



Manchester



Emergency Replacement Program

WELCOME TO THE TOWN OF MANCHESTER

EMERGENCY REPLACEMENT PROGRAM

The Emergency Replacement Program provides financial assistance for replacement of systems or housing features that, if not addressed, would threaten the health and/or safety of the property's occupants.

The program is available for buildings with seven or fewer dwelling units where 51% of the units are income-eligible (or 1 of 2 units in a 2-family) and for which the rents cannot exceed the annually adjusted fair market levels established by the U.S. Department of Housing and Urban Development.

If you would like to participate, please submit a completed "*Application for Financial Assistance*". Information must be submitted for each unit at the property and at least one of the units must be occupied by the property owner(s). For units occupied by renters, please submit the tenant information requested on the packet checklist. If a unit is vacant, complete the information at the top of the *Resident/Tenant Information* Form (all information above the "Household Information" section) then write "VACANT" across the rest of the form.

Please refer to the enclosed "Application Packet Checklist" to make sure you have completed and/or sent all required materials. All application materials should be sent to the **Town of Manchester, Attn: Housing Rehab Program, P.O. Box 191, Manchester, CT 06045-0191 or dropped off in the Planning Department, on the 2nd floor of the Lincoln Center at 494 Main St.**

This program is available town-wide to income-eligible properties that also meet the rest of the eligibility criteria. Owners must be up to date with all taxes and fees due to the town. Documentation must be submitted to prove a contractor has inspected the system/feature and has determined it cannot be repaired and must be replaced.

If you have questions or need assistance, please call the Planning Department at (860) 647-3044.

**TOWN OF MANCHESTER
EMERGENCY REPLACEMENT PROGRAM GUIDELINES**

SECTION 1. GENERAL STATEMENT: PURPOSE AND GOALS

Manchester uses a portion of its Housing Rehabilitation Program Funds (received through the Town's Community Development Block Grant (CDBG) allocation) to provide emergency financial assistance to owner-occupied single and multi-unit residential properties within town. The overall purpose of the program is to assist with emergency situations faced by income-eligible owners to eliminate conditions that pose an imminent threat to health and safety and which would render the dwelling uninhabitable if not corrected.

SECTION 2. ELIGIBILITY CRITERIA

- For a single-family home, an owner-occupant's annual household income must not exceed 80% of the annually adjusted median household income for the area as determined by the U.S. Department of Housing and Urban Development (HUD) based on household size. (See enclosed "Income Limits" chart)
- Participating multi-family properties must house an owner-occupant and 51% of the units must meet the income-eligibility criteria (or 1 of 2 units in a 2-family) by not exceeding 80% of the annually adjusted median household income for the area as determined by HUD based on household size. (See enclosed "Income Limits" chart).
- Rental rates shall not exceed fair market levels, as annually adjusted by HUD, based upon the number of bedrooms in each unit. (For more information about fair market rents, contact the Planning Department at the number provided on page 2).
- There shall be no more than seven (7) dwelling units in the structure.
- The property owner must be current in mortgage payments, if any, on the property and provide proof of current homeowner's insurance coverage. The owner must also be current on all local taxes, fees and assessments including water and sewer, real estate and motor vehicle taxes. ***The Town reserves the right to deny assistance to any property whose owner has a record of tax delinquency or if they are not up to date in mortgage payments and cannot provide documentation of a loan modification agreement.***
- The owner-occupant of a single-family dwelling must continue to occupy the property as his/her primary residence during the term specified in the rehabilitation contract and in the Agreement between the owner and the Town.
- The owner-occupant of property that includes rental units must continue to occupy the property as his/her primary residence and rent to income-eligible tenants at the current fair market rents determined by HUD during the term specified in the rehabilitation contract between the owner and the Town. ***A copy of the signed lease must be filed with the application for financial assistance.***

- In the event of a sale or other transfer of the rehabilitated property the new owner, if income qualified (household income not exceeding 80% of area median income), may agree to the terms and conditions specified in the rehabilitation contract between the original owner and the Town and described in the “*Financial Assistance*” section of this guide. If the new owner does not agree to the terms and conditions or if they are not income-eligible, the prorated balance of the financial assistance can instead be paid back by the original owner to the Town at the time of sale.

