

Davis Community Housing Authority

Roof Repair/Replacement Program

The purpose of the Davis Community Housing Roof Repair is to assist qualified low-income home owners who cannot afford to have their roof repaired or replaced.

This Program uses Federal funds through the Community Development Block Grant (CDBG) Programs and provides a grant of up to \$10,000 to replace or repair the roof. This grant pays for exterior roofing and gutter work only.

Assistance is only available in Davis County. However, assistance is **not** available in **Clearfield** or **Layton**.

Eligibility

Eligible applicants must:

- Own and have lived in their homes as their primary residence for at least 1 year.
- All owners of record must be occupants of the home
- Have no other means to pay for the roof replacement. (No available money, unable to file an insurance claim, insurance claim has been denied or unable to obtain private financing)
- Have household incomes that are no greater than the levels shown below
- Only single-family properties are eligible

Current Income Limits – 2020 (80% AMI)							
			Household Size				
1	2	3	4	5	6	7	8
Maximum Household Size							
\$48,350	\$55,250	\$62,150	\$69,050	\$74,600	\$80,100	\$85,650	\$91,150

Program Process

Home owners must submit an application along with:

- 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.)
- Most current income tax return. Last 2 tax returns if self employed
- Copy of Mortgage statement
- Current Property Tax Statement or title if mobile home
- Picture ID of all household members over 18.

1. The Special Programs Administrator will review the application to determine eligibility.
2. The Special Programs Administrator will notify the applicant of program acceptance or denial within two weeks from the date the application is received.
3. 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.
4. Upon completion of the work, the Special Programs Administrator will inspect the repairs and ensure the home owner is satisfied with the work performed.
5. 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.
6. 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.



Davis Community Housing Authority

APPLICATION FOR EMERGENCY ROOF REPAIR/REPLACEMENT

Applicant _____

Co-Applicant _____

Social Security # _____

Social Security # _____

Phone # _____

Phone # _____

Preferred Email _____

Address: _____ City _____

ADDITIONAL FAMILY MEMBERS

Full Name	Age	Social Security #	Relationship

INCOME

Name of Family Member	Source of Income	Gross Monthly Amount
		\$
		\$
		\$
		\$
		\$
		\$

EXPENSES

Monthly Housing Expenses		Loans/Charge Cards		
	\$	Account	Payment	Balance
Mortgage Payment	\$		\$	\$
Second Mortgage	\$		\$	\$
Hazard Insurance	\$		\$	\$
Taxes/Assessments	\$		\$	\$
Water/Sewer/Trash	\$		\$	\$
Gas	\$		\$	\$
Electric	\$		\$	\$
Child Care	\$		\$	\$
Alimony/Child Support	\$		\$	\$
Medical - Prescriptions	\$		\$	\$
Health Insurance	\$		\$	\$

Savings/Banking Accounts

Vehicles

Name	Account Balance	Make/Year	Monthly Payment	Balance
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$

Can your roof be repaired? yes no Does it need to be replaced? yes no

What is the estimated age of the roof? _____

Have you checked to see if your insurance coverage will replace the roof? yes no Explain:

Have you tried to get financing? yes no Explain: _____

What are you able to pay if any, toward the cost of the roof? \$_____

The following information is for survey purposes only, and does not affect an Applicant's eligibility.

Head of household: Male Female Is any member of the household disabled? Yes No

Race: White Black/African American Asian American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander Multi-racial Specify _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Please return your completed application to: **Shelly Pace**
Davis Community Housing Authority
352 South 200 West, Suite #1
Farmington, Utah 84025

Any questions, please call or send email to: Shelly Pace 801-939-9198 shelly@daviscommunityhousing.com

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I hereby certify the above information is correct and complete to the best of my knowledge and may be used for the purpose of verification. I understand that false information constitutes grounds for cancellation.

WARNING: Section 1001 of the Title 18 of the U.S. Code makes it a criminal offence to make willful false statements or misrepresentation to any department or agency or the U.S. as to any matter within its jurisdiction.

Applicant Signature Date

Co-Applicant Signature Date

Co-Applicant Signature Date

