

CRA Residential Rehabilitation Grant Program

The City of Haines City Community Redevelopment Agency (CRA) Residential Rehabilitation Grant Program is intended to provide to income eligible, single-family homeowners located within the CRA designated boundaries with financial assistance needed to make necessary improvements to their homes. The program aims to increase their livability, home life span, correct code violations, and provide for a decent, safe and sanitary structure. Grant funding is available on a “first come, first qualified, first served” basis. The maximum amount of assistance per house is \$50,000.00, inclusive of all costs.

The goal of the Residential Rehabilitation Grant is to stabilize the community, to preserve the quality of the neighborhoods and assist residents with improvements. Strive to create a sense of pride, preserving the value of the home’s equity, the well-being of the occupants, as well as, preserving the culture and history of the neighborhoods. This program encourages redevelopment activity in neighborhoods within the Community Redevelopment Area.

This grant is limited to a single owner-occupied residence for the life of the program. Residential Rehabilitation Grants require no matching funds and repayment is not required if the homeowner lives in the property for a five (5) year period from date of completion of work and payment made contractor.

- Grant Awards prior to October 1, 2024

Any previously awarded CRA grants prior to October 1, 2024 for each residential location will have the total amount received deducted from new grant awards up to the maximum amount. (Example: Roof replaced \$15,000.00, new grant award \$50,000.00 - \$15,000.00 = \$35,000.00 award available.)

The Residential Rehabilitation Grant will include the following:

- Exterior pressure washing and painting to residence
- Electrical repairs necessary for other eligible
- Roof repair or replacement
- Windows, doors, and shutters replacement
- HVAC
- Repair or replacing damaged steps/railings, removal of structures deemed unsafe
- Repairs to meet city code violations
- ADA Compliance home alterations

The grant will NOT cover the following items:

- Any luxury item – swimming pool, spa, hot tub, interior decorating, etc.
- Kitchen cabinets
- Flooring, such as tile, hard wood, etc.
- New additions
- Installation of new patio, porch or deck
- Interior painting
- Sculptures/statues, fountains, decorative rocks
- Seasonal plants or topiaries
- This is not an exhaustive list of ineligible items

Eligibility Requirements

General Eligibility Requirements:

- Applicants must reside within the Haines City Community Redevelopment Agency boundaries. Eligibility can be confirmed using Attachment “A” Community Redevelopment Agency map and www.polkpa.org website for Polk County Property Appraiser
- The applicant must be the property owner and must live in the home.
- Only ONE property under the same owner will qualify for the grant.
- All applications are to be submitted by email or in person to the Haines City Community Redevelopment Agency staff located at:
303 Ledwith Ave, Haines City, FL 33844.
Phone: 863-421-5577 or 863-421-3387
Email: CRAinfo@hainescity.com
- Applicant shall obtain, read, and understand all aspects of the grant program and execute the grant application, submit I.D. and income documents for the application to be considered complete.
- If awarded, applicant must agree to provide (20) twenty hours of volunteer service in their community unless they are disabled or a senior citizen. All hours must be served within Haines City, with a public school, city government, or non-profit charity serving in Haines City. Attachment “B” Volunteer Hours Log
- Applicants must have gross annual household incomes at below income limits established by the current Median Income in which the grant is approved.
- Grantees of the program are subject to a five (5) year recorded forgivable loan on their property after completion of work and payment is made to the contractor from the City of Haines City. If a grantee sells their property within the five (5) year loan period they will be required to payback funds disbursed on a per-year prorated basis.
- Projects will commence after applying and receiving written award letter.
- Any repairs or improvements underway or prior to being approved will not be funded.
- The property associated with this application will be checked for violations with the City of Haines City’s Code Compliance authorities. If a lien is found, a meeting will be scheduled with the Code Compliance Division to discuss repairs and reasons for fines associated with the address considered for award. If it is possible to reduce the cost of the fines or lien we will work with Code Compliance and the Special Magistrate. Funds for home repairs may be used to correct code violations for eligible items listed on owner occupied properties solely at the discretion of the city. Grant funds cannot be used to pay fines for code violations.
- It is not the intent of the Haines City CRA to engage in any rehabilitation activity that requires vacating property. The CRA will not pay for relocation expenses.
- Only the applicant or designated alternate contact provided on application can contact the CRA staff with requests unless designated power of attorney is applicable.
- The Grant Program shall be available to anyone meeting the eligibility requirements, and no one shall be denied the benefits of said program because of race, color, national origin, or sex.

To become eligible for the Residential Rehabilitation Grant Program, the applicant must reside in a household which does not exceed 100% Income Limits of the Haines City Area Median Income (AMI.)

Haines City CRA staff will verify the following information through homeowner documents, a third-party source and/or site visit. Verification of income and assets will be required to determine eligibility in the program.

