



**Redevelopment
Authority**
OF SOMERSET COUNTY

*Improving Somerset County
communities, one project at a time*

www.somersetredevelopment.org

Dear Resident:

The Jenner Township Board of Supervisors has approved utilizing its Community Development Block Grant (CDBG) funds to assist income eligible homeowners with their lateral installation to the main sewer line as a result of the Laurel Mountain sewer extension project. Below is a summary of the eligibility requirements in obtaining CDBG assistance.

- Must be a homeowner living in the home as a primary residence (renters, businesses, churches, etc. are not eligible for assistance).
- The homeowner must have paid the tap-in fee prior to the installation of the lateral. (Need Verification)
- The homeowner is required to obtain quotes/proposals, in writing, from at least two (2) different contractors.
- The homeowner is required to pay the contractor for the lateral installation and if eligible, will be reimbursed by the Redevelopment Authority only for the cost of the installation, not the tap fee.
- The homeowner must keep and present any and all invoices related to the lateral installation.
- A homeowner may install the lateral him/herself, but will be reimbursed for the materials only, (need receipts for materials).

Below are the income limits based upon family size. To be eligible for assistance, your total family income must be below the income limits on the chart below.

1 Person	less than	\$ 30,350
2 Person	less than	\$ 34,650
3 Person	less than	\$ 39,000
4 Person	less than	\$ 43,300
5 Person	less than	\$ 46,800
6 Person	less than	\$ 50,250
7 Person	less than	\$ 53,700
8 Person	less than	\$ 57,200

Enclosed please find a copy of the Program Guidelines, as well as a Confidential Application and Attachment A. Please note that a separate Attachment A must be completed for everyone residing within the household that is 18 years of age or older with income. If additional Attachment A's are required, you may contact the Authority to request more.

If you are receiving Social Security, Black Lung, etc., through a deceased spouses claim number, please provide that information and the address for which the claim is made.

The main line project has yet to begin, so there is ample time to begin preparing and gathering information for your application. Please understand that the project may not be completed for quite a few months which means that reimbursements might not occur until this time next year. Your patience is greatly appreciated.

Please do not hesitate to contact the Redevelopment Authority if you have any questions. Please note that township representatives are not responsible or available to assist in the application preparation; however, you may contact the Redevelopment Authority for assistance. Thank you again for your attention and cooperation regarding this matter.

Sincerely,

Steven R. Spochart
Executive Director

300 N. Center Avenue, Suite 520, Somerset, PA 15501
(814) 443-2780 (814) 445-4570 Fax 1-800-847-1878

REDEVELOPMENT AUTHORITY OF SOMERSET COUNTY
CDBG SANITARY SEWER LATERAL REIMBURSEMENT PROGRAM
 (Revised August 9, 2010)

The following shall serve as a guideline for a grant program for financial assistance.

I. PROGRAM DESCRIPTION

The program shall provide grants to qualified persons and families who own and occupy properties, which are designated under the program. Grant funds shall be provided for reimbursement of sewer lateral installation costs. The amount of the grant will be determined at a later date and will be based upon the total number of eligible applications received and funds available for the project area.

II. DEFINITIONS

- Income: Earned income and unearned income such as wages, workman’s compensation and disability, unemployment compensation, supplemental employee income, welfare or Social Security, pensions, interest, dividends, alimony, rent paid by others, including relatives within the household, gambling or lottery winnings.
- Maximum Income: Maximum income eligibility for this Program, as amended, will be based on those figures issued by the Federal Department of Housing and Urban Development Section 8 Income Guidelines.

Household Size	1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS
Gross Income	\$30,350	\$34,650	\$39,000	\$43,300	\$46,800	\$50,250	\$53,700	\$57,200

THE ABOVE LIMITS ARE SUBJECT TO CHANGE ANNUALLY.

*NOTE: Income is determined by the total amount received over the 12-month period preceding the date the rehabilitation grant application is processed.

