



Community Housing Coalition of Madison County

P.O. Box 1166, Marshall, NC 28753

www.chcmadisoncountync.org

Office Phone: 828-649-1200

Thank you for contacting the Community Housing Coalition (CHC) of Madison County. We are a 501-C-3 non-profit organization serving Madison County by promoting decent, safe, and affordable housing through advocacy, education, coordination of services and resource development to meet the housing needs of our communities.

Completion of this application will allow us to maximize the resources that may be available for your assistance.

Enclosed are the following:

- CHC Assistance Policy—this is yours to keep.
- Application for Assistance (3 Pages)
- Social Security Verification
- Indemnification and Release

Once completed, please send us the **Application for Assistance, Social Security Verification, and Indemnification and Release** forms so that we may begin processing your application. You can mail completed applications to:

*Community Housing Coalition of Madison County, Inc
P.O. Box 1166
Marshall, NC 28753*

We hope to be able to serve you and your family, but due to a large number of applications, it is impossible to meet the needs of every person applying. We will contact you regarding the status of your application shortly, but please be patient as we will be receiving and assessing many applications in the following months. If there are any questions concerning this application, please call Community Housing Coalition at 828-649-1200 or visit our website at www.chcmadisoncountync.org.

Sincerely,

CHC of Madison County



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Assistance Policy

This Assistance Policy describes who is eligible to apply for assistance from the Community Housing Coalition of Madison County, how applications for assistance will be rated and ranked, what the form of assistance is, and how the repair/modification process will be managed.

CHC and NCHFA URP 09 Goals:

1. To alleviate housing conditions which pose an imminent threat to the life or Or safety of very low-income homeowners with special needs; and
2. To provide accessibility modifications and other repairs necessary to prevent displacement of very low-income homeowners with special needs, such as frail elderly and person with disabilities

Eligibility: To be eligible for assistance from Community Housing Coalition, applicants:

1. Must reside within Madison County
2. Must own and occupy home in need of repairing if using NCHFA URP 09 funding. If not using URP 09 funding, applicant must show written approval from landlord to have work performed on home.
3. Must have a household income which does not exceed 50% of Madison County's median income for the household size (as indicated by the table on the next page)
4. Must have urgent repair need that threatens the life or safety of occupants;
5. And occupant of home must have a special need (i.e. be elderly, handicapped or disabled, a single parent with a dependent living at home, family with greater than, or equal to, 5 household members, or a household with a child below the age of six with an elevated blood lead level (between 10 micrograms/dl and 20 micrograms/dl)

Definitions pertaining to special-needs populations:

***Elderly:** An individual age 62 or older.

***Disabled:** A person who has a physical, mental, or developmental disability that greatly limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

***Head of Household:** The person or persons who own(s) the house.

***Household Member:** Any individual who is an occupant (defined below) of the unit to be rehabilitated shall be considered a "household member." The number of household members will be used to determine household size, and all household members are subject to income verification.

***Occupant:** Any immediate family member (mother, father, spouse, son or daughter of the head of the household, regardless of the time of occupancy); or non-immediate family member who has resided in the dwelling at least 3 months prior to the submission of the family's application.

***Single-Parent Household:** a household in which one and only one adult resides with one or more dependent children.

***Extreme Emergency:** A situation in which serious harm would befall the occupants of the home, such as no heat during cold weather, roof or wall damage caused by fire, wind or falling trees, water leaks that may inundate electrical circuits or outlets.

Selection of applicants: CHC has devised the following priority system to rank eligible applicants, determine which of them will be selected for assistance and in what order. Under this system, applicants will receive points for falling into categories of special need and income. The applications will be ranked according to which receive the most points. At least 70% of applicants utilizing URP 09 funding must fall at or below 30% of median income, consequently CHC will only award URP grants to those falling between 30 and 50% of median income to the extent that it does not violate this ratio unless the need is an extreme emergency (see definition above). Applicants utilizing URP 09 funding will be served on a first come, first served basis within the criteria noted in the previous sentence. Applications for URP 09 will be available from April of the funding year (2009) until October of the following year (2010). If all funds are expended before the 18 month period, applications for URP 09 funding will be cut off at that time.

Annual Income Limits for Madison Residents

# in Household	30% of Median Income	50% of Median Income
1	\$11,700	\$19,500
2	\$13,350	\$22,300
3	\$15,050	\$25,050
4	\$16,700	\$27,850
5	\$18,050	\$30,100
6	\$19,350	\$32,300
7	\$20,700	\$34,550
8	\$22,050	\$36,750

CHC Priority Ranking System

Special Needs	Points
Less than 30% of County Median Income	10
Less than 50% of County Median Income	5
Elderly Head of Household (62 or older)	4
Disabled Head of Household	4
Disabled or Elderly Household Member	3
Single-parent Household	2

Screening of applicants: Recipients will be chosen by the above criteria without regard to race, creed, sex, color, national origin, religion, or sexual orientation. Household income will be verified for program purposes only (information will be kept confidential). Ownership of property will be verified along with other rating factors. A CHC employee or designee will visit the home of applicants to determine the need and feasibility of repairs/modifications.

