

TOWN OF SYRACUSE EMERGENCY REPAIR PROGRAM

The Emergency Repair Program of Syracuse (“Emergency Program” or “Program”) provides assistance to homeowners in Syracuse to perform emergency repairs to substandard housing conditions. Substandard conditions include those posing a serious threat to the health, safety or welfare of the household or affecting the immediate livability of the home. Emergency assistance shall be granted based on priority and eligibility of emergency. Applicants delinquent in non-payment of utilities (water, sewer, electric, gas) will not be eligible for the program.

The level of assistance is limited solely to the amount required to address the specific emergency. Assistance is also subject to the availability of funds. The maximum amount of assistance per household, per year may not exceed \$6,000, including administrative costs. Emergency Repairs are limited to those issues that affect the habitability of the home such as: lack of running water, electricity or heating.

Applicants who experience more than one emergency situation in the same year may receive assistance through the program a second time in that year providing the maximum grant amount has not been spent.

Accessibility modifications needed for the elderly and disabled are also eligible under this program. Upgrading electrical systems (i.e., increase amp from 60 to 100 to meet insurance needs) are also eligible under this program. These improvements must directly affect the immediate livability of the home. Homes in need of more extensive, but less urgent repairs and/or replacement that are not eligible (such as cabinetry or addressing aging cooling systems (this would be eligible for financing if addressed in a letter provided by a physician detailing the need for an improved system).

Eligibility Standards

The Emergency program is only available to income eligible, homeowner-occupied applicants. Assistance is provided to those applicants who meet income guidelines as set by the Town Of Syracuse. These guidelines can be updated by Council as situations change.

Eligibility for Emergency Assistance or determination of ineligibility is based on the total gross annual income for the household size in accordance with the Town of Syracuse’s income standards. Income qualification is required, even if the applicant is certified as disabled or elderly.

In addition to meeting the income guidelines, applicants must have owned and lived in their homes as their primary residence for the preceding year immediately prior to being qualified for participation in the program. Persons who use their home to conduct business or as rental property, in whole or in part, are ineligible to participate in the program.

There are special requirements for the Town of Syracuse’s employees, elected officials and their relatives. These requirements, relate to conflicts of interest, include making public disclosure. In all cases where an apparent conflict of interest exists, the Town attorney will make a finding regarding the eligibility of the applicant. Assistance shall not be granted unless approved.

Program Operation

The Program shall provide emergency repairs and/or replacement for owner-occupied, income eligible households within the Town of Syracuse. Owners of the dwelling must live in the dwelling for as long as their loan is outstanding. Eligible repairs and/or replacement shall be made to components that affect the immediate livability of the home, as determined by the Agency (Housing Opportunities of Warsaw).

Repairs and/or replacement are limited to the following types of assistance:

Heating/Cooling systems:

- Lack of or inadequate heating (unit shall currently exist)
- Hazardous or defective system

Plumbing systems:

- Lack of hot and cold running water
- Defective sewage system
- Leaking waterlines and gas lines or dangerous conditions in plumbing and gas systems
- Leaking or improperly functioning bathroom plumbing fixtures (toilets, sinks faucets, tubs and showers) when only one bathroom facility exists or when all facilities are inoperable
- Leaking or inoperable water heaters

Electrical systems:

- Lack of electricity

- Exposed or dangerous electrical wiring

Roofing:

- Leaking systems
- Severely deteriorated and structurally dangerous

Carpentry:

- Inoperable door/window locks
- Broken windows or inoperable exterior doors
- Structural deficiencies posing an immediate safety issue
- Perimeter fences not in compliance with city ordinance around yards with pools

Appliances (limited to cook tops, ranges and refrigerators):

- Inoperable units

Accessibility modifications (including but not limited to):

- Wheel chair ramps
- Widening doorways to accommodate wheelchairs
- Grab bars, railings, door hardware
- Bathtub/shower modifications

Application Process

The Emergency Program is administered through a partnership between the Town of Syracuse and the Agency (Housing Opportunities of Warsaw). The Agency works with contractors to provide the emergency repairs needed.

1. Request for application

Homeowner's requesting Emergency Assistance shall request an Emergency Repair Application packet through the Town of Syracuse's Building Inspector's Office. The application packet will include a cover letter explaining the assistance process, an application for assistance and an income questionnaire.

The completed application and income questionnaire shall be returned to the Town of Syracuse's Building Inspector's Office with copies of the following information, as indicated in the cover letter:

- Statements of the following documentation for all persons in the household, 18 years and older: employment wages, bonuses, social security, welfare payments, alimony, pension, etc.
- Property tax valuation information
- Most current Utility Statement (water/sewer or gas/electric)
- Homeowner's Insurance

Assistance shall not be considered to those applicants whose applications are either: 1) incomplete; or 2) if all required income and homeownership documentation has not been submitted. Homeowners shall be notified that their applications shall not be considered and assistance may not be granted until the requested information has been received. The Agency (Housing Opportunities of Warsaw) shall review the request(s) for emergency assistance and shall determine the eligibility of the repairs and replacement requested.

2. Processing of Application

Upon receipt of application and all required income and homeownership information, the Agency (Housing Opportunities of Warsaw) shall review the documents and submit an Emergency Transmittal to the Town. All applications will be evaluated and forwarded based on priority of emergency. The homeowner has the responsibility of providing all necessary information the Agency.

