



City of Paducah  
Planning Department  
Post Office Box 2267  
Paducah, KY 42002-2267



# Homeowner Rehabilitation Project Application

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For Additional Information Contact  
Charles Doherty  
Program Administrator  
270-444-8690  
[cdoherty@ci.paducah.ky.us](mailto:cdoherty@ci.paducah.ky.us)

This program is for owner-occupied,  
Single-family dwelling residential property only.

City of Paducah  
Homeowner Rehabilitation Project Application

**HOW TO REQUEST ASSISTANCE**



Please read the attached HRP Ordinance #2010-10-7742, complete this application, and return it to the City of Paducah Planning Department located in City Hall (2<sup>nd</sup> Floor) 300 South 5<sup>th</sup> Street, Paducah, KY. This information will provide staff with the information needed to determine your eligibility. After staff reviews this information, you will be contacted with the results. If you are eligible, you will be given further information about the next steps in the Homeowner Rehabilitation Assistance Project Application.

### **ELIGIBILITY REQUIREMENTS**

- ❑ You must be under 120% Area Median Income (refer to chart below).
- ❑ 3<sup>rd</sup> party estimates are required for the proposed improvements. Estimates must be broken down by major cost centers (electric, plumbing, HVAC, etc.) and detailed labor and material lists must be provided with each estimate. Failure to submit a thorough, detailed estimate of your project will significantly delay your application approval. Incomplete applications will not be accepted.
- ❑ You must have been an existing Fountain Avenue homeowner at the time of the adoption of the Fountain Avenue Neighborhood Revitalization Project. The plan was adopted by the City Commission on **April 17<sup>th</sup>, 2007.** If you purchased a home in Fountain Avenue after 4/17/2007, you are ineligible.
- ❑ To qualify, the cost of your project must exceed \$25,000. The costs must be itemized in your estimate.
- ❑ A maximum of \$30,000 of HRP funds will be available for each project. For example, a \$100,000 project could receive \$30,000 in HRP funds. The homeowner would need to finance the balance.
- ❑ A minimum of \$8,333 of HRP funds will be allocated to each project which is 33.3% of the \$25,000 minimum project cost.
- ❑ The City will present a provisional “Letter of Financial Commitment” to your lender explaining the HRP project and stating the amount that the City will fund. Approval of the final City loan amount will depend on URCDCA approval and staff verification of information drawn from your application.
- ❑ In most cases, you will need to obtain a bank loan for the needed repairs and provide proof of your financial ability to complete the project in an amount matching the estimated costs. Proof must be in the form of a letter of credit, loan commitment, proof of cash on hand, or some other proof of financial ability acceptable to the City. An “irrevocable gift” with a verified “gift letter” is also acceptable.
- ❑ Assistance will be in the form of a City check evidenced by a Promissory Note and secured by a 5-year forgivable mortgage that will be forgiven by 20% each year for five years. Some restrictions will apply.
- ❑ Your City and County tax liabilities must be current.
- ❑ HRP funds shall not exceed homeowner contributions.
- ❑ Applications submitted after the deadline date will not be considered.

<b>SIZE OF HOUSEHOLD</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>
<b>Maximum Income Allowed: 120% of Area Median Income</b>	<b>\$45,450.00</b>	<b>\$51,950.00</b>	<b>\$58,450.00</b>	<b>\$64,900.00</b>	<b>\$70,100.00</b>	<b>\$75,300.00</b>

Family size is based on the number of persons living in the household at the time application. Maximum Gross Income is based on gross annual income for all household members over 18 years of age.

# City of Paducah Homeowner Rehabilitation Project Application

Date \_\_\_\_\_

Applicant's name must be printed clearly and as it is documented on your Social Security Card:

Name: \_\_\_\_\_

Current Address \_\_\_\_\_

Is this address located within the Fountain Avenue Neighborhood?  Yes  No

Do you own your home?  Yes (Please attach a copy of your deed)  No

Do you own other property?  Yes  No

Are your property taxes paid up to date?  Yes  No

Are there any current code violations pending on your home?  Yes  No  
If you checked yes, please attach a copy of the Inspection Department's report to this application.

Do you have Homeowner's Insurance?  Yes  No

What is your marital status?  Single  Married  Divorced  Widowed  Other

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License # \_\_\_\_\_

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Co-Applicant's Name: \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License # \_\_\_\_\_

## EMPLOYMENT INFORMATION

Applicant's Occupation \_\_\_\_\_

How long have you worked at your current place of employment? \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

\_\_\_\_\_

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Co-Applicant's Occupation \_\_\_\_\_

How long have you worked at your current place of employment? \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

\_\_\_\_\_

## HOUSEHOLD INCOME

**Applicant's Gross Monthly Salary:** (before taxes) \$ \_\_\_\_\_

**Spouse's or Co-Applicant's Monthly Salary:** \$ \_\_\_\_\_

Do you receive income from any of the following sources and if so, how much?

