



Town of St. Johnsbury

2020 Rental Housing Improvement Program

ST. JOHNSBURY RENTAL HOUSING IMPROVEMENT PROGRAM GRANT APPLICATION

The purpose of the Rental Housing Improvement Program is to encourage landlords to invest in Universal Design modifications to rental housing property located in St. Johnsbury. The program will result in a more livable, marketable environment for everyone.

Program Features

- A reimbursement grant is provided to landlords that complete projects that bring the rental property into closer compliance with Universal Design Guidelines. Improvements should follow as closely as possible the guidelines published in the U.S. Department of Housing and Urban Development (HUD)'s *Residential Remodeling and Universal Design* (link below). <https://www.huduser.gov/portal//Publications/PDF/remodel.pdf>
- The maximum grant amount is \$3,000 per unit, and a budget with supporting estimates must be submitted at the time of grant application.
- A 1:1 cash match is required (e.g., a grant of \$3,000 requires at least a \$3,000 cash match from the property owner), and the grant is a reimbursement for funds spent.
- Program is managed by the Town.

Program Requirements

- Property must be an existing residential rental housing unit in St. Johnsbury.
- Property owner must have an up-to-date rental housing registration for all rental properties owned in St. Johnsbury; the property owner must not have any outstanding health or safety violations; and the property for which a grant is sought must have been inspected by the Town Code Compliance Officer.
- Property owner must be current on all property taxes (and/or agreements), water-sewer bills, civic fees and fines, and parking fees & fines.
- The Town of St. Johnsbury Finance Department must review all cost estimates and approve the budget for the project. Finished work must be inspected and approved by the Code Compliance Officer before grant money is released.
- One grant award per rental housing unit.
- Receipt of applications are due by March 1st. Awards will be announced by March 31st. Please submit applications to the Town of St. Johnsbury Town Manager's Office, 51 Depot Square, Suite 3, St. Johnsbury, VT 05819. Please call (802) 748-3926 ext. 5 for questions.

Application Scoring

The Rental Housing Improvement Program Grant Review Committee will review and score grant applications, making final recommendations to the Select Board for approval.

Scoring will be based on the following:

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|----|--|----------|
| 1. | Amount of the grant request: | |
| | ○ Up to \$1,000 receives | 1 Point |
| | ○ \$1,001 to \$2,000 receives | 2 Points |
| | ○ \$2,001 to \$2,500 receives | 3 points |
| | ○ \$2,501 to \$3,000 receives | 4 points |
| 2. | Total Project Cost: | |
| | ○ \$6,000 - \$10,000 | 1 Point |
| | ○ \$10,001- \$19,999 | 2 Points |
| | ○ \$20,000+ | 3 Points |
| 3. | Property is located within the Design Control District | 2 Points |
| 4. | Property is owned by a person whose primary residence is in St. Johnsbury. | 2 Points |
| 5. | Property is in a building with four units or less | 2 Points |
| 6. | Property owner did not receive an award last year | 2 Points |

Please Note: to be considered this application must be completed in full. Partially completed applications will not be considered for funding.

APPLICANT INFORMATION (Property Owner)

Name: _____ Grant Amount Requested (up to max. award of \$3,000):

Primary Residence: _____ Total Amount of the Project (estimate based on quotes):

Mailing Address: _____ Property Owner Contribution (based on estimates):

_____ Town/City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Address of Project: _____ Town/City: St. Johnsbury State: VT Zip: 05819

CO-OWNER(S) INFORMATION

Co-owner #1 Name: _____

Mailing Address: _____ Town/City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Co-owner #2 Name: _____

Mailing Address: _____ Town/City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

PROPERTY INFORMATION: This information does not impact scoring of this application and helps us understand the effectiveness of the program.

Purchase Price of Property & Year	Most Recent Bank Appraised Value of Property & Date of Appraisal	Most Recent Town Assessed Value of Property & Date of Assessment	List Monthly Rent by Unit	Indicate what is included with rent (circle those that apply)
\$ _____	\$ _____	\$ _____	Unit #1: \$ _____	Heat Water/Sewer Electricity Trash Snow Removal Recycling None of the Above
			Unit #2: \$ _____	Heat Water/Sewer Electricity Trash Snow Removal Recycling None of the Above
			Unit #3: \$ _____	Heat Water/Sewer Electricity Trash Snow Removal Recycling None of the Above
			Unit #4: \$ _____	Heat Water/Sewer Electricity Trash Snow Removal Recycling None of the Above
			Unit #5: \$ _____	Heat Water/Sewer Electricity Trash Snow Removal Recycling None of the Above
			If more than 5 Units: How many total units : _____ Enter the average monthly rent/unit \$ _____	Heat Water/Sewer Electricity Trash Snow Removal Recycling None of the Above

(over)

Applicant Comments about the property:

FINANCIAL OBLIGATION(S) DECLARATIONS

Please provide additional information in the notation section for any 'Yes' answers.

1. Is the applicant(s) party to any lawsuit and/or outstanding judgment against the Town of St. Johnsbury? Y N
2. Is the applicant current on all credit obligations related to this property? Y N
3. Is the applicant(s) current on all required Rental Housing Registrations Fees? Y N
4. Is the applicant delinquent on any property taxes, parking violations, water/sewer fees, or any other civic fees or fines?
 Y N If yes, please describe: _____
5. I have attached documentation substantiating the project cost estimates quantified within this application Y N

AUTHORIZATION(S): I/We for ourselves, and as an authorized signer of the application, certify that everything stated in this application and on any attachments is correct. I/We certify that all cost estimates have been done in good faith, and I/We agree to provide invoices identifying the true and accurate costs that were paid for project materials and contracted labor. I/We understand that an inspection of the project by a Town representative and an audit on the actual costs of the project is necessary and forthcoming. I/We certify that the rental housing unit where the work is to be performed has been inspected and has a current Certificate of Compliance on file and that there are no outstanding health and safety violations linked to the property. I/We understand that this is a competitive reimbursement program and that all applications will be scored using the criteria outlined in the program description. I/We acknowledge that we have the full authority to perform the work described at said location. I/We acknowledge that the construction project must be completed, including submission of all invoices, by the end of the calendar year. I/We understand that the Town of St. Johnsbury will send out IRS Form 1099 to grant recipients where applicable.

In addition, I/We acknowledge that the information provided in this application will be shared with other members of the Town's staff as well as the St. Johnsbury Select Board.

Legal Business Name (If Applicable): _____

Project Address and Unit #: _____

Applicant #1 Signature: _____ Date: _____

Applicant #1 Print Name: _____

Applicant #2 Signature: _____ Date: _____
 (If applicable)

Applicant #2 Print Name: _____

PROJECT DESCRIPTION: Provide a description of how you plan to use the grants funds and give an estimate of the cost for each portion of the project. Please attach cost documentation.

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