

**TOWN OF ENFIELD  
OFFICE OF COMMUNITY DEVELOPMENT  
HOUSING REHABILITATION PROGRAM GUIDELINES  
FOR SINGLE FAMILY OWNER OCCUPIED PROPERTIES**

The Town of Enfield’s Housing Rehabilitation/Lead Hazard Control Program is funded with federal and state monies made available through the Community Development Block Grant (CDBG). The Rehab Program provides financial and technical assistance to eligible property owners for 1) the correction of housing code violations, 2) the correction of fire code violations if applicable, 3) the implementation of cost-effective energy conservation measures, 4) undertaking modifications to improve handicapped accessibility, and 5) hazardous material abatement measures. Income restrictions apply to all residents of homes to be rehabilitated through this program.

**The Housing Rehabilitation loans will be structured as follows:**

<b>30 % of median income</b>	<b>Deferred 0%</b>
<b>50% of median income</b>	<b>Deferred 0%</b>
<b>80% of median income</b>	<b>0 % amortizing</b>

Funding is proposed to correct code and safety violation up to **\$25,000**.

**HOUSING REHABILITATION PROGRAM POLICIES**

**ELIGIBILITY** – In order to be eligible under the Town’s Housing Rehabilitation Program, a property must 1) be located in the Town of Enfield, 2) be in need of rehabilitation, 3) be occupied by persons of low/moderate income (see Income Guidelines), 4) all taxes must be current and 5) the total loan to value ratio, including funds provided through the Housing Rehabilitation Program, shall not exceed 90%. This requirement may be waived by the Connecticut Department of Housing. The Town will not discriminate against any person because of race, creed, color, ancestry, religion, age, sex, marital status, lawful source of income, national origin, sexual orientation, familial status, learning disability or mental or physical disability.

**INCOME GUIDELINES** – The State Department of Housing utilizes Section 8 Program standards for qualifying participants in the Housing Rehabilitation Program. In most cases, income for the purposes of the Rehabilitation Program is defined in the following manner:

*For all adult members of the household, income includes all: wages and salaries, interest, net business income, social security, pensions, and periodic payments including transfer payments, alimony, V.A. benefits, educational benefits, income from assets, etc. Income measure is gross income (except for business income).*

In order to be eligible for assistance under this program, each household income must be at or below 80% of the area median. Additional assistance may be available to you if you are an owner occupant and your household income is below 50% of median (see Financial Assistance, below). Median household income is based upon statistical data provided periodically by the U.S. Department of Housing and Urban Development (HUD). The income figures are adjusted for household size and are updated annually.

## INCOME GUIDELINES (FY 2018)

# of People in Household:	1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS
50% of Median – Low Income	33,900	38,750	43,600	48,400	52,300	56,150	60,050	63,900
80% of Median – Low Income	50,350	57,550	64,750	71,900	77,700	83,450	89,200	94,950

### APPLICATION PROCESS

After you return the completed application, we will schedule a walk-through of the property with you to determine property needs and the likelihood of funding. Refer to the Housing Rehabilitation Program Procedures beginning on page 7 for more information.

### FINANCIAL ASSISTANCE FOR SINGLE FAMILY, OWNER OCCUPIED HOMES

Financial assistance is available to eligible property owners in the form of low interest and deferred payment loans.

**0% interest amortizing loans are available up to \$25,000 for:**

- 1) Owner occupants whose household income is between 50% and 80% of the area median.

**Deferred payment loans are available up to \$25,000 for:**

- 1) Owner occupants whose income is below 50% of the area median, and/or
- 2) Owner occupants in cases where the household income is at or below 80% of median and the head-of-household is either elderly (62+) or handicapped, or both.

