

HOMEOWNERS RESPONSIBILITIES AND EXPECTATIONS

GRANT/DEFERRED REHABILITATION PROGRAM



The assistance for which you are applying is a loan to improve the safety, habitability and accessibility of your home. The financial assistance is made available through Flathead, Lake, Sanders and Lincoln Counties and Community Action Partnership of Northwest Montana (CAPNM) by way of a second mortgage. We will recapture the costs when the home is sold or refinanced. CAPNM is responsible for making sure that all program requirements are met. The administrators will assist you throughout the process. Because you have a significant interest in your property and the outcome of these improvements, you need to be aware of what is happening and of your responsibilities.

This form attempts to identify your rights and responsibilities in this project. Please read these statements carefully and be sure that you understand them:

1. Your Responsibilities:

CAPNM will assist you during the home improvement process, but you are responsible for making the choices and doing the following:

- 1.1 You will be able to assist in the inspection of your house by pointing out problems/concerns to the Rehabilitation Inspector (you should have a prepared list of items you wish to review with the Rehabilitation Inspector). The Rehabilitation Inspector will prepare a Bid Write-up resulting from the inspection.
- 1.2 CAPNM will write the bid write-ups, send out the bids to qualified contractors, and bring bids to the homeowner so they may choose the contractor who will do the work. The homeowner is required to select the lowest, most responsible bidder. However, CAPNM reserves the right to restrict any contractor or subcontractor from bidding who violates or has violated the CAPNM policy concerning its rehabilitation program. The homeowner may select a higher bid, but must pay any price differential.
- 1.3 You, with the assistance of Agency on Aging staff if needed, will choose the contractor to perform the work on your home. The contractor will be working for you and not for CAPNM. You will be required to enter into a contract with your contractor for the improvements.
- 1.4 You are responsible for making the property being improved accessible to the contractor.
- 1.5 You and CAPNM will inspect and approve the work performed by the contractor.
- 1.6 You will request and approve payments made to Contractors for improvements with which you are satisfied. You should not approve payments for improvements that are not of an acceptable quality. CAPNM will be the liaison between you and the contractor.
- 1.7 You should call and write your Contractors to ask them to correct any problems covered by contract warranties after the job has been completed. CAPNM will assist you if you have any questions.

2. YOU SHOULD BE AWARE THAT:

- 2.1 There are rules about what work can be financed. All improvements you would like addressed may not be eligible under this program. The priority of items is as follows:
 - 1. Health and Safety: (e.g. cracked heat exchangers, rotted floors, sagging roofs, ramps, etc.)
 - 2. Current code requirements: Unless funds are available so the entire “system” in the area of the house being addressed, can be brought up to current code, the “system” cannot be worked on (e.g. a new light fixture cannot be installed (wired into) old, non-code complying non-ground wiring.
 - 3. Energy Efficiency: (e.g. windows, doors, attic insulation, etc.)
 - 4. Miscellaneous: minor home repairs
- 2.2 Repairs that are eligible may not cure all of the problems in your home.
- 2.3 Don’t expect a new house when the rehabilitation work is completed.
- 2.4 Sometimes it can be stressful living in a house while the contractor is performing work.
- 2.5 You are responsible to read all the forms you will be signing. Your signature means that you understand and agree to provisions in the forms.
- 2.6 We ask that you consider paying back any money spent on your home (up to \$4000.00) by placing a silent mortgage on your home so that the funds can be used for other seniors at a later time. Any project that goes over \$4000.00 will have to be paid back by placing a second mortgage on your home. When your home changes owners or you refinance, the amount of the rehabilitation will go to the Glacier Affordable Foundation and will be used to help other seniors for years to come.
- 2.7 If you wish to have the contractor make any improvements, in addition to those specified in the scope of work or the bid that was accepted, you should enter into a separate agreement with the contractor for the work to be completed that is not on the work order. This is important because we will not be able to help monitor any items we have not agreed to do as rehabilitation.
- 2.8 If you have any family members who would be interested in or concerned about the work that is being done, inform them now before any inspections or work is done on your property. Have them present at the initial inspection.

3. HOMEOWNER’S RIGHTS:

- 3.1 You have the right to be treated respectfully and fairly by CAPNM and the Contractors (and subcontractors).
- 3.2 If you don’t understand something, you have the right to ask questions.
- 3.3 You have the right to expect that rehabilitation work be done in accordance with acceptable professional standards.

I have read and understand the above information.

Signature

Full Name (please print)



SENIOR HOME REPAIR APPLICATION

List the names, birth dates, and Social Security numbers of all household members regardless of relationship. *Use additional paper, if necessary.*

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER (SSN)
MM/	DD/	YYYY		

STREET ADDRESS	CITY	STATE	ZIP CODE

MAILING ADDRESS	CITY	STATE	ZIP CODE
	() -	() -	() -

EMAIL ADDRESS	HOME PHONE	CELL PHONE	WORK PHONE

Is this your permanent address? YES / NO (check one)

Please enter the requested information for all household members, regardless of age or relationship. Begin with the income received last month and then project income for the next twelve (12) months. Include interest and dividend income from investments (savings and credit union accounts, CDs, securities, etcetera). Exclude SNAP.