- Those applicants falling within the income limits are eligible for a grant, the amount of which will be determined after receipt of all eligible applications within the area being addressed.
- Dwelling Unit: A residential unit occupied and intended as a single family living quarters.
- Rehabilitation: The act of installing the lateral connection at the eligible property including, but not limited to, interior pipe connections as required. Lateral connections are from the housing unit to the property line, where the lateral is physically connected to the new main line.
- Rehabilitation Costs: The total cost of the lateral installation.

III. ELIGIBILITY

To be eligible for a grant, the applicant must comply with the following:

- A. Be an individual or family owning and occupying a deficient single family dwelling unit, and agree to remain in that dwelling for at least one calendar year after the completion of the work and full and final payment has been issued. This date will coincide with the date the final check was processed.
- B. Be a purchaser-occupant, under a land sales contract or an installment sales agreement of a single-family dwelling unit, which is deficient.
- C. Be the owner-occupant or purchaser occupant of a single-family dwelling unit, including mobile homes, which requires rehabilitation in order to meet the terms of compliance with ICC Plumbing Code and DCED's Housing Rehabilitation Guidelines.
- D. The unit, including mobile homes, is the applicant's personal residence, is assessed by the Somerset County Tax Assessment Office as a residence and the owner(s) is paying the real estate taxes for the home, copy of current receipt required.
- E. Mobile home owners must meet the following requirements:
 - 1) If the land is not owned by the applicant, the name of the landowner must be provided to the Authority so that the Authority can obtain a copy of the applicable deed and tax assessment card for the lot.
 - 2) A copy of the lease between the landowner and the applicant or a notarized statement from the landowner indicating that the applicant may remain on the premises for at least one (1) year beyond the completion of the rehabilitation.
 - 3) If applicable, a copy of the certificate of title of the unit.
 - 4) The unit must be connected to at least one (1) major available utility: (i.e. water, electric, gas, sewer, etc.) and is presently without wheels.
- F. Must reside within the area designated by the Somerset County Commissioners and the Redevelopment Authority of Somerset County as being the recipient of a Community Development Block Grant Housing Rehabilitation fund.
- G. Must have an annual income not exceeding the Section 8 Income Limits as determined by the Department of Housing and Urban Development.
- H. Liquid Assets – Determination & Verification. "Asset Limit" for applicants is \$30,000.00. Assets shall be those considered liquid, such as; cash or anything that can be readily converted to cash, (i.e. savings, checking accounts, certificates of deposit, annuities, stocks, bonds lottery winnings, etc.). Applicants home, car, etc. will not count as liquid assets. Applicant will be required to provide verification of all information concerning accounts and all banks or institutions in which assets are contained.
- I. Must have flood insurance if living within a flood plain area before any rehabilitation of dwelling unit.

IV. GRANT ADMINISTRATION

Properties shall be processed for financial assistance as follows:

- A. Interview (in person or by phone) and advise the property owner on general rehabilitation objectives and advise the property owner on the availability and requirements of the rehabilitation grant.
- B. Assist the property owner in completing the application for grant assistance.
- C. Have applicant sign formal application.
- D. Determination of eligibility for grant assistance through property data documentation, completion of confidential income statements, income and deposit verification, and other supportive information as may be required.
- E. If the property owner is ineligible for financial assistance, notification shall be forwarded to the owner stating reasons for ineligibility.
- F. If the property owner is eligible for financial assistance:
 - 1) Property owner shall obtain quotes/proposals, in writing, from at least two (2) different contractors.
 - 2) Property owner is not required to accept the lowest quote/proposal; however, if the lowest is not selected, property owner shall provide written reasoning as to why it wasn't selected.
 - 3) Property owner shall pay contractor for the lateral installation and keep all related receipts.
 - 4) Property owner is permitted to install the lateral him/herself, but will only be reimbursed the cost of materials only (receipts required).
 - 5) Property owner shall present all related receipts to the Redevelopment Authority to be included as part of the property owner's file.
 - 6) Reimbursement shall be made to property owner upon acceptance into the program meeting all other requirements as set forth in the program guidelines.