Both 0% interest amortizing loans and deferred payment loans are secured through a mortgage note and lien on the property to be rehabilitated, in the same way as they are for conventional loans. 0% interest amortizing loans are repaid over a period of between 10 and 15 years. Deferred payment loans are at a 0% interest. No payment will be required if you qualify for a deferred loan at the time that the work is done on your property. **But the deferred loan will become payable in full if the property is sold or transferred in any manner or the applicant ceased to reside in the property.**

***ELIGIBLE IMPROVEMENTS***-Correction of all code violations is required for participation in the Housing Rehabilitation Program. Any items determined to be code violations by the Housing Code Inspector and/or Fire Marshal must be included in the Project. Incipient code violations, which are those items which may become code violations in the near future, are also eligible and are highly recommended for inclusion if funds are available. If hazardous materials exist (i.e. asbestos, lead based paint) and are of a concern due to condition, necessary abatement will be part of this project. Cost-effective energy conservation improvements and modifications to improve handicapped accessibility to the unit may also be considered, as appropriate, if funds are available. The Town may require a doctor's verification for handicap accommodations. Other general improvements may be considered as lower priority items, subject to OCD approval.

***INELIGIBLE IMPROVEMENTS***-Ineligible rehabilitation items include those which are determined by the OCD to be outside of the scope of normal rehabilitation work. Such items include, but are not limited to, garage repairs, central air conditioning, appliances, and work which is strictly “remodeling” rather than rehabilitation. The OCD has the sole authority to determine the eligibility of specific improvements.

***HISTORIC PRESERVATION REQUIREMENTS*** - The Office of Community Development is funded with state and federal monies, and, as such, is subject to various state and federal regulations. One of the most important requirements under housing rehabilitation involves the proper rehabilitation of historic properties. If your home is determined by the OCD to be historically significant, rehabilitation will have to be in accordance with “The Secretary of the Interior’s Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings.” Those standards are designed to insure that rehabilitation work performed on an older home is consistent with the historic nature of the house, and will not significantly alter its overall appearance. Some deviation from this standard may be permitted in the interior or at the rear of the house. However, the OCD and the State Historic Preservation Office would have to decide each exception on an individual basis.

***EMERGENCY PROJECTS*** — If a situation exists (i.e. inoperable heating system or defective roof) which the Project Manager determines to be of an immediate threat to the occupants of the property, the OCD will handle this on an emergency basis provided that the owner(s) qualify for assistance. Only the improvements necessary to address the emergency situation will be treated at this time. Other non-emergency improvements will be addressed as described earlier in the Application Process section. Funding made available for emergency purposes is limited to \$10,000.

## Summary of Lead-Based Paint Requirements As Per State and Federal Regulations

The OCD will adhere to the following State and Federal regulations and any amendments that may occur in the future:

	<b>Subpart of Rule/Type Program</b>	<b>Construction Period</b>	<b>Requirements</b>
<b>J.</b>	<b>Rehabilitation Assistance</b>		
	1. Property receiving less than or equal to \$5,000 per unit	Pre-1978	<ul style="list-style-type: none"> <li>❖ Provision of pamphlet</li> <li>❖ Paint testing of surfaces to be disturbed, or presume LBP</li> <li>❖ Safe work practices in rehab.</li> <li>❖ Repair disturbed paint.</li> <li>❖ Notice to occupants.</li> </ul>
	2. Property receiving more than \$5,000 and up to \$25,000	Pre-1978	<ul style="list-style-type: none"> <li>❖ Provision of pamphlet.</li> <li>❖ Paint testing of surfaces to be disturbed, or presume LBP</li> <li>❖ Risk assessment.</li> <li>❖ Interim controls.</li> <li>❖ Notice to occupants.</li> <li>❖ Ongoing LBP maintenance if HOME or CILP.</li> </ul>
	3. Property receiving more than \$25,000 per unit	Pre-1978	<ul style="list-style-type: none"> <li>❖ Provision of pamphlet.</li> <li>❖ Paint testing of surfaces to be disturbed, or presume LBP</li> <li>❖ Risk assessment.</li> <li>❖ Abatement of LBP hazards.</li> <li>❖ Notice to occupants.</li> <li>❖ Ongoing LBP maintenance.</li> </ul>

# **Town of Enfield**

## **Temporary Relocation Plan**

Because of the nature or extent of the work funded by the Enfield Housing Rehabilitation Program, and to protect the health and safety of the residents, occupants of assisted units may be required to temporarily move out of their units for a period of time during rehabilitation activities.

