PROGRAM SUMMARY

The County of Dauphin has allocated funds from the HOME Program to a county-wide housing rehabilitation program. Grants of up to $20,000 will be offered to income eligible homeowners in the County of Dauphin outside the City of Harrisburg.

The purpose of this Information Statement is to explain the program and eligibility requirements for participation.

This program will be administered by the:

Dauphin County Department of Community & Economic Development
112 Market Street, 7th Floor
Harrisburg, PA 17108
717-780-6256

Grant funds must be used to bring the property up to standards that would correct any existing deficiencies or hazards and make it a decent, safe and sanitary place to live. Grant funds cannot be used as a reimbursement for repairs already made or to pay off a debt incurred to finance previous repairs.

The following basic eligibility requirements will apply to this program:

Participants must:
1. Be residents of the County of Dauphin excluding the City of Harrisburg.
2. Own and occupy the dwelling to be rehabilitated as their principle residence
3. Not have incomes that exceed current HOME very-low income limits (attached)
4. Not owe back taxes on the property to be rehabilitated

As a condition of receiving a rehabilitation grant, any project funded with money, the owner(s) must agree that if the property is sold within a period of ten (10) years from date of the completion of the rehabilitation work, the Dauphin County Department of Community and Economic Development (DCDCED) will be reimbursed for the amount of the grant according to the following schedule of prorating:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>100%</td>
<td>Sixth</td>
<td>75%</td>
</tr>
<tr>
<td>Second</td>
<td>95%</td>
<td>Seventh</td>
<td>70%</td>
</tr>
<tr>
<td>Third</td>
<td>90%</td>
<td>Eighth</td>
<td>65%</td>
</tr>
<tr>
<td>Fourth</td>
<td>85%</td>
<td>Ninth</td>
<td>60%</td>
</tr>
<tr>
<td>Fifth</td>
<td>80%</td>
<td>Tenth</td>
<td>55%</td>
</tr>
</tbody>
</table>
In the case of the transfer of the title of the property due to an inheritance, the heirs will be required to reimburse the DCDCED according to the above schedule only if the property is resold subsequent to the inheritance.

In the event of foreclosure within the initial five-year period, the DCDCED will accept the net proceeds of the sale as complete satisfaction of these repayment terms.

**ELIGIBILITY CRITERIA**

1. Participants must live **within the County of Dauphin outside of the City of Harrisburg**.

2. Participants must **own and occupy** the house to be rehabilitated. An “owner” will include a person who is purchasing a house under a conventional mortgage-backed loan or a sales agreement.

3. Participants’ total family income must be within the current HUD Section 8 income limits. (See HOME Income Limit Schedule)

4. If property to be rehabilitated is located within a 500 year flood plain, applicant must provide evidence of a current flood insurance policy. There will be no structures rehabilitated in the 100 year flood plain.

5. Participant must have adequate, current fire insurance on the structure to be rehabilitated and maintain such insurance at least for the initial five-year period after rehabilitation.

6. Before any rehabilitation grant is awarded, all back taxes on the property to be rehabilitated must be paid in full and all municipal utilities must be paid up-to-date.

7. Mobile homes are eligible if they are on a permanent foundation and connected to existing utilities.

**ELIGIBLE ACTIVITIES**

In order to be an eligible repair, a condition must be considered an affecting health, safety, accessibility, energy efficiency, or code violation. For this program the DCDCED Minimum Housing Rehabilitation Standards, the Secretary of the Interior’s Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings, the Federal Uniform Accessibility Standards, will be utilized as the guides for this housing rehabilitation program.

It is possible that lead based paint exists in all properties built before 1978. All rehabilitation work on these properties will be undertaken with the assumption of the existence of lead based paint. All deteriorated paint surfaces will need to be stabilized using interim controls in conjunction with lead-based paint safe work practices.
INELIGIBLE ACTIVITIES

Rehabilitation grants may not be used to pay for luxury or purely cosmetic items such as burglar alarms or systems, carpeting, drop ceiling, siding, exterior fireplaces or hearths, greenhouses, saunas or hot tubs, pools, tennis courts or other recreational facilities, television antennas or landscaping.

PROGRAM PROCEDURES

Those homeowners who desire to participate in this program and who appear to be eligible according to the requirements presented in this informational statement must complete a pre-application and send it to the DCDCED at the address provided above.

PRIORITIZATION OF PRE-APPLICATIONS

After all pre-applications are received, they will be reviewed to determine whether there are any applicants who are ineligible based on the information provided on the pre-applications.

All pre-applications will be addressed as first-come, first-served basis. Applicants will be given a number and placed on a list consecutively.

INITIAL INSPECTION

Once all pre-applications have been prioritized, the applicants will be contacted in the order of their ranking to schedule an initial inspection.