SECTION 3. PROPERTY SELECTION CRITERIA AND REHABILITATION ACTIVITIES

- All eligible properties will be considered for assistance, subject to the annual program allocation amount, assuming they meet all eligibility criteria.

SECTION 4. FINANCIAL ASSISTANCE TERMS AND CONDITIONS

- Financial assistance under the program is provided to the property owner according to the terms of a contract between the owner and the Town.
- The property owner must abide by the terms of the rehabilitation contract between the owner and the Town with respect to ongoing adherence to the qualifying fair market rent and income criteria governing the program.
- Financial assistance to the project shall be forgiven over the term specified in the rehabilitation contract between the owner and the Town, free of interest, provided that there is no violation of the terms and conditions of the contract.
- The Town shall record a lien against the property as security for its investment in the property and to ensure the owner’s continued compliance with the provisions of the rehabilitation contract. The period of time for which the lien remains is dependent on the extent of the Town’s investment in the property:

Single-Family Homes

\$5,000 or less = 3 years

\$5,000 - \$10,000 = 5 years

* If a project exceeds \$10,000, any costs in excess of the \$10,000/5 year cap will be forgiven at a rate of \$4,000/year. \$25,000 maximum.

Multi-Family Homes

\$0 - \$20,000 = 5 years

* If a project exceeds \$20,000, any costs in excess of the \$20,000/5 year cap will be forgiven at a rate of \$4,000/year.

SECTION 5. POLICIES GOVERNING THE REFINANCE, SALE OR TRANSFER OF A REHABILITATED PROPERTY DURING THE TERM OF THE AGREEMENT

- The owner shall provide the Town with a 30-day written notice of intent to refinance, sell or otherwise transfer title to the property and to request a subordination of the lien on the property. The Town will then provide the owner with a list of required documentation for the transaction to proceed. Failure to do so may result in delays in the refinancing or sale transaction.
- Sale or transfer of a property during the term specified in the rehabilitation contract between the owner and the Town can take place under one of the following conditions:
 1. The property is sold to an income-qualified (if the owner-occupied unit determined the property's eligibility) **owner-occupant** who is willing to abide by the contract until its expiration. This provision applies to both single-unit and multi-unit properties. At least 51% of the units in a multi-unit dwelling (or one unit of a two-unit dwelling) must continue to be occupied by income-eligible residents. All income-eligible rental units must not be charged rents in excess of current fair market rents established by HUD based on the number of bedrooms in each unit.
 2. If the prospective new owner of a town-assisted property is either income-ineligible or unwilling to abide by the terms specified in the rehabilitation contract between the owner and the Town, then the owner shall be responsible for repayment of the prorated balance of the financial assistance provided by the Town for that property.
- Failure to abide by the terms of the contract will result in full repayment of the entire loan amount by the property owner(s).

Please call the Planning Department at (860) 647-3044 with questions or to obtain further information about the program.

**TOWN OF MANCHESTER
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

FY 2024 INCOME LIMITS (Effective May 2024)

The total annual income (adjusted or estimated) of an eligible family or household must not exceed the corresponding limits in the Low/Moderate income block shown below.

<u>Family or Household Size</u>	<u>Low/Moderate Income Limits</u> (80% of Area Median¹)
1 person	\$68,250
2 persons	\$78,000
3 persons	\$87,750
4 persons	\$97,450
5 persons	\$105,250
6 persons	\$113,050
7 persons	\$120,850
8 persons	\$128,650

Household: A household means all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements. A **Family** means all persons living in the same household who are related by birth, marriage or adoption.

Adjusted Gross Income: As defined for purposes of reporting under the Internal Revenue Service (IRS) Form 1040 for individual Federal annual income tax purposes.

Estimate the annual income of a family or household by projecting the prevailing rate of income of each person at the time assistance is provided. Estimated annual income shall include income from all family or household members (including Social Security, SSDI, unemployment, child support, etc.) as applicable. Income or asset enhancement derived from the CDBG-assisted activity shall not be considered in calculating estimated annual income.