Relocation of occupants of assisted units is subject to the requirements of both the Federal Uniform Relocation and Real Property Acquisition Policies act of 1970, as amended (URA) and Connecticut General Statutes 8-37A, as amended by P.A. 92-183 and 8-266 et seq. (Chapter 135).

The intent of this Temporary Relocation Plan is to minimize the impact and length of the temporary relocation resulting from Small Cities Program-funded rehabilitation activities. This plan outlines the terms and conditions under which occupants in assisted units will be offered relocation assistance in conformance with the requirements of federal and state legislation.

### **Applicability**

Relocation assistance will be offered to owner-occupants and to tenant-occupants of units undergoing rehabilitation under the following circumstances:

- If the work involves lead paint, asbestos removal or other work activities that require the occupants to be temporarily relocated and/or
- If the work requires lead-safe work practices be employed and the circumstances of that activity require the occupants to be temporarily relocated.

### **Temporary Relocation Assistance to be Provided**

Occupants are informed of relocation options. Relocation facilities offer utilities, phone service, etc. The costs to a household do not exceed its usual monthly expenses. A household pays rent and utilities to the landlord as usual, with extra costs caused by relocation born by the OCD or the owner. A household may:

1. Identify its own temporary home, a choice often best for occupants and easiest for the OCD, and may receive
  - a. a \$500 payment to off-set extra costs for a 1-5 person household.
  - b. a \$1,000 payment to off-set extra costs for 6 and over person household.
2. Stay in a hotel or housing unit whose rates have been negotiated by the OCD.
3. Stay away during the workday, if abatement can be configured to allow evening occupancy. The opportunity to remain away from home during the workday is determined by the Lead Hazard Control/Abatement Plan writer.

### **Other reasonable temporary relocation expenses**

The intent of the Temporary Relocation Plan is to minimize the impact and length of temporary relocation resulting from the activities assisted through the Housing Rehabilitation Program. The Town recognizes that each household's circumstances are unique and that it cannot anticipate all situations in advance. The Town will fund other reasonable relocation expenses, such as excess travel costs to and from work and/or school from the temporary accommodations, on a case-by-case basis. Occupants are encouraged to discuss their unique circumstances with the Relocation Officer as soon as possible.

## **Non-allowable costs**

Non-allowable costs for temporary relocation include, but are not limited to the following: clothing, toiletries and personal care items, entertainment and groceries (when full cooking facilities are available).

## **Process for approval of temporary relocation expenses**

To be eligible for reimbursement, all temporary relocation expenses must receive prior written approval from the Relocation Officer. All requests for reimbursements will generally be made within two weeks of submission of complete documentation of expenses.

## **Notices**

Timely notices will be provided to occupants as soon as feasible. The program has an extensive waiting list of potential applicants with an average wait of one year between the submission of the initial application and the activation of the application review process to determine eligibility for assistance.

Upon activation of an application, which includes resubmission of a current application to the Program, all occupants of applicant units will be sent a "General Information Notice" informing them that they will not be displaced as a result of the rehabilitation activities and informing them of their rights to reasonable temporary relocation assistance. They will also be sent a copy of the Town's "Temporary Relocation Plan. This notice will either be personally served or sent certified mail, return receipt requested. If new tenants move into a unit after the application has been activated, they will not be eligible for temporary relocation assistance. It will be the responsibility of the property owner to inform new or prospective tenants that they may need to relocate temporarily and that they will not qualify for relocation assistance from the Housing Rehabilitation Program.

In addition to serving the required notices, the Enfield Community Development Office will work with individual households and the contractor doing the work to determine the scheduling of the work necessitating temporary relocation and to determine appropriate temporary relocation assistance for the affected household.

## **Relocation Officer**

The Relocation Officer will be responsible for finding temporary housing and establishing relocation services and payments. The Relocation Officer can be contacted by writing the Community Development Office, 820 Enfield Street, Enfield, CT 06082.