The following original documents will be required for all applicants:

- Driver's License or Valid State of Florida Picture Identification
- Social Security Card
- One (1) year most recent income tax return (1040 form with W2's for all household members)
Information on the return must match the information on the application. Seniors or Disabled not required to file income taxes must provide their most recent social security benefit letter with annual benefits
- Any person over 18 years of age who is not income earning shall execute a notarized no-income statement.
- One of the following if applicable to the resident at the time of application:
 - Last three (3) paycheck stubs for Seniors or Disabled
 - Proof of child support or Alimony
 - Proof of retirement or other income
- Copy of code violation notices
- Color photos of existing site or project area

Incomplete applications will not be processed for award until all required documents are turned in and verified.

Application Received Date: _____ Time: _____

PROGRAM PROCEDURES

All applications will be reviewed by Haines City CRA staff to determine completeness and income eligibility. Scope of Work is approved based on greatest safety need, sustainability of home structure, and highest livability for resident.

1. Applicants must complete the application and return it to the Haines City CRA along with **all** the necessary documents.
2. Staff will verify the information through homeowner documents, a third-party source and/or site visit.
3. Applicants will be notified within 5 business days regarding their eligibility to participate in the program.
4. After eligibility has been determined, a pre-inspection will be completed by a home inspector.
5. After the request for scope of work has been written by contractor, approved by the CRA staff, and approved by the owner – no changes will be made or approved. Contractors must complete work within three months of Notice to Proceed.
6. CRA staff will send the file for approval to the the Executive Director’s office.
7. Once the application packet has been approved, an award letter will be sent to the applicant. CRA staff is responsible to notify the contractor that the work can start.
8. When the approved work is completed, the contractor must notify CRA staff. Haines City CRA staff will call the applicant to confirm that all work is completed and satisfactory. The contractor will submit all invoices and copies of final building inspections and/or permit closed (when required) to CRA staff.
9. Upon receipt of the required closing paperwork, CRA staff will perform an inspection to ascertain that all work has been completed and is in good standing. Applicant will sign Project Completion Acknowledgement for project file.
10. After the Haines City CRA inspection, the funds will be paid directly to the contractors. Checks will not be released until all necessary paperwork is turned in. The Haines City CRA will only pay for scope of work described and approved in the application.
11. After the work is completed, approved and paid, the Haines City CRA is not responsible for any claim or damage or repair.
12. All grant funds are paid directly to the contractor. No funds are distributed to the awarded applicant.
13. Residents shall be responsible for any scope of work exceeding the maximum grant amount.

UNDERSTANDING THE REQUIRED FORGIVABLE LOAN

To maintain the integrity of the CRA grant award, the property shall not be sold or used as a rental for five years after receiving the grant. Repayment of repairs will only be enforced if the home is sold, is no longer owner-occupied, or is declared a commercial property due to leasing. The property owner listed on the Polk County Property Appraisers database must approve all repairs and agree to the forgivable loan in the event of verified family occupancy.

____ Initial

Upon completion of the construction work, the Haines City CRA will place a forgivable loan in the form of a construction lien against the property for the full value of the CRA's contribution. If the property changes ownership through inheritance, the heirs will be responsible for clearing the loan by retaining ownership for the remainder of the five-year period or by making reimbursement to the Haines City CRA at the prorated amount and at zero percent (0%) interest.

____ Initial

Proration begins immediately upon the completion of construction work. Funds received by the applicant will be returned to the CRA in the year the property is sold following the completion of construction work. For example, for a full \$50,000 award, the payback to the CRA will be 100% in the first year, 80% in the second year, 60% in the third year, 40% in the fourth year, and 20% in the fifth year. At the conclusion of the five-year agreement, if no violation of the award has occurred, the forgivable loan/lien will be fully released.

____ Initial

The applicant acknowledges and consents to the Forgivable Loan in the form of a Lien, and fully comprehends the prorated obligation to repay the grant if the home is sold or leased within five (5) years of receiving the grant award.

Applicant's Name _____

Signature: _____ Date: _____

FLORIDA
 POLK COUNTY

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal, this _____ day
 Of _____, 20 _____.

Notary Public
 Signature _____

My Commission Expires _____

Applicant Information

Name: _____

Email: _____ Phone: _____

Address: _____

Alternate Contact Name: _____

Alternate Contact Phone: _____

Project Information:

Property Free of Lien/Judgements – except mortgage? YES or NO

Is the property listed as Homesteaded (if applicable)? YES or NO

SCOPE OF WORK

Description of Work:

Have you previously received grants from Haines City CRA for repairs to your home? YES or NO

If Yes, please list the assistance/repairs that were made:

Repairs: _____

HOUSEHOLD INFORMATION

Total number of occupants living in home: _____

Head of Household Marital Status:

_____ Married _____ Unmarried (single, divorced or widowed) _____ Separated

NAME	RELATIONSHIP TO HOUSEHOLD	SS#	AGE	

Check all that apply to Head of Household:

- _____ Elderly (Over 62 years of age)
- _____ Single Parent
- _____ Handicap/Physically Disabled
- _____ Veteran (DD214 required)

HOUSEHOLD INCOME

Annual (per year) Income of Head of Household and each additional member of the household (use additional sheet if you need additional columns for other household members).