¹ FY 2024 Area Median Income = \$121,800 for the Hartford, West Hartford and East Hartford, CT Metropolitan Statistical Area (MSA), as determined by the U.S. Department of Housing and Urban Development.

**Town of Manchester
Emergency Replacement Program**

SECTION 1: PROPERTY INFORMATION

Property Address: _____ # of Dwelling units: _____

Owner's name(s): _____ Year Built (approx.): _____
(Include all owners listed on the deed to the property)

Is the owner also an occupant of the above listed property? Yes No

Owner's home/cell phone _____ Business phone _____

Which contact number above do you prefer we use? _____

Please provide an email address (if you use email regularly) _____

Employer's name and address: _____

How did you hear about this program? _____

SECTION 2: OTHER INFORMATION

Are you and other owner(s), if any, current on all mortgage payments on the above referenced property?
 Yes No

Are you and other owner(s) current in municipal, federal and state taxes, fees and assessments, if any, on the property?
 Yes No

Have you or any other owner(s) filed for bankruptcy protection within the last five (5) years?
 Yes No

For what type of emergency replacement are you seeking financial assistance?

If the property is a 2-family or multi-family, which unit(s) would be impacted by this project?
(For instance: are you seeking a roof replacement that would impact both units? Or do you need a replacement furnace that serves only 1 of 2 units at the property?)

Household Information: (Used for HUD reporting purposes)

1. Are you of Hispanic or Latino ethnicity? Yes _____ No _____
2. Are you age 62 or older? Yes _____ No _____
3. Race: (Please check one)
____ White
____ Black/African American
____ Asian
____ Asian & White
____ American Indian/Alaskan Native
____ Native Hawaiian/Other Pacific Islander
____ American Indian/Alaskan Native & White
____ Black/African American & White
____ American Indian/Alaskan Native & Black/African American
____ Other Multi-racial
4. Head of Household is: Male: _____ Female: _____

FIRE/HAZARD/LIABILITY INSURANCE ON PROPERTY:

Name of Insurance Company: _____

Contact No: _____

Policy No: _____

Address: _____

* **Please note:** At the time of acceptance into the program, you will be expected to add the Town of Manchester Housing Rehab Program as “additional insured” on your homeowner’s insurance policy. This is of no additional cost to the homeowner.

FOR MULTI-FAMILY PROPERTIES:

Please complete the following information if property includes rental units:

Number of apartments/units: _____

	<u>Monthly Rent</u>	<u>Number of bedrooms</u>	<u>Name of Occupant</u>
Apt # _____	\$ _____	_____ bedrooms	_____
Apt # _____	\$ _____	_____ bedrooms	_____
Apt # _____	\$ _____	_____ bedrooms	_____

(Please add an additional sheet of paper or continue on to the back if necessary.)

Are utilities included in the rent? Yes _____ No _____

* **Tenant Verification Forms must be completed and returned with required attachments (listed on checklist at end of packet).**

Certifications

The undersigned hereby make a preliminary application to the Town of Manchester (“Town”) for financial assistance for emergency replacement of a feature at their property. **The Applicant(s) certifies that he/she/they are the owner(s) of the property described in this Application and that all owners of said property are listed and have signed said application.** I/We acknowledge that this application is made pursuant to a program administered by the Town and that the Town will determine all eligible costs of a project subject to the appropriate level of financial assistance and needs associated with the emergency replacement. I/We certify that the property to be rehabilitated with the program funds will be continuously occupied and/or rented by/to persons or households that meet the prevailing tests of income and fair market rents during the entire term specified in the rehabilitation contract between the owner and the Town. The undersigned further agree(s) to abide by the provisions of the rehabilitation contract between the owner and the Town with respect to the refinance, sale or transfer of the property during the term specified in the rehabilitation contract. Program benefits are assumed to be transferable to a new owner-occupant as specified in the rehabilitation contract and described in the “*Housing Rehabilitation Program Guidelines*”. Property owners agree to maintain homeowner’s hazard insurance on the rehabilitated property, naming the Town as an “additional insured”, for the entire term specified in the rehabilitation contract between the owner and the Town. Property owners further agree to keep current on mortgage payments and on all local taxes, fees and assessments on the subject property during the term specified in the rehabilitation contract. The undersigned also agree(s) that I/we will not discriminate against any person on the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap, or age in any aspect of the program and to comply with all applicable Federal, State and local laws regarding non-discrimination and equal employment opportunity, housing and credit practices, including Title VI of the Civil rights Act of 1964 and regulations pursuant thereto, and Title VIII of the Civil Rights Act of 1968, as amended. I/We further attest that the information provided in this application is true and complete and that failure to comply with any of the above terms and conditions may result in default of the agreement with the Town and in the immediate repayment to the Town of all the amortized balance of financial assistance provided by the Town for the subject property.