GRANT PROCESSING

Upon satisfactory verification of applicant’s eligibility including verification of the applicant’s income, ownership, residency, payment of taxes and insurance, the DCDCED representative will perform an initial inspection of the property proposed for rehabilitation. In addition, a lead paint risk assessment will be performed to determine any lead paint hazards and a code inspection will be requested to look for any code deficiencies. These inspections will then be used to prepare the work write-up specifying the rehabilitation work to be done and a cost estimate will also be prepared. This cost estimate is used to determine whether the $20,000.00 maximum grant amount will be sufficient to pay for the proposed improvements. Also, at this time a brief formal application is completed by the homeowner, a grant is formally awarded, and the homeowner reviews and approves the final specifications.

ESTIMATES EXCEEDING $20,000

If the cost of the work needed to bring the dwelling into compliance as required by the applicable housing standards exceed the $20,000 grant amount, the homeowner will be required to provide the additional funds necessary to bring the property up to the applicable standards. If the homeowner is unable to provide the additional funds necessary to complete the work, the grant will not be awarded. In that event the next applicant on the list will be considered.
**CONTRACTOR SELECTION**

A public notice will be placed in the local newspaper requesting contractors to submit sealed bids for each of the homeowner rehabilitation projects.

All bidders are required to attend a mandatory pre-bid site(s) inspection. After the pre-bid site inspection and walkthrough of the homes, the contractors are given a deadline date as to when the bids need to be submitted to the DCDCED. The bids will be publicly opened and read aloud. The contract is awarded to the lowest responsible bidder.

The contractor shall complete the rehabilitation of the property within (90) days from the date the rehabilitation commences unless unforeseen circumstances arise. This will be at the discretion of Dauphin County Economic Development.

The DCDCED inspector will make periodic inspections of the work in progress. These inspections ensure that the work is being done according to the specifications and other contractual requirements.

**CONTRACTOR PAYMENTS**

Upon completion of the work, the Rehabilitation Program engineer does a walkthrough of the home for a final inspection. If the job has been done satisfactorily, the engineer signs off on the work and the final invoice is submitted to the DCDCED to process the payment which normally takes three to four weeks to receive. The contractor must guarantee the work for a period of one year after completion of the rehabilitation.

**CONTRACTOR REQUIREMENTS**

To ensure the participation of professional, qualified contractors, the DCDCED requires that all contractors meet certain eligibility requirements. These requirements include the carrying of liability and contractual insurance to protect the homeowner in the event of bodily injury or property damage. All contractors whose work entails the disturbance of painted surfaces will be required to have undergone an accepted lead based paint training program for themselves and their workers. They will be required to have the ability to undertake such rehabilitation work in conjunction with accepted lead based paint safe work practices. In addition, all participating contractors must carry Workmen’s Compensation Insurance. The Department of Community & Economic Development will determine that contractors are eligible to participate in the HOME program by checking the Systems for Award Management (SAM) and placing documentation in the file. Three (3) letters of reference must be provided to the Department of Community & Economic Development along with a completed Statement of Qualifications upon request by the Department.

**LEAD-BASED PAINT REQUIREMENTS**

All rehabilitation work on houses built before 1978 will be undertaken with the assumption of the existence of lead based paint. A third party inspection/clearance will be undertaken before the work is bid to identify lead paint hazards that my need to be addressed. All deteriorated paint surfaces will need to be stabilized using interim controls in conjunction with lead based paint safe work practices. Upon completion of any work involving stabilization or disturbance of existing lead-based paint, the contractor will need to have the property cleared by a certified risk assessor or a clearance technician.
<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>INCOME LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$47,600</td>
</tr>
<tr>
<td>2</td>
<td>$54,400</td>
</tr>
<tr>
<td>3</td>
<td>$61,200</td>
</tr>
<tr>
<td>4</td>
<td>$68,000</td>
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<tr>
<td>5</td>
<td>$73,450</td>
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<tr>
<td>6</td>
<td>$78,900</td>
</tr>
<tr>
<td>7</td>
<td>$84,350</td>
</tr>
<tr>
<td>8+</td>
<td>$89,800</td>
</tr>
</tbody>
</table>
PRE-APPLICATION DAUPHIN COUNTY HOUSING REHABILITATION PROGRAM

1. Property Address: ____________________________________________________________

2. In what municipality is the property located: ______________________________________

3. Property Owner(s) and their ages: ________________________________________________

4. Does the owner reside at the property? ____________________________________________

5. What is your family size? _______________________________________________________

6. What is your family’s current yearly income? _______________________________________

7. Please list the phone number that you can be reached at during the daytime: ______________
   (Indicate if work/home/cell phone)

8. Please give detailed directions to the property: _____________________________________

9. What repairs do you feel are needed: _____________________________________________
10. Was the house built before 1978? _______ (Yes) _________ (No)

11. Additional Comments: ______________________________________________________________

Note: As per Federal regulations, we are required to ask ethnic/racial data of you for this application. (Information will be confidential and is used for the sole purpose of statistical reporting.)