V. COSTS OF REHABILITATION GRANT

- A. Eligible Costs: Eligible costs shall be inclusive of an access fee charged for accessing the newly installed sanitary sewer collector system and costs associated to the lateral connection.
- B. Ineligible Costs: No costs shall be reimbursed for items outside the necessary and reasonable work to install the lateral. Any cosmetic work or any other work not required as part of the installation shall be reimbursed.

VI. CONTRACTOR SELECTION – THINGS TO CONSIDER

In selecting a contractor who is qualified and able to perform the lateral installation, please consider the following items. This list is not intended to be all inclusive and understand that the contract for the lateral installation is between you the property owner and the contractor.

- A. Be qualified to perform the work, be financially sound and of good reputation.
- B. Be registered with the Pennsylvania Attorney General's office, as required by state law.
- C. Carry Workmen's Compensation Insurance for employees, as required by state law.
- D. Carry Comprehensive General Liability Insurance protecting the property owner in the event of bodily injury including death, and carry Property Damage Insurance for damage arising out of work performed, \$300,000 each occurrence, \$500,000 aggregate.
- E. Or Combined Single Limit of \$500,000 for the above.
- F. Carry during the life of the agreement, Contractual Liability Insurance, \$500,000 aggregate.
- G. Guarantee the work performed for a period of one (1) year from the date of final acceptance.

VII. CONFLICT OF INTEREST PROVISIONS

Except for the use of CDBG funds to pay salaries and other related administrative or personnel costs, the general rule is that no persons (as described below) who exercise or have exercised any functions under this part or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from a CDBG assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties during their tenure or for two years thereafter.

Provisions apply to any person who is an employee, agent, consultant, officer, elected official or appointed official of the grantee, or of any designated public agencies, or sub-recipients which are receiving CDBG funds.

In the event that an applicant would fall within the above category, a request may be made to the Department of Community and Economic Development for the granting of an exception. Such requests and approval for same must be documented in writing from all agencies involved.

IX. CONFIDENTIALITY

All information used in the application must be verified and documented. Applicants may be required to sign certain forms to allow the Redevelopment Authority Staff access to information to be released from certain agencies, employers, banks, etc. All information is kept confidential and is strictly for the use of determining eligibility. Access to this information is limited to program staff, DCED monitors and auditors for the program.

***PLEASE NOTE: The preceding information contained in this package is subject to change without notice as rules and regulations of program may require.**

CONFIDENTIAL

Sewer/Preliminary Application Township/Borough _____

Community Development Block Program Date _____

1. Applicant's name _____ Age _____

2. Spouse's name _____ Age _____

3. Address _____

4. Number of children under 18 _____ Age of dependents _____

5. Names of others residing in residence (18 years of age or older) _____

6. Length of time residing at above address _____ Age of structure _____

Year property purchased _____ Deed Volume No. _____ Page No. _____

7. Phone number _____ Total number of people living in residence _____

8. Applicant's employment record:

Present employer _____ Yearly income \$ _____

Employer's Address _____

Dates of employment _____ to _____

Previous employer _____ Yearly income \$ _____

Employer's Address _____

Dates of employment _____ to _____

Spouse's present employer _____ Yearly income \$ _____

Employer's Address _____

Dates of employment _____ to _____

Spouse's previous employer _____ Yearly income \$ _____

Employer's Address _____

Dates of employment _____ to _____

Household members 18 years and older must include their annual income, within the past 12 months, from any and all sources. Example: Names of present and previous employers, income, length of employment, Social Security/Disability, addresses and any pertinent information necessary in processing your application.