The Program reserves the right to seek third party verification for income, ownership and household composition. Credit reports may be requested and processed on each person whose property receives assistance. If IRS tax liens or tax certificates are found, the applicant will automatically be disqualified for assistance, unless written satisfaction of lien is presented to the (Housing Opportunities of Warsaw) office. Falsification of income and other required information requested is grounds for disqualification.

3. Receiving Assistance

The applicant shall be notified of his/her eligibility status within seven (7) business days of the Agency's receipt of emergency transmittal from the Town of Syracuse. Upon eligibility, the Agency shall schedule an appointment to inspect the applicants' property to evaluate the repairs requested.

Upon receipt of the required number of quotes two (2), a contract and notice to proceed shall be executed between the applicant, the contractor who will be performing the work and the Agency (Housing Opportunities of Warsaw). The Agency shall monitor the

progress and completion of work in accordance to the scope of work, the contract documents and the program guidelines. Upon completion of all work, a final inspection shall be conducted by the Agency and the homeowner shall sign a certificate of completion. Payment shall be submitted to the contractor upon final completion of work and receipt of the signed certificate of completion from the homeowner and Town of Syracuse Building Inspector. All work shall be completed within seven (7) business days from date of eligibility. Property owners will have a current homeowner's insurance policy in place.

4. General Program Requirements

All contractors who wish to bid on Emergency jobs shall be: on the bidder's list with the Agency (Housing Opportunities of Warsaw); and insured. The Program reserves the right to exclude any contractor who has unresolved complaints with the Agency, who has not performed in accordance to the Program's general conditions, bid instructions or contractor application.

The program committee is comprised of the Town Manager, Town Clerk/Treasurer and Council President. All contractors are required to provide a two-year warranty on all work performed through the Program. The homeowner is responsible to contact the contractor for any warranty-related problems. If an agreeable solution cannot be found, the Agency will mediate. If a decision cannot be made, than a decision will be made by the Town of Syracuse (Town Manager, Town Clerk/Treasurer, Council President).

Any changes to the scope of work shall be documented through a Change Order and shall address only those changes necessary to correct unforeseen health and safety issues affecting the immediate livability of the home. Change Orders shall be processed after the contractor submits the required documentation and has obtained both the contractor's and homeowner's signatures. The Change Order also requires the signatures of Agency (Housing Opportunities of Warsaw).

TOWN OF SYRACUSE'S EMERGENCY HOME REPAIR PROGRAM APPLICATION

Please complete this application in its entirety and sign the last page. List the type of Emergency you are experiencing on the next page. Please note that assistance is based on priority of emergency. Your application may be placed on a waiting list in accordance to priority.

Date _____
Address City Zip _____
Head of Household _____
Spouse Name _____
Phone Number, Alternate Phone Number _____
Do you own any other real estate property? _____ If "Yes", please list address: _____

TOTAL Number of persons living in the household: _____

Please list the names, relationships, and dates of birth of ALL other adults (18 or older) in the household:

Name: Relationship: Date of Birth:

1)

2)

3)

Approximate combined gross income (before taxes) of ALL persons living in the home: \$ Monthly _____

How long have you owned and lived in the home as your primary residence? _____

Is your home a mobile/manufactured home? _____ If "Yes", do you own the real property on which the home is located? _____

Do you operate a business out of your home? _____ If "Yes", please give name & nature of business: _____

Are you employed by or a relative of any employee of the Town of Syracuse? _____ If "Yes," please list name, relationship, agency, department and dates of employment.

Please certify each of the following statements by initialing on the line next to the statement. (If you cannot certify to each of the following you may not qualify for assistance).

A. I have owned and occupied the home listed above for the past year or longer. (initial) _____

B. I understand the Town of Syracuse may obtain a title report to verify qualification. (initial) _____

C. I certify that all the information I have given and will give in connection with this application, either in writing or orally is true and correct. I understand that false, fictitious or fraudulent statements voids my application for assistance. (initial) _____

Signature of Applicant Date _____

Signature of Co-Applicant Date _____

Please print a brief description of your emergency:

A. Air Conditioning/Heating: _____

B. Plumbing: _____

C. Roofing: _____

D. Electrical: _____

E. Other: _____

Credit and title reports may be processed on each person and their property receiving rehabilitation. If IRS tax liens or tax certificates are found, your application will automatically be disqualified, unless written satisfaction of lien is presented to the Agency (Housing Opportunities of Warsaw).

INCOME QUESTIONNAIRE

Name/Address of Head of Household: _____

We need to know about the income that each member of your household expects to receive in the next 12 months.

_____. This does not include income of children Alimony or Child Support.

I hereby certify that all of the above information is true and correct to the best of my knowledge.

Signature of Head of Household/Applicant Date _____

Signature of Co-Applicant Date _____

Please return this application to:

Town of Syracuse Building Inspector
310 N. Huntington Street
Syracuse, Indiana 46567

Syracuse Emergency Home Repair Program

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	Percent Grant	Percent Loan	Interest Rate
16,000	19,000	21,000	23,000	25,000	27,000	29,000	31,000	100%	0%	0.00%
17,000	20,000	22,000	24,000	26,000	28,000	30,000	32,000	90%	10%	0.5%
21,000	24,000	26,950	30,000	33,000	35,000	38,000	40,000	80%	20%	0.5%
26,000	29,000	27,000	36,000	39,000	42,000	45,000	48,000	70%	30%	0.5%
30,000	34,000	38,000	42,000	46,000	49,000	52,000	56,000	60%	40%	0.5%
34,000	39,000	44,000	48,000	52,000	56,000	60,000	64,000	50%	50%	0.5%