MONTH	YEAR	SOURCES & AMOUNTS OF GROSS INCOME	TOTAL GROSS MONTHLY INCOME
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$
TOTAL			\$

Applicant Name: _____

Which of the following best describes you? OPTIONAL

- Native American Caucasian Hispanic African American Asian/Pacific Islander

Please attach a copy of the following documents:

- A COPY OF YOUR CURRENT PROPERTY TAX BILL
- A COPY OF YOUR CURRENT HOMEOWNER'S INSURANCE POLICY
- PROOF OF YOUR INCOME (Direct Deposit receipts, checks for Social Security or Pension benefits, and 1099 forms for interest and dividends, etc.)

Do you have adult children that you wish to involve in the decision-making process? If YES, provide their names and contact information below. Use additional paper, if necessary.

FIRST NAME	LAST NAME	STATE	CITY
		() -	
MAILING ADDRESS		PHONE NUMBER	EMAIL ADDRESS

FIRST NAME	LAST NAME	STATE	CITY
		() -	
MAILING ADDRESS		PHONE NUMBER	EMAIL ADDRESS

FIRST NAME	LAST NAME	STATE	CITY
		() -	
MAILING ADDRESS		PHONE NUMBER	EMAIL ADDRESS

FIRST NAME	LAST NAME	STATE	CITY
		() -	
MAILING ADDRESS		PHONE NUMBER	EMAIL ADDRESS

PLEASE READ THE FOLLOWING PAGE AND SIGN AND DATE WHERE INDICATED:

I understand that this application is for Community Action Partnership of Northwest Montana (CAPNM) funds and that any falsification or concealment of a material fact may be prosecuted under federal or state laws.

I understand that homes are to be rehabilitated on a first come, first served basis. I authorize any agency representative to complete an audit of my home and install rehabilitation measures as determined to be necessary by the agency. I agree to place a lien on my property, with 0% interest, for the amount spent on materials and labor (not including hazard abatement costs), and a \$750 processing and recording fee. I have read, or have had read to me, all the above and all questions have been answered to my satisfaction. I certify that the information provided herein is true, complete, and correct to the best of my knowledge.

*******AND*******

Applicant Name: _____

**AUTHORIZATION TO COMMUNITY ACTION PARTNERSHIP OF NORTHWEST MONTANA
TO OBTAIN PERSONAL INFORMATION**

I authorize the individual, company, or agency shown below to disclose to CAPNM the information specified below which relates to my eligibility to receive rehabilitation. I understand that any information obtained will be kept confidential and will be used only for the purposes directly connected with the administration of benefits or services and only during the pertinent time period. I further understand that any information obtained may be released to a proper government agency, court or law, or law enforcement agency for the purposes of legal investigation actions concerning fraud.

INFORMATION SOURCE: Banks, Savings & Loans, Credit Unions, Employers, Social Security Administration, Veterans Administration, State Department of Labor and Industry, Internal Revenue Service, State Department of Revenue, Workers Compensation Division, Unemployment Compensation Division, County Clerk & Recorder, Bureau of Indian Affairs, Utility Suppliers and Vendors, Other Social Services Providers, and Landlord and Property Management Companies.

INFORMATION TO BE REQUESTED: Savings, Certificates of Deposits, Stocks & Bonds, Safety Deposit Boxes (to be opened only in the presence of the client or his/her agent, and representatives of the financial institution), Earnings, Social Security Payments, V.A. Benefits, Personal and Business Income, Workers Compensation, Unemployment Compensation, Family Composition, Size of Home, Per Capita Payments, Lease Payments, and IIM Accounts.

Signature of head of household or person signing on his/her behalf (please sign in ink):

 x _____ Date: _____ SSN: _____

Signature of all other household members 16 or older (please sign in ink):

 x _____ Date: _____ SSN: _____

 x _____ Date: _____ SSN: _____

 x _____ Date: _____ SSN: _____

 x _____ Date: _____ SSN: _____

 x _____ Date: _____ SSN: _____

 x _____ Date: _____ SSN: _____

RETURN TO:

SENIOR HOME REPAIR

Community Action Partnership of Northwest Montana

P.O. Box 88

Kalispell, MT 59903

Telephone: (406) 752-6565

Email: rjbabcock@capnwmt.org

EQUAL HOUSING OPPORTUNITY



Applicant Name: _____

SENIOR HOME REPAIR APPLICATION

Additional Sources of Income

	MONTH	YEAR	SOURCES & AMOUNTS OF GROSS INCOME	TOTAL GROSS MONTHLY INCOME
1	_____	_____	_____	\$ _____
				\$ _____
2	_____	_____	_____	\$ _____
				\$ _____
3	_____	_____	_____	\$ _____
				\$ _____
4	_____	_____	_____	\$ _____
				\$ _____
5	_____	_____	_____	\$ _____
				\$ _____
6	_____	_____	_____	\$ _____
				\$ _____
7	_____	_____	_____	\$ _____
				\$ _____
8	_____	_____	_____	\$ _____
				\$ _____
9	_____	_____	_____	\$ _____
				\$ _____
10	_____	_____	_____	\$ _____
				\$ _____
11	_____	_____	_____	\$ _____
				\$ _____
12	_____	_____	_____	\$ _____
				\$ _____
TOTAL				\$