Working through the Relocation Officer, the OCD will offer personal hands-on customized attention to each family. Relocating families will sign an agreement indicating written expectations which include their responsibility for safeguarding valuables, and removal of window treatments and care.

# **HOUSING REHABILITATION PROGRAM PROCEDURES**

**APPLICATION STAGE:** The first step in the rehabilitation process involves filling out an application and Memorandum of Understanding and submitting them to the Office of Community Development (OCD). Applications from owner-occupants shall be accompanied by proof of household income (i.e. most current income tax return (1040), and a copy of the most recent weekly pay stub). If your income situation has changed significantly since your tax return was filed, you must notify the OCD at the time of your application. If an income tax return is not available, an employer verification, Social Security verification, or other similar documentation may be used. For each applicant building, an assessment will be completed to determine eligibility and priority rating.

**INSPECTIONS:** When your case comes up for processing, you will be contacted to arrange for a housing code inspection (and fire code and lead inspection, if applicable). These inspection reports are used as the basis for the preparation of a work write-up. All lead inspections will be conducted by state certified inspectors under contract with the Office of Community Development. Code inspections will be conducted by Town officials. Structures may be tested for lead by XRF and dust wipes in compliance with HUD guidelines. Lead Hazard Control/Abatement plans and maintenance plans will be reviewed by the North Central Health District.

**DESIGN:** The OCD Project Manager assigned to your case will contact you to arrange to visit your property and, based on his inspection and the inspection reports, s/he will prepare the plans, specifications and cost estimate, for the work items to be performed. **Any work items which are initiated prior to the Project Manager's inspection will not be eligible for financing under the Rehabilitation Program.** The Project Manager will meet with you to secure your approval of the work to be performed.

All lead control specifications will be developed by a state certified supervisor under contract with OCD. Bid specifications will be prepared that meet OCD standards for abatement and management plans, state regulation, and HUD guidelines. Requirements for worker protection will be included in the specifications. Corrections to code violations will be coordinated with the Building Code Inspector and Project Manager. All eligible units within the structure will be abated. Interiors, exteriors, garages and relocation may be included in the specifications.

**BLOOD LEAD TESTING— All children in the home under age six must have a blood lead screening completed and you must send a copy of the blood lead test to OCD along with your application.**

**LOAN REVIEW COMMITTEE:** All loans are subject to approval by the Enfield Loan Review Committee. The Committee is made up of representatives of the community, and evaluates the financing proposed for your rehabilitation work. Some considerations taken into account in the Loan Review Committee approval process include the total of all liens on the home in relationship to its value, the owner's debt-to-income ratio, status of property taxes, and the ability of the rental property to support its debt with rent payments, etc. The Committee may also consider exceptions to the financing terms outlined in these Guidelines.

**BIDDING:** As part of this program, the OCD solicits quotes/bids from local contractors. If the Project Manager's estimate of the work to be done is less than \$5,000, several quotes will be solicited. If it is estimated that the work will exceed \$5,000, the work must be put out to competitive bid. Bidders must attend a pre-bid walk through if determined by OCD. The bidding period is normally two weeks, at the end of which the bids received will be opened and read aloud by OCD staff. The bids received will then be compared for consistency with the OCD estimate. The OCD reserves the right to reject any and all bids.

The OCD maintains a list of eligible contractors, and only bids from the contractors on this list will be accepted. You may select contractors whom you wish to bid on the work; however, if they are not on the OCD list they must complete an application prior to bidding on the project to allow the OCD to check references and background. Applications are available at the OCD.

The OCD will fund up to predetermined caps of the lowest responsible credible bidder. The Loan Review Committee reviews each case and approves funding. The OCD will prepare contracts according to OCD models for Owner/Town and Owner/Construction Contractor.

**AGREEMENTS:** Once you accept the bid, a Memorandum of Agreement will be signed between you and the OCD concerning your participation in the Program. That Agreement addresses such issues as non-discrimination, occupancy, correction of code violations, and so forth. Once you have signed this agreement, a Construction Agreement will be prepared by the OCD and executed between you and the contractor.