9. Husband's Social Security No. _____ Monthly benefit \$ _____

Soc. Sec. Office Address _____

10. Wife's Social Security No. _____ Monthly benefit \$ _____

Soc. Sec. Office Address _____

11. Pensions (other than Social Security)

Husband: Name of pension _____

Pension Address _____

Claim No. (if any) _____ Monthly benefit \$ _____

Wife: Name of pension _____

Pension Address _____

Claim No. (if any) _____ Monthly benefit \$ _____

12. Black Lung Claim No. _____ Monthly benefit \$ _____

B. L. Address _____

13. Other sources of income annually and Addresses:

National Guard/Reserves \$ _____

Unemployment Compensation \$ _____

Public Assistance \$ _____

Supplemental income \$ _____

Alimony/Child Support \$ _____

Dividends received \$ _____

Rental income \$ _____

Stocks (interest received) \$ _____

Bonds (interest received) \$ _____

Earned Income Credit \$ _____

Other \$ _____

14. Liquid Assets/Interest income (savings, checking, certificates of deposit, etc.)

Name of bank _____

Bank Address _____

Type of account _____ Account No. _____

Account Balance \$ _____ Approximate interest earned \$ _____

Name of bank _____

Bank Address _____

Type of account _____ Account No. _____

Account Balance \$ _____ Approximate interest earned \$ _____

Name of bank _____

Bank Address _____

Type of account _____ Account No. _____

Account Balance \$ _____ Approximate interest earned \$ _____

Name of bank _____

Bank Address _____

Type of account _____ Account No. _____

Account Balance \$ _____ Approximate interest earned \$ _____

15. Are you an employee, agent, consultant, officer, elected or appointed official of the municipality, or any designated public agencies, or sub-recipients which are receiving CDBG funds? _____ YES _____ NO

If yes do you receive any compensation for this position, if so annual amount \$ _____

16. Had your property received a housing rehabilitation grant from this or any other agency in the past?

_____ YES _____ NO If yes, what year? _____

17. Total HOUSEHOLD income yearly \$ _____ (all sources)

**** List any additional information and addresses pertaining to the above income on a separate sheet and attach. Include with this form a copy of last year's income tax return and any schedule such as self-employment, earned income credit, etc. In addition, provide a copy of your most current paid real estate taxes.**

18 Flood Ins. Policy No. _____ Insur. Agent Name & Address _____

19. The following information is being requested on a voluntary basis for reporting purposes only. Refusal to provide this information will have no effect on your application for assistance.

RACE:

Hispanic	()	Native American	()
White	()	Asian & Pacific Islander	()
Black	()	Other	()

20. I/we hereby wish to proceed with the application process for a rehabilitation grant for the aforementioned property.

I/we hereby certify that to the best of our knowledge, all information in this application is true and I/we understand that all information will be verified by the Redevelopment Authority of Somerset County.

I/we understand that funds allotted for this program will be for eligible costs as pre-determined by the Redevelopment Authority of Somerset County Rehabilitation Department and that said grant cannot exceed amount granted per dwelling unit. I/we also understand that in some cases it may not be necessary to utilize the full grant amount.

Homeowner's signature

Date

Homeowner's signature

Date

STAFF ONLY: The above information verified for the Redevelopment Authority by:

Name

Title

If any additional Attachment "A"s are required, please contact the Redevelopment Authority prior to submitting your application.

ATTACHMENT A

AUTHORIZATION TO RELEASE INFORMATION TO
THE REDEVELOPMENT AUTHORITY OF SOMERSET COUNTY

I, _____, _____, hereby
Social Security Number

authorize the Redevelopment Authority of Somerset County to obtain verification of any and all information from the sources name in my grant application. Please mail this information directly to the Redevelopment Authority of Somerset County, 300 N. Center Avenue, Suite 520, Somerset, PA 15501

(PLEASE SIGN BELOW – APPLICATION CANNOT BE PROCESSED WITHOUT SIGNATURE. DO NOT PRINT.)

APPLICANT SIGNATURE: _____

ADDRESS: _____

DATE: _____

Note to applicant: Every person residing in the household that is 18 years of age and older must fill out one of these forms.