker's compensation, severance pay, Profit & Loss Statement (if self-employed), regular monies received from organizations, etc.)
- Picture ID for all adults



# Emergency Home Repair Program Application

Please complete the requested information below for all persons living in the household.

*The information collected below will be used to determine whether you qualify for this program and will only be used for verification pertaining to this application.*

<b>Applicant Information</b>			<b>Date</b>	
Name (Last)	First	(MI)	Phone	
Address (include Zip Code)			Number of Years Owned	
Email			Self-Employed YES NO	
Name and Address of Employer:		No. of Yrs. On Job:	Business Phone No:	
<b>Co-Applicant Information</b>				
Name (Last)	First	(MI)	Phone	
Email			Self-Employed: YES NO	
Name and Address of Employer		No. of Yrs. on job	Business Phone:	
<b>Household Members:</b>				
<b>Name</b>	<b>Relationship</b>	<b>Gender</b>	<b>Age</b>	<b>Date Of Birth</b>
	<b>Head Of Household</b>			

**NOTE: All household members 18 years and older who receive any income must supply the information listed below:**

**Monthly Income**

Source	Applicant	Co-Applicant	Other Household Members 18 or Older	TOTALS
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest/Dividends				
Social Security				
Net Business Income				
Net Rental Income				
Pension/ Retirement				
Unemployment Benefits				
Workers Compensation				
Alimony, child Support				
Welfare Payments				
Other:				
<b>TOTALS:</b>				

**ASSETS**

Type	Cash Value	Type	Cash Value
Checking Account		Other	
Savings Account		Other	
Stocks/Bonds, IRA'S		Other	
Home Equity		<b>Total</b>	<b>\$</b>