At the time that the Construction Agreement is signed, you will be required to close on your loan with the Town. The loan funds will be held in escrow by the Town. The Town will pay the contractor directly upon completion of the work as outlined in the Construction Agreement.

**CONSTRUCTION:** Once a Construction Agreement is signed, a Notice to Proceed will be issued to the contractor outlining the time frame within which the rehabilitation work must be completed. The Project Manager and/or other OCD staff will make every effort to perform weekly inspections of the work. However, please keep in mind that the work is being done on your property, and it is your responsibility to monitor its progress. If you have any specific concerns on the work being performed, refer to your copy of the construction documents. If any questions remain, it is important that you contact the OCD and we will attempt to resolve the problem. Where applicable a state certified lead abatement monitor under contract with the OCD will monitor each project along with the OCD Project Manager and take clearance dust wipes. The monitor is selected through a competitive RFP process. Alterations from bid specifications are handled by written changes. Consultation is given to abatement contractors as needed. Waste disposal requirements will be determined early on for each job. Owners generally handle waste removal to minimize costs under a 10 cubic yard disposal waiver offer in Connecticut. Clearance testing follows HUD guidelines.

**PERMITS:** Typically, the work performed under the rehabilitation program requires a Building Permit. If you do not see one posted, ask the contractor. If you are not satisfied by his response, call the Town Building Department or the Office of Community Development. The OCD requires that all work requiring a permit be inspected by the Building Inspector. The contractor will be required to obtain all the necessary permits.

**CHANGE ORDERS-** Any change in the Scope of Work as outlined in the specifications requires a written change order signed by the owner, the contractor and the OCD. **Do not, under any circumstances, make side deals or other arrangements with the contractor for additional work or for work which alters the Scope of Work.** Any work that is performed outside the Scope of Work, and for which there is no change order, **will not** be considered for payment under the Rehabilitation Program. If you feel that a change order is needed, please contact the OCD.

**PROJECT CLOSEOUT-** Once all work has been completed, all inspectors involved in the project will be required to make a final inspection. Upon their approval of the work performed, a Certificate of Final Inspection will be prepared and must be signed by the owner(s), the contractor and the OCD. For lead hazard control/abatement projects, clearance will be conducted in accordance to Federal standards/procedures. At this time, the OCD will require you to sign off on any other outstanding documents (i.e. mortgage addenda).

The OCD will conduct one year post abatement dust wipes on lead projects. Town officials will periodically inspect units to verify that financial requirements are being met.

**LOAN REPAYMENT (if applicable):** If you have a loan in which you will be making monthly payments, after the project has been completed you will receive a coupon book and instructions describing the repayment process.

**\*\*\* A FINAL NOTE \*\*\***

The purchase and ownership of property is probably the largest investment you make in your lifetime. While the OCD provides financial and technical assistance for rehabilitating your home, the contract is between you and the contractor, and it is your responsibility to monitor the progress of the work. In addition, you will be expected to maintain the property in a decent, safe and sanitary condition, free of housing, health and fire code violations.

**TOWN OF ENFIELD  
OFFICE OF COMMUNITY DEVELOPMENT  
HOUSING REHABILITATION PROGRAM**

**SINGLE FAMILY, OWNER-OCCUPIED HOUSING  
LOAN APPLICATION**

**Applicant(s) Name**

**Property Address**

\_\_\_\_\_

\_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Please check if: Elderly: \_\_\_\_\_ Disabled: \_\_\_\_\_ Female Head of Household: \_\_\_\_\_

Ethnicity – please check one: Hispanic/Latino: \_\_\_\_\_ Not Hispanic/Latino: \_\_\_\_\_

**Racial Classification: Please check one:**

White		American Indian/Alaskan Native	
Black/African American		Native Hawaiian/Other Pacific Islander	
Black/African American & White		American Indian/Alaskan Native & White	
Asian		American Indian/Alaskan Native & Black/African American	
Asian & White		Other Multi-Racial	

Please list all **unusual** monthly expenses (i.e. medical expenses). Attach a separate sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

**ASSETS:** List all assets, including but not limited to: bank accounts, retirement accounts, investments, real estate, etc.

