City of TUSCALOOSA
COMMUNITY & NEIGHBORHOOD SERVICES

Let's Paint & Renovate Tuscaloosa!

Guidelines for Completing the Let's Paint and Renovate Program Application

For timely and accurate processing, please follow all of the steps listed below. If you need assistance to complete this application, please call 205-248-5080.

1) **NOTE: Submission of this application does not obligate the applicant or City in any way.**
2) Answer all questions on the application accurately. Place your signature in the appropriate spaces.
3) Turn in copies of all required documents. If you do not have access to a photo copier, please deliver your application in person at the address below so your documents can be copied and immediately returned to you.

To be eligible for the program the applicant must meet the following qualifications

a. Home must reside within Tuscaloosa City Limits
b. Applicant must currently live in the home
c. Applicant must be the homeowner/mortgagee of the home
d. Applicant must have Homeowners Insurance
e. Applicant must meet the following income limits.

Household Size	1	2	3	4	5	6	7	8
Income Limit	$52,100	$59,550	$67,000	$74,400	$80,400	$86,350	$92,300	$98,250

REQUIRED DOCUMENTS
(to be submitted with application)

- ☐ Income Verification
  - ☐ Paystubs for the most recent 3 months or Verification of Employment form
  - ☐ Social Security earnings or Supplemental Security Income statement
  - ☐ Disability or Worker's Compensation
  - ☐ Child Support or Alimony
  - ☐ Bank Statements for most recent 3 months
- ☐ If there are adults over 18 living in the household that are not employed, a notarized "verification of no income" form (included on last page of the application)
- ☐ Proof of ownership in property (Warranty Deed, Quitclaim Deed, or Title Opinion)
- ☐ Driver's license or identification card for all household members
- ☐ Social Security Card for all household members
- ☐ Proof of current Homeowners Insurance
- ☐ Proof of current on Mortgage payments
- ☐ Citizenship Verification: A. Birth Certificates, B. Passport, C. Certificate of Naturalization or Citizenship
- ☐ Noncitizenship Verification: A. Permanent Resident Card, B. Visa

EQUAL HOUSING OPPORTUNITY

Form & Required Documents can be returned to any of the following locations:		
Physical Location	**Mailing Address**	**Phone**
City of Tuscaloosa City Hall/ CNS 2201 University Blvd. Tuscaloosa, AL 35401	Let's Paint and Renovate PO Box 2089 Tuscaloosa, AL 35403 or email to: cnservices@tuscaloosa.com	205-248-5080

Property Owner Information	
Primary Contact Name	**Total Number Living in Household**
Phone Number (Day)	**Phone Number (Evening)**
Email Address	**Best Time to Reach You**

Property Information			
Street Address:	City: Tuscaloosa	State: AL	Zip Code:

Type of Occupancy:

- □ Owner Occupied (no mortgage loan)
- □ Owner Occupied with a mortgage loan (current on payments)
- □ Owner Occupied with a mortgage loan (not current on payments)
- □ Other _____

Age of Home:

- □ Pre 1950
- □ 1950—1978
- □ Post 1978
- □ Don't Know

Lead Based Paint:

If Home was built prior to 1978, has it been tested for Lead Based Paint Hazards?

- □ Yes (see below)
- □ No
- □ Don't Know

Lead Based Paint: Date of Lead Inspection / Risk Assessment:_____

What company completed the lead paint inspection?_____

Were Lead Paint Hazards found? □ No □ Yes

Have Lead Paint Hazards been removed or interim controlled? □ No □ Yes

Repairs and/or Renovations Requested

Acknowledgments

The purpose of the Let's Paint Let's Renovate Program is to benefit low- and moderate-income persons by preserving and maintaining affordable housing units. The goal of the program is to provide decent, safe, and sanitary housing for eligible low-to-moderate (LMI) applicant homeowners by the rehabilitation of substandard, single family, owner occupied dwelling units in compliance with HUD's Section 8 Existing Housing Quality Standards.

The Let's Paint Let's Renovate Program will only provide the eligible repairs or replacements for items such as: Structural (Roofs, steps, windows, doors, porches), Electrical, Heating/Cooling and Plumbing.

There are limited funds available for each eligible home selected for assistance. Factors include current condition of the home, the cost of requested repairs and adherence to the purpose and goals of the program stated above.

Once a scope of work plan has been agreed upon, a tri-party contract has been signed between Homeowner, Contractor and the City, a Notice to Proceed will be issued to the Contractor. The Homeowner will not make requests of the Contractor for additional repairs that are not included in the scope of work plan.

Federal Funds

Due to the nature of funding, homes that have previously received government assistance may not be eligible for additional funding.

Has government funds previously been utilized on your home? ____yes ____ no

If yes, what program? Lead Paint_____ Rehab_____ Sewer Lateral _____ Acquisition/DPA_____

Other_____

When and how much assistance was provided?_____

Resale and Recapture

If the home receiving assistance is abandoned, rented and/or sold, within five years of the completion of repairs, the amount of government funds utilized on the home will be forfeited as part of the closing documents and returned to the City. If the Homeowners Insurance is not maintained on the home after receiving government assistance, you would be required to repay the government funds utilized on the home in the event of a loss.