12. Race of Head of Household:
( ) White
( ) Asian
( ) Native Hawaiian/Other Pacific Islander
( ) Black/African American
( ) American Indian/Alaska Native
( ) Black/African American and White
( ) American Indian/Alaska Native and Black/African American
( ) American Indian/Alaska Native and Black/African American
( ) Other multi-racial

Ethnicity of Head of Household:
( ) Hispanic — A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category

( ) Non-Hispanic — A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
**FAMILY MEMBER #1**

Name: ________________________________  Relationship: ________________________________

Age: ________________________________  SSN: ________________________________

A. Social Security ____________________  Amount: ________________________________

B. Pension ____________________________________________________________

  Source of Pension: ________________________________________________________

  Address: _______________________________________________________________

  _______________________________________________________________

  Claim Number (if any): ________________________________

C. Employment

  Name of Employer: _______________________________________________________

  Address: _______________________________________________________________

  _______________________________________________________________

  Work Phone Number: ________________________________

  Supervisor’s Name and Phone Number: ________________________________

D. Other Income

  Source: _______________________________________________________________

  Address: _______________________________________________________________

  _______________________________________________________________

  Claim Number (if any) ___________________________________________________
FAMILY MEMBER #2

Name: ___________________________________ Relationship: __________________________
Age: ___________________________________ SSN: _________________________________

A. Social Security ___________________ Amount: _________________________________

B. Pension ________________________________________________________________

Source of Pension: __________________________________________________________
Address: ________________________________________________________________
Claim Number (if any): _____________________________________________________

C. Employment

Name of Employer: _________________________________________________________
Address: ________________________________________________________________

Work Phone Number: _________________________________________________________
Supervisor’s Name and Phone Number: ________________________________________

D. Other Income

Source: _________________________________________________________________
Address: ________________________________________________________________
Claim Number (if any) _____________________________________________________
FAMILY MEMBER #3

Name: _______________________________ Relationship: ____________________________

Age: _______________________________ SSN: _______________________________

A. Social Security ___________________ Amount: _______________________________

B. Pension ________________________________

   Source of Pension: __________________________________________________________

   Address: ________________________________

   __________________________________________________________

   Claim Number (if any): ________________________________

C. Employment

   Name of Employer: ________________________________

   Address: ________________________________

   __________________________________________________________

   Work Phone Number: ________________________________

   Supervisor’s Name and Phone Number: ________________________________

D. Other Income

   Source: ________________________________

   Address: ________________________________

   __________________________________________________________

   Claim Number (if any) ________________________________
FAMILY MEMBER #4

Name: ___________________________________  Relationship: ____________________________

Age: _____________________________________  SSN: _________________________________

A. Social Security ________________  Amount: ________________________________

B. Pension ____________________________________________________________________

Source of Pension: _____________________________________________________________

Address: _____________________________________________________________________

Claim Number (if any): _______________________________________________________

C. Employment

Name of Employer: _____________________________________________________________

Address: _____________________________________________________________________

Work Phone Number: ___________________________________________________________

Supervisor’s Name and Phone Number: ____________________________________________

D. Other Income

Source: _____________________________________________________________________

Address: _____________________________________________________________________

Claim Number (if any) __________________________________________________________
FAMILY MEMBER #5

Name: ________________________________ Relationship: ____________________________

Age: ________________________________ SSN: ________________________________

A. Social Security ________________ Amount: ________________________________

B. Pension __________________________________________________________________
   Source of Pension: ____________________________________________________________
   Address: ____________________________________________________________________
   __________________________________________________________________________
   Claim Number (if any): ________________________________________________________

C. Employment

   Name of Employer: ____________________________________________________________
   Address: ____________________________________________________________________
   __________________________________________________________________________
   Work Phone Number: __________________________________________________________
   Supervisor’s Name and Phone Number: _________________________________________

D. Other Income

   Source: ____________________________________________________________________
   Address: ____________________________________________________________________
   __________________________________________________________________________
   Claim Number (if any) ________________________________________________________

(PLEASE MAKE ADDITIONAL COPIES AS NEEDED)
I/We understand that the rehabilitation of the above mentioned property will be undertaken in accordance with the procedures outlines in the Informational Statement which I/We have received and that I/We qualify for a rehabilitation grant as required and explained in the Informational Statement.

In the event any of the information provided in this pre-application changes prior to the completion of any rehabilitation work, I/We will notify the Dauphin County Department of Community and Economic Development of any such changes.

Any applicant(s) making any misleading for falsified statements may be required to reimburse Dauphin County Department of Community and Economic Development for any grant received and may be subjected to penalties under Section 1001 and 1012 of Title 18 of the United State code.

Property Owner Signature: ________________________________ Date: ______________

Co-Property Owner Signature: ________________________________ Date: ______________