Checking Account Balance \$ \_\_\_\_\_ Savings Account Balance \$ \_\_\_\_\_

Automobile: Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Financed by: \_\_\_\_\_ Balance: \_\_\_\_\_

Other Assets: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any young children with elevated blood lead levels (EBL) residing in the building? \_\_\_\_\_

Are there any children under six residing in the building? \_\_\_\_\_

**\*\*Any children under six must have a blood lead test sent with your application.**

Has the property ever been tested for lead-based paint? \_\_\_\_\_ When? \_\_\_\_\_

If yes, did it test positive? \_\_\_\_\_ Do you have a code or lead order? \_\_\_\_\_

Purchase Date of Property to be Rehabilitated: \_\_\_\_\_

**List below all occupants, including applicant(s), of the property to be rehabilitated who live at the property on a permanent basis. Include their name, Social Security number, age, relationship, income and source of income (i.e. salary, pension, alimony, child support, Social Security, etc.). Please list ALL sources and amounts of income and attach appropriate verification such as a copy of an IRS 1040 form, Social Security verification, weekly check stubs, employer verification, etc. Use additional sheets if necessary.**

APPLICANT(S) NAME & SOCIAL SECURITY #	AGE	RELATIONSHIP	INCOME SOURCE	YEARLY
				\$
				\$
				\$
OTHERS IN HOUSEHOLD				
				\$
				\$
				\$
				\$
			TOTAL:	

***Current Debts and Credit References: List all loans, installment accounts, and debts now owing or recently paid to banks, loan companies, credit unions, and others. Include alimony, child support, maintenance payments, etc., if applicable. Use additional sheets of paper, if necessary. Include co-applicant information if this is a joint application.***

MORTGAGE HOLDER	ADDRESS	ACCOUNT #	DEBT IN WHOSE NAME	MONTHLY PAYMENT	BALANCE

**Have you ever been or are you now in the process of foreclosure?** Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever had any judgments or other legal proceedings against you? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you gone through bankruptcy in the past ten (10) years? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you co-maker, endorser or guarantor for others? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Nearest Relative Not Living with You:

Name\_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**Home-owner's Insurance:**

As part of your participation in the Enfield Housing Rehabilitation Program you will be required to maintain adequate homeowner's insurance.

Attach a copy of your Certificate of Insurance, which you can obtain from your Insurance Agent.

**CERTIFICATION**

I certify that the above information is true and correct to the best of my knowledge. I also authorize the Town of Enfield to verify any and all information stated above.

I certify that I have received, read and understand the EPA Notification “**Protect Your Family From Lead in Your Home**” and “**Renovate Right**”.

I certify that a copy of the Enfield Housing Rehabilitation Program Guidelines was provided and that I have read and understand same. I further certify that I have read, understand and have signed the Memorandum of Understanding for the Rehabilitation Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: ALL PROPERTY OWNERS MUST SIGN**

# ENFIELD HOUSING REHABILITATION PROGRAM

## MEMORANDUM OF UNDERSTANDING

The Town of Enfield's Housing Rehabilitation Program is funded with federal and state monies made available through the Small Cities Community Development Block Grant (CDBG) and is subject to various federal, state and local regulations. It is important that you, the homeowner, understand and agree to the requirements for participation in the Program.

