

INFORMATIONAL STATEMENT  
DAUPHIN COUNTY  
HOUSING REHABILITATION PROGRAM

**PROGRAM SUMMARY**

The County of Dauphin has allocated funds from 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 Community & Economic Development  
112 Market Street, 7<sup>th</sup> 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 Department of Community and Economic Development will be reimbursed for the amount of the grant according to the following schedule of prorating:

First year .....	100%	Sixth year .....	75%
Second year .....	95%	Seventh year .....	70%
Third year .....	90%	Eighth year .....	65%
Fourth year .....	85%	Ninth year .....	60%
Fifth year .....	80%	Tenth year .....	55%

In the case of the transfer of the title of the property due to an inheritance, the heirs will be required to reimburse the Community & Economic Development 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 Community & Economic Development 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 situated on land owned by the homeowner and 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 PA Department of Community and Economic Development’s (DCED) 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 pain exists in all properties build before 1978. All rehabilitation work on these properties will be undertaken with the assumption of the existence of lead based paint. All deteriorated pain surfaces will need to be stabilized using interim controls in conjunction with lead based pain 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 Community & Economic Development of the County of Dauphin 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 Community & Economic Development 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**

The homeowner will select three (3) contractors from the list of approved contractors for the County-Wide Rehabilitation Program. The Rehab Specialist will then prepare all bidding documents and send them to the three (3) contractors selected requesting bids on the work to be performed.

The contractors are given two (2) weeks to return their bids. During this time they may visit the homeowner to inspect the dwelling prior to preparing and returning their bids. The bids are opened at a specified time and place in a public bid opening. The Rehab Specialist will review the bids for errors ensuring that the bid documents were properly prepared.

Once bids are reviewed, the contract is awarded to the lowest responsible bidder. However, the homeowner may choose one of the higher bidders if they are willing to pay the difference between the two bids. The contract is between the homeowner and contractor. Neither the County of Dauphin nor the Community & Economic Development is a party to this contract. In this respect, the homeowner bears the primary responsibility of assuring that the contract work is performed in a satisfactory manner. The Community & Economic Development inspector; however, will inspect the work to assure contract compliance. A *Stipulation Against Liens* is filed by the Rehab Specialist on behalf of the homeowner in the Dauphin County Prothonotary's office.

Once all this is accomplished, the contractor shall complete the rehabilitation of the property within (60) days from the date the bid is awarded.

After the contractor commences the work, the Community & Economic Development inspector will make periodic inspection of the work in progress. These inspections ensure that the work is being done according to the specifications and other contractual requirements.

## **PROGRESS PAYMENTS**

Progress payments are made to the contractor, as provided for in the Contract with approval of the homeowner. Funds to cover the contractor's invoices will be drawn down from the Commonwealth of Pennsylvania. Such drawdowns normally take approximately three (3) weeks to receive. Upon completion of the work, the contractor submits a notarized affidavit which indicates all financial obligations related to the job have been met. A final inspection is made and, if the job has been done satisfactorily, the final payment is made to the contractor. 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 Community & Economic Development 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. Three (3) letters of reference must be provided to the Community & Economic Development along with a completed Statement of Qualifications.

## **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 may 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.

**DAUPHIN COUNTY  
HOME REHABILITATION PROGRAM  
INCOME LIMITS  
FOR YEAR 2017**

<b>FAMILY SIZE</b>	<b>INCOME LIMIT</b>
1	\$26,150
2	\$29,900
3	\$33,650
4	\$37,350
5	\$40,350
6	\$43,350
7	\$46,350
8+	\$49,350

**Date Application Received:** \_\_\_\_\_  
**Received by:** \_\_\_\_\_

**\*\*For Office Use Only\*\***

**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: \_\_\_\_\_

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12. White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_

**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.)**



**NAMES AND INCOME SOURCES FOR ALL FAMILY MEMBERS  
RESIDING AT THE ABOVE REFERENCED PROPERTY INCLUDING YOURSELF**

**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 u under Section 1001 and 1012 of Title 18 of the United State code.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_