Retirement Pension  Yes  No \$ \_\_\_\_\_

Disability Income  Yes  No \$ \_\_\_\_\_

Social Security  Yes  No \$ \_\_\_\_\_

Public Assistance  Yes  No \$ \_\_\_\_\_

Child Support  Yes  No \$ \_\_\_\_\_

Alimony  Yes  No \$ \_\_\_\_\_

Rent from other Property  Yes  No \$ \_\_\_\_\_

**List All Cash Available**

Checking Account \$ \_\_\_\_\_

Savings Account \$ \_\_\_\_\_

IRA Account \$ \_\_\_\_\_

401K \$ \_\_\_\_\_

CDs \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

List any assets that you may have (anything of any value, such as real estate, stocks, and bonds, etc.). Provide account numbers when possible. Other: \_\_\_\_\_

FOR STAFF  
USE ONLY

**TO BE ELIGIBLE FOR THIS PROGRAM, THE COMBINED INCOME FROM ALL OCCUPANTS LIVING IN YOUR HOME MUST NOT EXCEED 120% OF THE AREA MEDIUM INCOME FOR 2010.**

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**HOMEOWNER'S DECLARATIONS**

	<u><b>Applicant</b></u>	<u><b>Co-Applicant</b></u>
Are there any outstanding judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared bankruptcy in the last seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you party to a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently delinquent on any financial obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a co-signer on any loans or notes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a permanent resident alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to continue to occupy this property as your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## HOUSEHOLD COMPOSITION

List the head of your household and all members who live in your home. Give the relationship of each family member to the head of household. Indicate the annual income for persons 18 years of age and older. Also, include any child support, alimony or Social Security benefits that any person may have.

FULL NAME (Head of household)	RELATIONSHIP	AGE	ANNUAL INCOME

## UNIT INFORMATION

The Year Your Home was Constructed \_\_\_\_\_ The Year You Moved In \_\_\_\_\_

Type of Unit:  One Story  Multi-Level  Basement  Brick  Vinyl  Wood  
 Block  Other \_\_\_\_\_

Type of Heat:  Natural Gas  LP Gas  Coal  Electric  Wood  Other \_\_\_\_\_

Number of rooms: \_\_\_\_\_ Kitchen \_\_\_\_\_ Separate Dining Room \_\_\_\_\_ Living Room  
 \_\_\_\_\_ Den \_\_\_\_\_ Bedrooms \_\_\_\_\_ Bathroom(s) \_\_\_\_\_ Other

Have you received Federal Assistance in the past?  Yes  No

Is your property used for any purpose other than residential?  Yes  No

How did you learn about this program?  Newspaper  TV  Radio  Friend  Other

Are you related to anyone in County/City Government?  Yes  No

If yes, list: Name \_\_\_\_\_ Relationship to family member \_\_\_\_\_

## Visual Description of the unit

**NOTE:** Please attach photographs or photocopies of the unit that clearly show the physical conditions that need repair. Please submit clear photographs along with a detailed written description of the work to be performed.

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### FOR STAFF USE ONLY

Condition-Scope of Work	Income eligibility Income verification? yes <input type="checkbox"/> no <input type="checkbox"/> Documentation? yes <input type="checkbox"/> no <input type="checkbox"/>	Family Status

## **REQUIRED DOCUMENTATION**

**The following documentation MUST be submitted with your application or it cannot be processed.**

- Copy of Driver's License or other picture ID for each adult occupant
- Copy of Deed to Home
- Copy of Most Recent Tax Return for each adult occupant
- Copy of last two pay stubs for each working adult occupant
- Copy of two most recent bank statements for each adult occupant
- Copy of Homeowners Insurance Policy
- Third Party Estimates of work to be done

**If you receive income from any of the following sources, please provide documentation verifying such income**

- Disability Income
- Retirement Pension
- Social Security Benefits
- Alimony
- Child Support
- Public Assistance
- Dividends from Stock
- Rent from Real Estate
- Any other source of income

All of the above items may not apply to you. Please attach only those that apply to you and others living in your home.

<b>APPLICANTS ACKNOWLEDGEMENT OF UNDERSTANDING</b>
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I/we certify that all statements on this application are true and correct to the best of my/our knowledge. My signature below means that I have read the HRP Ordinance # 2010-10-7742 and that I understand the City's HRP program and its' requirements as stated on page two of this application and in the City of Paducah's Ordinance #2010-10-7742. I hereby grant permission for the City of Paducah to conduct computer-matching programs in order to verify the information supplied on my application.

I/we understand that this program is funded by the City of Paducah and funds and resources may or may not be available on a yearly basis. Therefore, by signing this application, I/we understand there is no guarantee of acceptance into the program.

I/we understand that the Urban Renewal and Community Development Agency of the City of Paducah will review all applications and further reserves the right to approve or deny any application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



**Return the completed application and attachments to:**

Charles Doherty  
Community Development Planner  
City of Paducah  
Planning Department  
Post Office Box 2267  
Paducah, KY 42002-2267

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**STATISTICAL SURVEY OF FOUNTAIN AVENUE HOMEOWNERS**

The following information must be completed. Federal law prohibits housing discrimination based on your race, color, national origin, religion, sex, family status, handicap, or disability. This information will remain confidential and will be used primarily to ensure that the City of Paducah is in full compliance with all Federal, State, and Local regulations. Staff will also use this survey to help gauge the progress of the Fountain Avenue Revitalization Plan.

**Age/Race/Ethnicity:**

- |   |  |                      |                              |                             |
|---|--|----------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> White  | <input type="checkbox"/> American Indian           | Age 60 or over?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Black  | <input type="checkbox"/> Alaskan Nat.              | Handicapped/Disabled | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Hispanic   | <input type="checkbox"/> Asian or Pacific Islander |                      |                              |                             |
| <input type="checkbox"/> American Indian/Alaska Native & White                    |  |                      |                              |                             |
| <input type="checkbox"/> Asian & White  |  |                      |                              |                             |
| <input type="checkbox"/> Black/African American & White                           |  |                      |                              |                             |
| <input type="checkbox"/> American Indian/Alaskan Native & Black /African American |  |                      |                              |                             |

**Household Data:**

How long have you lived at your current address? \_\_\_\_\_

What is the approximate square footage of your home? \_\_\_\_\_

What is the current appraised value of your property? \_\_\_\_\_

Are you currently employed fulltime?  Yes  No

Are you currently employed part-time?  Yes  No

How much is your current mortgage? \_\_\_\_\_/month.