1. I understand that the next step in the qualification process is to have the property inspected by the Town for compliance to building, fire, and housing codes; and, if there is a child with an elevated blood lead level or if there are children under six in a pre-1978 unit, the OCD will follow all State and Federal regulations regarding lead hazard control/abatement. **I acknowledge that once the inspection and testing is done, any code violations, including the presence of lead-based paint, must be corrected within a reasonable time whether we receive the OCD funds or not.**
2. I understand that any repair or construction work that I intend to do as an owner in the house, from now until OCD funded construction ends, will be submitted to OCD for advance review. I understand that inspections will be scheduled and analyzed with the assumption that the conditions in the property remain the same and may be regarded as credible pre-abatement lead dust and lead hazard conditions.
3. HUD imposed standards for income and rent will continue.
4. Connecticut law allows a household hazardous waste exemption if the total waste of a project is less than 10 cubic yards of waste. I accept responsibility for the waste if it is under 10 cubic yards and if it contains only materials from my project. I will take this material to the Town dump as soon as the contractor turns it over.
5. Personal valuables will not be the responsibility of OCD or the construction contractor. Valuables, such as electronics and jewelry, will be removed from the construction site.
6. **I understand that the correction of all housing code violations and lead hazard control/abatement on the property will be the primary purpose of the Program. I agree that, as part of my participation in the Program, all housing code violations and lead hazard control/abatement must be corrected.**
7. I understand that the terms of the financing provided are subject to the Loan Review Committee's discretion and will be in the form of either a low interest or deferred payment loan.

**Both low interest loans and deferred payment loans are secured through a mortgage note and lien on the property to be rehabilitated, in the same way as they are for conventional loans.** Low interest loans are repaid over a period of between 10 and 15 years. Deferred payment loans are at a 0% interest to 3% interest (your income determines the interest rate). **No payment will be required if you qualify for a deferred loan at the time that the work is done on your property.** But the deferred loan **will become payable in full** if the property is **sold or transferred** in any manner (such as death of the property owner, sale of the home, elderly homeowner is placed in a nursing home etc.).

8. I understand that eligibility for the Program is based upon household income, which must be within the levels for low and moderate income households as defined in the Program Guidelines. Income will be verified as defined in the Program Guidelines.
9. **Owner-occupied Units Only:** I understand that the purpose of the rehabilitation is to assist income-eligible homeowners with necessary repairs. I therefore agree to reside in and not to sell or transfer the property for a minimum period of **two years from the date of signing the Note**. **I understand that I may be subject to a penalty of 5% of the loan amount if I become in violation of the above.**
10. I understand that, if the property is determined by the OCD to be historic, it must be rehabilitated according to the Secretary of the Interior's Standards.
11. I understand that my application is subject to approval by the Enfield Loan Review Committee. I further understand that the Loan Review Committee may take into account some or all of the following in evaluating loans: the extent of the rehabilitation; the value of the property in relationship to the outstanding debt secured by mortgage; the owner's debt-to-income ratio; whether taxes due on the property are current; the ability of rental property to generate sufficient income to cover expenses, and so forth.
12. I understand that the Town is bound by low-bid requirements, and therefore financing may only be in the amount of the lowest responsible bid. I have the right to invite general contractors of my choosing to bid on the work, subject to approval by the OCD. I understand that the contract for work will be between the contractor and me, and the final selection of the contractor is my responsibility.
13. I understand that modifications may arise due to unforeseen problems. Modifications will be allowed only upon prior approval of the OCD through a change order.
14. I understand that this project is subject to federal and state acts, laws and regulations pertaining to lead-based paint and those regulations require the following: in buildings constructed prior to 1978 where a child under the age of 6 years resides and where painted surfaces are defective, that those paint surfaces be tested for toxic levels of lead. These regulations further require that, in a building where a child under the age of 6 years resides and said child has an identified elevated blood lead level (EBL), that intact paint surfaces be tested for toxic levels of lead. Should toxic levels of lead be detected, appropriate lead testing and abatement procedures must be implemented in accordance with State Department of Health Services regulations.
15. I have also received and reviewed a copy of the pamphlets "***Protect Your Family From Lead In Your Home***" and "**Renovate Right**" and I have signed and returned to OCD a copy of the **Confirmation of Receipt of Lead Pamphlets**.
16. **I agree to maintain adequate homeowner's insurance for the life of any loan made, with the Town of Enfield Listed as an additional certificate holder.**
17. I agree that there shall be no discrimination upon the basis of race, color, religion, creed, ancestry, age, sex, marital status, lawful source of income, national origin, sexual orientation, familial status, learning disability or mental or physical disability, in the sale, lease or rental of this property or in the award of the construction contract.

