



## Community Development Block Grant Emergency Assistance Repair Program



The City of Jefferson has a Emergency Assistance Repair grant program to assist low-to-moderate income household’s homeowners with property improvements. These programs are made possible by the Department of Housing and Urban Development (HUD) Community Development Block Grant Program.

The **Emergency Assistance Repair Program** is assistance necessary to safeguard against imminent danger to human life, health or safety. Emergency assistance activities include replacement of water or wastewater laterals, replacement of a non-functioning furnace in the winter and/or replacement of non-functioning air conditioner unit in the summer.

### Who is eligible?

Owners whose household income, for everyone over 18 years, is no greater than:

<b>2023 Income</b>	1 person	2 person	3 person	4 person	5 person
	\$49,000	\$56,000	\$63,000	\$70,000	\$75,600

### What are the Program Requirements?

- The property must be single family residence within Jefferson City limits;
- The property must be maintained as an owner-occupied residence;
- Property is not located within designated floodplain area or on land known to be the site of previous dumping of toxic or hazardous waste;
- Property has active trash service and utilities;
- Payment of real-estate taxes must be current and do not have any delinquent taxes, liens assessments or other fees due to the City;
- Owners may only participate in each program per five year period.

### How much assistance is available?

Maximum assistance per home is \$5,000 no- interest loan. Loans will be secured by a Deed of Trust and Promissory Note. If the owner remains in the property for five years after the completion, the loan will be forgiven.

Assistance is provided on a “first come, first served” basis to eligible applicants. Applications are available at City Hall from Planning and Protective Services or online at [www.jeffersoncitymo.gov](http://www.jeffersoncitymo.gov) . Completed applications should be returned to Neighborhood Services Division at 320 E McCarty (City Hall, lower level) Jefferson City, MO 65101.

Individuals should contact the ADA Coordinator at (573)634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.



# COMMUNITY DEVELOPMENT BLOCK GRANT



I am applying for (check one):  Emergency Assistance Repairs Program

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Household Composition:** List everyone who lives in your home, no matter the relationship

NAME	RELATIONSHIP	LAST 4 OF SSN	DOB
	SELF		

Have you used this program in the past?  Yes  No If yes, provide year \_\_\_\_\_

Do you occupy the property?  Yes  No Year built \_\_\_\_\_

Do you rent the property?  Yes  No

Is the property a single family residence?  Yes  No

Is the property a duplex containing two single-family dwelling units with separated housekeeping and cooking facilities for each unit?  Yes  No

**Income:** Enter the **gross** annual income of each household member over the age of 18.

Head of Household Annual Income	\$ _____	Source(s): <input type="checkbox"/> Regular Wages <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Business Income <input type="checkbox"/> Public Assistance <input type="checkbox"/> Social Security <input type="checkbox"/> Other: _____
Household Occupant over 18	\$ _____	Source(s): <input type="checkbox"/> Regular Wages <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Business Income <input type="checkbox"/> Public Assistance <input type="checkbox"/> Social Security <input type="checkbox"/> Other: _____
Household Occupant over 18	\$ _____	Source(s): <input type="checkbox"/> Regular Wages <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Business Income <input type="checkbox"/> Public Assistance <input type="checkbox"/> Social Security <input type="checkbox"/> Other: _____

**Requested Improvements**

Maintenance costs are *ineligible*; these costs recur on a regular basis (generally less than 5 years) and are considered maintenance.

Water and/or wastewater lateral replacement

Exterior ADA accessibility improvements

Non-functioning furnace replacement. Is the system currently working?  Yes  No

Where is the furnace unit located?  Basement  Crawl Space Please use the space below to explain the improvements needed.

Non-functioning air conditioner unit replacement. Is the system currently working?  Yes  No

Where is the air conditioner unit located?  Basement  Crawl Space Please use the space below to explain the improvements needed.

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I understand that the Emergency Assistance Repair Program requires an on-site visual inspection, both interior and exterior, that will be conducted by City staff.

**Documentation for Submission**

Three Most Recent Paycheck Stubs\*  Most Recent Tax Return\*  SSA/SSD/SSI Documents\*

State Photo ID\*  Social Security Card\*

\*Copies of these documents can be made when dropping off the application packet.

**Certification by Applicant(s)**

The Applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding, under HUD Community Development Block Grant Program of the City of Jefferson, and is true and complete to the best of the Applicant’s knowledge and belief, and that he/she has read the above statement. The Applicant covenants and agrees that he/she will comply with all requirements imposed by or pursuant to the regulations of the Secretary of HUD and the City of Jefferson. Verification of any information contained in this application may be obtained from any source named herein.

The applicant hereby understands that the Minor Home Repair Program Application package may include an inspection report showing current condition of the structure under consideration in terms of Jefferson City’s Code, and requests grant assistance on any or all items listed on such inspection report. In consideration of the provision of this assistance by the City, the undersigned applicants HEREBY WAIVE any and all claims whatsoever directly or indirectly resulting from any acts, errors, or omissions, whether negligent or otherwise, on the part of the City, its officers, agents or employees arising from or in connection with providing the requested assistance or anything in any way related thereto.

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Date

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