CERTIFICATION
By signing below, I (we) certify that the income and household composition is correct to the best of my (our) knowledge and belief. I understand that by providing false information on income and household size, it will constitute a fraudulent action and my (our) application may be denied. I (we) certify that the above acknowledgments have been read and understood.

Owner Name (Print):	Date:
Owner Signature:	Date:

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

Printed on: ***Effective Date:***

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income

○ **HUD 24 CFR Part 5**	○ **IRS Form 1040**	

Beneficiary Information

Last Name:	**Beneficiary ID:**

Member Information

First Names:	Member IDs:	HH	CH	DIS	62+	S≥18	<18	<15

HH = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; S≥18 = Fulltime student age 18 or over; <18 = Child under the age of 18 years; **<15** = Minor under the age of 15 years

Contact Information

Address Line 1:	City:	
Address Line 2:	State:	Zip Code:

Income Information

Annual gross income (total of all members) = $ _____

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

COMPLETE SIGNATURES ON SECOND PAGE

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

Printed on: ***Effective Date:***

Beneficiary ID:

HEAD OF HOUSEHOLD		
Signature	**Printed Name**	**Date**

OTHER BENEFICIARY ADULTS*		
Signature	**Printed Name**	**Date**
Signature	**Printed Name**	**Date**
Signature	**Printed Name**	**Date**
Signature	**Printed Name**	**Date**
Signature	**Printed Name**	**Date**
Signature	**Printed Name**	**Date**
Signature	**Printed Name**	**Date**
Signature	**Printed Name**	**Date**
Signature	**Printed Name**	**Date**
Signature	**Printed Name**	**Date**
Signature	**Printed Name**	**Date**

* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

City of TUSCALOOSA
COMMUNITY & NEIGHBORHOOD SERVICES

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REQUEST FOR VERIFICATION OF EMPLOYMENT

The information requested and provided is relative to the individual employed only. The information will be held in strictest confidence and shall not be disclosed to any entity other than those relative to the cause for this request. By signing, applicant authorizes Habitat Tuscaloosa and the City of Tuscaloosa LHAP to request and receive this information from the employer, and for employer to provide the requested information.

Applicant only complete highlighted sections and return. **Employer complete each section as requested. If there is no answer, please place N/A in the blank. Leave no blanks empty. This form is not acceptable if not completed entirely. Please email or mail completed form to address below.**

To: Name & Address of Employer	**From: Name & Address of Program**
	City of Tuscaloosa/ CNS/ Let's Paint PO Box 2089 Tuscaloosa, AL 35403

Signature of Program Manager	**Name**	**Email**	**Phone**
	Chip Cates		205-248-5087

Name & Address of Applicant (including employee or badge number)	**Applicant Signature**

Applicant Date of Employment	**Present Position**	**Probability of Continued Employment**

Current Gross Base Pay

$_____

Circle One, please.

Annual, Monthly, Bi-Weekly, Weekly, Hour, Other(Specifiy)_____

Military Wages Only

Pay Grade:
Type:
Monthly Amount $_____

Is Overtime & Bonuses Continual

If Overtime or Bonus is applicable, is its continuance likely.

Overtime: Yes ☐ No ☐

Bonus: Yes ☐ No ☐

Income Type	Year – to - Date	Past Year - 20XX			
Base Pay $	Thru _____ $	$	Base Pay	$	If paid hourly, average hours worked per week.
Overtime	$	$	Rations	$	
Commissions	$	$	Flight or Hazard	$	Date of applicant's next pay increase
Bonus	$	$	Clothing	$	Projected amount of next pay increase
Total	$	$	Quarters	$	Date of applicant's last pay increase
			Pro Pay	$	Amount of last pay increase
			Overseas/Combat	$	
			Variable Housing Allowance	$	

Remarks: If the employee was off work for any length of time, please indicate time, period, and reason.

Authorized Signatures – Federal statures provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the USDA, FmHA/FHA Commissioner, or the HUD/CPD assistant Secretary

Signature of Employer	Title	Date
Print or type name of employer	Phone Number	

City of TUSCALOOSA
COMMUNITY & NEIGHBORHOOD SERVICES

Let's Paint & Renovate Tuscaloosa!

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code : _____

CERTIFICATION OF NO INCOME

To whom it may concern:

I hereby certify that I do not individually receive income from any of the following sources:

- Wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- Income derived from operation of a business or profession;
- Interest, dividends, and other income of any kind from real or personal property;
- Periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump sum payment for the delayed start of a periodic payment;
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay;
- Welfare assistance payments;
- Regular alimony and child support payments if received regularly; or,
- Regular pay, special pay and allowances of a member of the Armed Forces.

I certify that the information presented in this letter is true and correct to the best of my knowledge and belief.

Sincerely,

_____
Signature

Date _____

STATE OF _____

COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this ____ day of _____ , 20___, within my jurisdiction, the within named _____, who acknowledged that (he)(she)(they) executed the above and foregoing instrument.

_____ NOTARY PUBLIC

My commission expires:

_____