18. I understand and agree that I will cooperate with the OCD during all stages of this project by executing all documents, sign-offs, product selections etc. in a timely fashion. I understand that my failure to do so may cause unnecessary delays and increase costs of the project.

I have reviewed, understand and agree to the provisions stated in this Memorandum of Understanding.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**NOTE: ALL PROPERTY OWNERS MUST SIGN**

# **TOWN OF ENFIELD WALK AWAY POLICY**

The Town of Enfield, under the direction of the Connecticut Department of Housing, has adopted the following “Walk Away Policy” for its Housing Rehabilitation Program:

All code violations and identified lead hazards must be addressed when financial assistance is provided for the rehabilitation. The maximum dollar amount available to assist property owners is \$25,000 per unit. Other funding sources include:

1. The Community Renewal Team;
2. Connecticut Housing Investment Fund;
3. Funds provided by the participating homeowners own resources;
4. Insurance claims paid out for property damage.

If there are not sufficient funds available to cover the probable costs to correct code violations and undertake the required lead abatement/reduction the Town will not commence work on the project.

## **ACKNOWLEDGEMENT**

I have received a copy of the Town of Enfield’s Walkaway Policy and have read and understand the policy.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Representative of the Office of  
Community Development

**CONFIRMATION OF RECEIPT OF LEAD PAMPHLETS**  
**FOR THE TOWN OF ENFIELD**

I have received a copy of the pamphlets, "**Protect Your Family From Lead in Your Home**" and "**Renovate Right**", informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received both of these pamphlets before the work began.

\_\_\_\_\_  
Printed name of recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of recipient

\_\_\_\_\_  
Printed name of recipient

\_\_\_\_\_  
Signature of recipient

**RELEASE**

TO: The Town of Enfield  
Office of Community Development

RE: Release of Application Materials

I understand that as part of my participation in the Town of Enfield’s Housing Rehabilitation Program I am required to adhere to federal lead-base paint regulations. I further understand that the Town of Enfield works with several partners which assist with the identification of lead based paint and address lead based paint concerns. Therefore, in the interest of cooperating with the Town of Enfield so as to allow its Office of Community Development to comply with lead based paint regulations, I agree to allow copies of my application and income documentation be provided to these partners – specifically the Lead Elimination Action Program administered by the ACCESS Agency and the LEAPP Program, administered by the Hartford Children’s Hospital.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RELEASE FOR CREDIT CHECK

The Office of Community Development is required to conduct a credit check for all potential housing rehabilitation applicants.

Please sign below if you are in agreement:

\_\_\_\_\_  
Printed name of applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of recipient

\_\_\_\_\_  
Printed name of applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of recipient



# CHECK LIST

## HAVE YOU...

1. Attached a copy of previous 2 years of your 1040 form for each person in the household;
2. Attached a copy of the last four (4) pay stubs or verification of current income for each person in the household;
3. Attached copies of the Social Security verification for each person in the household;
4. Attached copies of other sources of income (i.e. pension, alimony, child support, etc.) for any person in your household;
5. Attached the signed Confirmation of Receipt of EPA Lead Pamphlets **“Protect Your Family From Lead in Your Home”** and **“Renovate Right”**.
6. Attached a list of any unusual monthly expenses;
7. Attached a copy of your Certificate of Home Owner’s Insurance;
8. Completed and Signed all forms, where indicated;
9. Attached the signed copy of Memorandum of Understanding.
10. Attached a signed copy of Walk Away Policy.
11. Attached all signed releases.
- 12. Attached a copy of the blood lead test for any children under six.**

**Note: All information (blanks) requested must be clearly filled in or the application will be returned for completion. (This could jeopardize your position on the waiting list).**

Should you have any questions regarding the completion of this application, please call the Office of Community Development at (860) 253-6390.