Signature of Applicant

Printed Name

Date

Signature of Co-applicant

Printed Name

Date

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S.C. Title 18, Sec. 1001, provides: “Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies or makes false, fictitious statements or representation, or makes or uses any fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both.”

Owner Information Form
[To Be Completed By Owner/Occupant(s)]

Please Type or Print Clearly

NAME _____

ADDRESS _____ Unit # _____

Telephone # (____) _____ Email Address _____
 Home/Cell

HOUSEHOLD INCOME by Number Of Persons In The Household (Revised 5/2024)
(PLEASE CIRCLE THE AMOUNT THAT IS YOUR CURRENT HOUSEHOLD INCOME RANGE)

NUMBER OF PERSONS IN HOUSEHOLD							
1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS
\$25,600 or less	\$29,250 or less	\$32,900 or less	\$36,550 or less	\$39,500 or less	\$42,400 or less	\$47,340 or less	\$52,720 or less
\$25,601 to \$42,650	\$29,251 to \$48,750	\$32,901 to \$54,850	\$36,551 to \$60,900	\$39,501 to \$65,800	\$42,401 to \$70,650	\$47,341 to \$75,550	\$52,721 to \$80,400
\$42,651 to \$68,250	\$48,751 to \$78,000	\$54,851 to \$87,750	\$60,901 to \$97,450	\$65,801 to \$105,250	\$70,651 to \$113,050	\$75,551 to \$120,850	\$80,401 to \$128,650
More than \$68,250	More than \$78,000	More than \$87,750	More than \$97,450	More than \$105,250	More than \$113,050	More than \$120,850	More than \$128,650

Please check any of the following that apply to you: Regular gifts/financial contributions from family or friends
 SSI SSDI Alimony Child Support Public Assistance Sec. 8

Name of each <i>Adult 18 and over</i> in the Unit

Name of each <i>Child under 18</i> in the Unit	Child's Date of Birth

Does any resident child six years or younger have an Elevated Blood Lead Level?
 Yes No Do not know Not Applicable

I certify that the information provided herein is accurate and complete.

 Signature

 Date

Resident/Tenant Information Form (Completed by tenants for each rental unit)

Please Type or Print Clearly

NAME _____

ADDRESS _____ Unit # _____

Telephone # (____) _____ Email Address _____

Monthly Rent \$ _____ Number of Bedrooms? _____ Utilities Included _____
Yes or No

Household Information: (Used for HUD reporting purposes)

1. Are you of Hispanic or Latino ethnicity? Yes _____ No _____ 2. Are you age 62 or older? Yes _____ No _____
 3. Race: (Please check one box)

White	American Indian/Alaskan Native & White
Black/African American	Asian & White
Asian	Black/African American & White
American Indian/Alaskan Native	American Indian/Alaskan Native & Black/African American
Native Hawaiian/Other Pacific Islander	Other Multi-racial

4. Head of Household is: Male: _____ Female: _____

HOUSEHOLD INCOME by Number Of Persons In The Household (Revised 5/2024)

(PLEASE CIRCLE THE AMOUNT THAT IS YOUR CURRENT HOUSEHOLD INCOME RANGE)

