City of Jefferson has a City-wide Demolition Program pursuant to 24 CFR 570.201 (d) available to local non-for-profit agencies. The purpose of this program is to eliminate structures posing an imminent threat to the health and safety to neighborhoods.

Assistance is provided when funding is available. Completed applications should be returned Rachel Senzee, Neighborhood Services Supervisor at 320 E McCarty St (City Hall, Lower Level) Jefferson City, MO 65101

ELIGIBILITY
The program addresses any dwelling, building, structure, or property that is unfit for human habitation or for commercial, industrial or business use and not in compliance with applicable codes, and/or constitutes an endangerment to the public health or safety as a result of unsanitary or unsafe conditions.

1. Structure must be infeasible to rehabilitate to a HQS code or standard. To meet this criterion, the costs to rehabilitate the structure must exceed $15,000, or $15 per square foot.

2. All structures must be vacant for a minimum of one year.

3. Property must have clear title, including not having any delinquent taxes, liens, assessments, or other fees due to the City.

4. The final use of the property must be consistent with the City’s Consolidated Plan and Neighborhood Plans.

5. The structure must meet the City’s unsafe building ordinance or nuisance ordinance criteria.

FUNDING TERMS
Loans are provided at 0% interest for the cost of demolition. The demolition loan will be fully forgiven if:

- The property is redeveloped with affordable housing within 3 years as defined by the City of Jefferson and HUD; or
- Property is located within the 100 year floodplain or floodway which will require deed restriction for future development in accordance with City floodplain ordinance.

Loans are secured by a Deed of Trust. Terms of loan are determined by amount of assistance. If the owner retains the property for the applicable loan period then the loan will be forgiven. The following table lists out the loan periods.

<table>
<thead>
<tr>
<th>Amount of Assistance</th>
<th>Loan Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $15,000</td>
<td>5 years</td>
</tr>
<tr>
<td>$15,000 - $40,000</td>
<td>10 years</td>
</tr>
<tr>
<td>Over $40,000</td>
<td>15 years</td>
</tr>
</tbody>
</table>
CITY OF JEFFERSON
COMMUNITY DEVELOPMENT BLOCK GRANT
DEMOLITION APPLICATION

Name ________________________________________________________________________________

Mailing Address ____________________________________________________________________________ Zip ______________

Phone ___________________________ Email _______________________________________________

Non-for-profit Agency? ☐ Yes ☐ No

Demolition Proposal

Address of Proposed Demolition __________________________________________________________

Type of Structure: ☐ Single Family ☐ Commercial ☐ Other __________________________________________

Is the Structure Located in a Floodplain? ☐ Yes ☐ No

Is the Structure Vacant? ☐ Yes ☐ No If Yes, for How Long? _______ Year(s) _______ Month(s)

What is the estimated cost per square foot to rehabilitate to Housing Quality Standards? $___________

What is the re-use plan of property? ______________________________________________________

_____________________________________________________________________________________

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 a grant, 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.

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

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.