SOURCE OF INCOME	HEAD OF HOUSEHOLD _____	HOUSEHOLD MEMBER _____	HOUSEHOLD MEMBER _____	HOUSEHOLD MEMBER _____	INCOME VERIFICATION
Salary					Check Stubs
Tips/Bonuses					Check Stubs
Interest/Dividends					Bank Statement
Pension					Check Stubs
Social Security					Letter
Unemployment Benefits					Letter
Workers Compensation					Letter
Alimony/Child Support					Court Order
Welfare Payments					Letter
Rental Income					Lease/Tax Return Form
Business Income					Tax Return Form
Other					
TOTAL					

See pages 2- 3 for definition of Income Eligibility requirements. The below worksheet is provided to assist you in completing this requirement.

APPLICATION CERTIFICATION FORM NOTICE – PLEASE BE AWARE THAT:

FL stature section 837.06 – false official statements law states that: “whoever knowingly makes a false statement inwriting with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree,” punishable as provided by a fine to a maximum of \$500 and/or maximum of a 60-day jail term.

The undersigned specifically certifies that: (1) all statements made in this application are made for the purpose of obtaining the assistance indicated herein and are true and accurate; (2) verification or re-verification of any information contained in the application may be made at any time by the City of Haines City or its consultant during the project to verify applicants qualification; (3) pay restitution for all costs occurred may be required for supplying false income information: (4) I hereby waive my rights under the privacy and confidentiality provision act, and give my consent to the City of Haines City, its agents and contractors to examine any confidential information given herein: (5) I further grant permission and authorize any bank, employer, or other public or private agency to disclose information deemed necessary to complete this application.

Applicant’s Name _____

Signature: _____ Date: _____

Co Applicants Name _____

Signature: _____ Date: _____

FLORIDA
POLK COUNTY

I, _____, a Notary Public for said County and State, do hereby certify

that _____ personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal, this _____ day

Of _____, 20 _____.

Notary Public
Signature _____

My Commission Expires _____

****Each additional household member receiving income must sign below****

Verification or re-verification of any information contained in the application may be made at any time by the Haines City CRA or its consultant during the project to verify applicant's qualification:

- 1. Print Name: _____
Signature: _____ Date: _____

- 2. Print Name: _____
Signature: _____ Date: _____

- 3. Print Name: _____
Signature: _____ Date: _____

- 4. Print Name: _____
Signature: _____ Date: _____

CONFLICT OF INTEREST STATEMENT

Check all that apply:

— I hereby certify that I am **NOT** related to any of the current Haines City Commission Members as identified by the attached list. **OR**

— I AM related to Commission Member _____;
 Relationship _____

— I hereby certify that I am **NOT** a City of Haines City employee nor am I related to any City of Haines City employee **OR**

— I **AM** a City of Haines City employee or I am related to the following City of Haines City employee(s).

Name _____

Department _____ Relationship _____

Name _____

Department _____ Relationship _____

Applicant Signature: _____

Print Name: _____

Co-Applicant Signature: _____

Print Name: _____

Elected or Appointed CRA Officials of the City of Haines City

Mayor, Omar Arroyo
 Vice Mayor, Morris L. West
 Commissioner, Anne Huffman
 Board Member, Albertine Richard

Commissioner, Vernel Smith
 Commissioner, Kim Downing
 Board Member, Iris Padilla

AUTHORIZATION FOR THE PHOTO & RELEASE OF INFORMATION

I, _____, the undersigned, _____ I hereby grant permission to the City of Haines City CRA and its agents to verify my employment, income, and assets for the purpose of determining my eligibility for assistance under the Residential Rehabilitation Grant Program. I understand that only relevant information required to establish my eligibility will be requested.

Types of Information to be verified:

I acknowledge that previous and current information about me may be necessary. The verifications that may be requested include, but are not limited to, salary, payment frequency, bonuses, cash assets, stocks, pensions, disability benefits, and business income.

Agreement to Conditions:

I consent to the use of a photocopy of this authorization for the stated purposes. I also understand my right to review and correct any inaccurate information.

I hereby authorize the City of Haines City CRA to use and modify any photographs of me for promotional and program information. I release all rights and claims to any such photographs.

Applicant Signature	Print Name	Date
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**FLORIDA
 POLK COUNTY**

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledge the due executed of the foregoing instrument.