NUMBER OF PERSONS IN HOUSEHOLD							
1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS
\$25,600 or less	\$29,250 or less	\$32,900 or less	\$36,550 or less	\$39,500 or less	\$42,400 or less	\$47,340 or less	\$52,720 or less
\$25,601 to \$42,650	\$29,251 to \$48,750	\$32,901 to \$54,850	\$36,551 to \$60,900	\$39,501 to \$65,800	\$42,401 to \$70,650	\$47,341 to \$75,550	\$52,721 to \$80,400
\$42,651 to \$68,250	\$48,751 to \$78,000	\$54,851 to \$87,750	\$60,901 to \$97,450	\$65,801 to \$105,250	\$70,651 to \$113,050	\$75,551 to \$120,850	\$80,401 to \$128,650
More than \$68,250	More than \$78,000	More than \$87,750	More than \$97,450	More than \$105,250	More than \$113,050	More than \$120,850	More than \$128,650

Please check any of the following that apply to you: Regular gifts/financial contributions from family or friends
 SSI SSDI Alimony Child Support Public Assistance Sec. 8

Name of each <i>Adult 18 and over</i> in the Unit	Name of each <i>Child under 18</i> in the Unit	Child's Date of Birth

Does any resident child six years or younger have an Elevated Blood Lead Level?

Yes No Do not know Not Applicable

I certify that the information provided herein is accurate and complete.

Signature

Date

APPLICATION PACKET CHECKLIST

- APPLICATION FOR FINANCIAL ASSISTANCE
- DOCUMENTATION FROM A CONTRACTOR STATING NEED FOR REPLACEMENT OF ITEM, THAT IT CANNOT BE REPAIRED
- OWNER INFORMATION FORM
- RESIDENT/TENANT INFORMATION FORM (FOR MULTI-FAMILY PROPERTIES)
 - If a unit is vacant, complete information at the top of the *Resident/Tenant Information Form* (everything above the “Household Information” section) then write “VACANT” across the rest of the form.
- CURRENT LEASE DOCUMENTS (FOR ALL RENTAL UNITS)
- FOR SECTION 8 UNITS, A COPY OF THE AUTHORIZATION SHOWING RENT AMOUNT
- OWNER’S UNIT - INCOME INFORMATION (INCLUDE DOCUMENTATION FOR ALL INCOME SOURCES AND MOST RECENTLY FILED IRS FORM 1040). SOURCES OF INCOME MAY INCLUDE 3 MOST RECENT PAYSTUBS, SOCIAL SECURITY, PENSION, UNEMPLOYMENT, ETC.
- OWNER’S UNIT – COPY OF MOST RECENT CHECKING AND SAVINGS ACCOUNT STATEMENTS
- TENANT’S UNIT (IF APPLICABLE, FOR EACH RENTAL UNIT) - INCOME INFORMATION (INCLUDE DOCUMENTATION FOR ALL INCOME SOURCES AND MOST RECENTLY FILED IRS FORM 1040). SOURCES OF INCOME MAY INCLUDE 3 MOST RECENT PAYSTUBS, SOCIAL SECURITY, PENSION, UNEMPLOYMENT, ETC.
- TENANT’S UNIT – COPY OF MOST RECENT CHECKING AND SAVINGS ACCOUNT STATEMENTS
- COPY OF YOUR MOST RECENT MORTGAGE STATEMENT SHOWING \$0 PAST DUE BALANCE
- COPY OF DEED TO THE PROPERTY (We can provide if you cannot easily obtain a copy)
- MAKE CERTAIN THAT YOU ARE UP TO DATE ON THE FOLLOWING:
 - LOCAL TAXES
 - WATER, SEWER AND ALL OTHER LOCAL FEES AND ASSESSMENTS
 - REAL ESTATE TAXES
 - MOTOR VEHICLE TAXES

Please submit all application materials to:

**Town of Manchester Planning Department
Attn: Housing Rehabilitation
P.O. Box 191
Manchester, CT 06045-0191**

Please call 860-647-3044 with any questions.