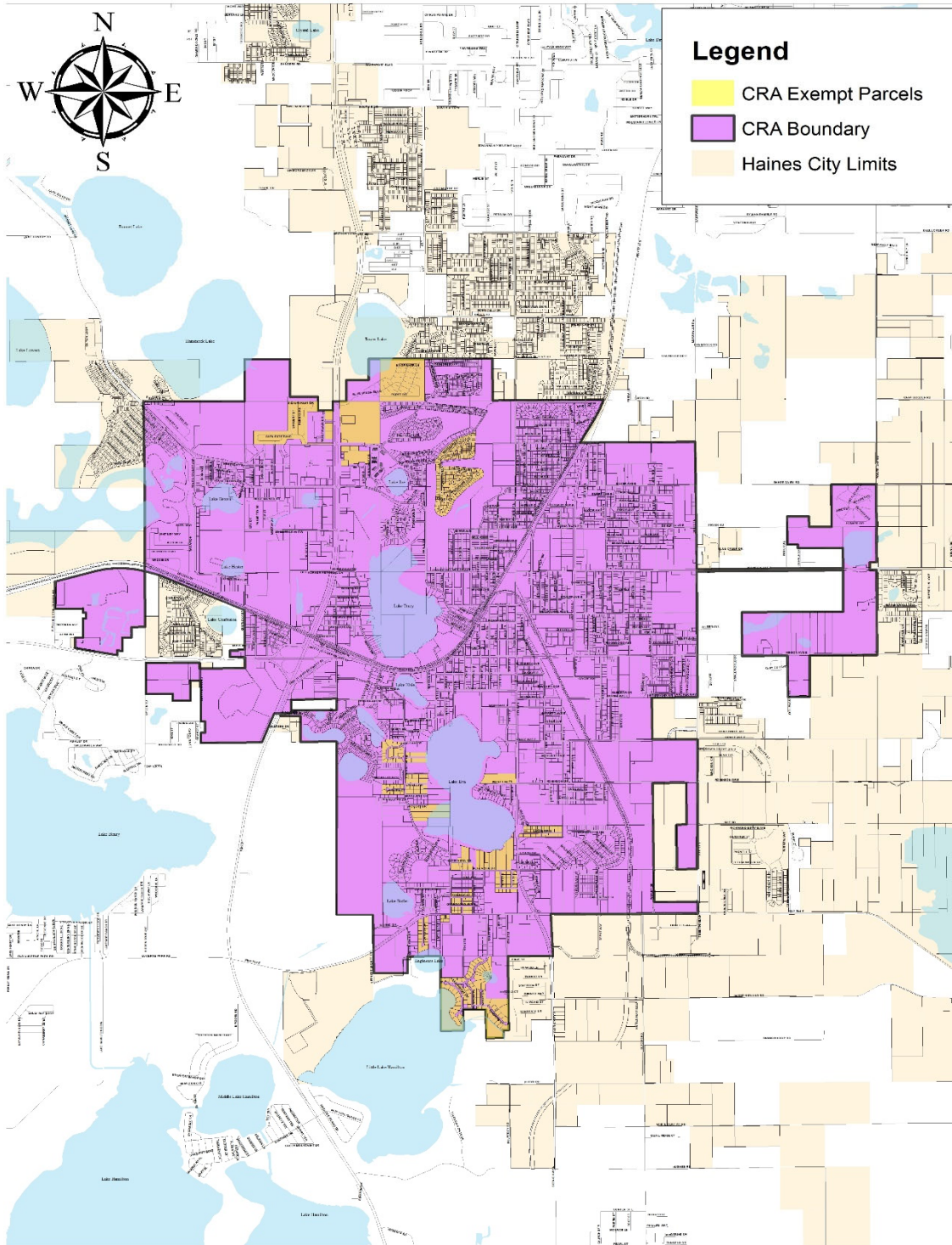
Witness my hand and official seal, this _____ day
 of _____, 20_____.

Notary Public Signature: _____

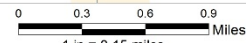
My Commission Expires: _____

Note: This general consent may not be used to request a copy of a tax return. If needed, contact your local IRS office for Form 4506, "Request for Copy of Tax Return", prepare and sign separately

Attachment "A"



Haines City Community Redevelopment Area
 Adopted June 21, 2001
 Ordinance No. 01-994



For Office Use Only

Project # _____ **Start Date:** _____ **Coordinator:** _____

	Total Annual Income Reviewed
	Previous Grant Award Amount
	Pre – Inspection and Scope of Work Determined
	Award / Denial Letter to Resident
	Assigned Contractors:
	Final Walk Through by CRA staff
	Final Inspections (permits) and Final Invoices
	Resident Acknowledgement Signed, Mailed, and Filed
	Final MPF to Finance
	Grant Award Total
	Volunteer Log Submitted
	Welcome Home Card to Resident