How does the CHC help? CHC will provide materials and the services of volunteers or professionals, as needed, to repair the urgent need of the homeowners whose homes are selected for repair/modification. This assistance is not a loan. No repayment on the part of the homeowners will be expected. We will provide repairs as outlined in the contract prepared by CHC based on the evaluation of your home. Provision of repairs is subject to availability of funding and volunteers. CHC receives funding from the North Carolina Housing Finance Agency (NCHFA) from the Urgent Repair Program (URP) 2009 (\$75,000). Other grant monies include HUD HOME Program funds, and CDBG Scattered Site funds. Selection of funding is contingent upon meeting the criteria for each specific grant's requirements. When applicable, clients will be referred to outside resources such as Independent Living, Vocational Rehabilitation, USDA, Community Action Opportunities, etc.

How much will be spent on each project? The amount of money spent on each project depends on the scope of the work necessary to address the identified imminent threats to life and/or safety, and that will be determined by CHC. (NOTE: Projects receiving NC Housing Finance Agency URP09 funding will not exceed \$5,000 in grant expenditure)

What kinds of work will be done? Only repairs that address imminent threats to the life or safety of occupants of the dwelling or accessibility modifications are performed by CHC. In typical cases, work may include repairing rotten flooring, ceilings or walls and the leaks that caused the rot, repairing and/or replacing damaged roofs; updating and/or repairing electrical wiring; building handicap ramps and/or safety railings; plumbing, etc.

Who will do the work on the homes? CHC matches projects to volunteer teams or individuals interested in helping neighbors in need. In those cases where professional labor is required, CHC selects contractors who have demonstrated a high degree of skill and ability. All contractors are given equal opportunity to bid. Each contractor will be reviewed by the CHC board based on references and recent jobs. Each job will be rewarded to the lowest responsive and responsible bidder. "Responsive and responsible" means the contractor (1) is deemed able to complete the work in a timely fashion, and (2) that the bid is within 15% (in either direction) of CHC's cost estimate. Approved contractors will be asked to submit bids on each project. Applications for bidding are available at the CHC office or can be mailed upon phone request. Ads will be placed as needed in the News Sentinel and Record to inform the public about opportunities to bid.

How will clients be referred? CHC will place quarterly ads in the Madison County News Sentinel and record to inform the general public that applications and services are available. Clients are also referred by our partnering agencies such as Community Action Opportunities, Independent Living, Madison County public agencies, USDA, etc. Any client referred by a partnering agency will be called and sent an application.

Is there a procedure for dealing with complaints, disputes or appeals? Although the application process and repair/modification guidelines are meant to be as fair as possible, the CHC realizes that there is still a chance that some applicants or participants may feel that they are not treated fairly. The grievance procedure will be discussed with each homeowner before work begins.

If an applicant has a complaint during the application process, the following steps should be taken:

1. If an applicant feels that his/her application was not fairly reviewed or rated and would like to appeal the decision made about it, he/she should contact the director within 30 days of initial notification. If the applicant remains dissatisfied with the decision, the detailed complaint should be put into writing.

2. A written appeal must be made to the CHC board within 10 business days of the conversation voicing dissatisfaction. Email Complaint to CHC Board President, Lori Hagan Massey at lori@chcmadisoncountync.org.
3. CHC will respond in writing to any complaints or appeals within 30 days of receiving written comments. The CHC board meets monthly.

Will personal information provided remain confidential? Yes. All information in applicant files will remain confidential. Access to the information will be provided only to CHC staff who are directly involved in the program, the North Carolina Housing Financing Agency, other funding sources as required, and auditors.

What about conflicts of interest? No officer or employee of the Community Housing Coalition shall have any interest, direct or indirect, in any contract or subcontract for work to be performed with program funding, either for themselves or those with whom they have family or business ties. Relatives of CHC board members or staff may be approved for rehabilitation assistance only upon public disclosure of such a connection to the CHC board.

What about favoritism? All CHC activities, including rating and ranking applications, inviting bids, selecting contractors and resolving complaints, will be conducted in a fair open and non-discriminatory manner, entirely without regard to race, creed, sex, color, national origin, religion, or sexual orientation.

How soon will work be done? Once an application has been received by CHC, client will be notified within two weeks to know that the application is being processed. If the application meets the criteria for NCHFA URP 09 funding, client will be asked to fill out NCHFA URP paperwork in order to receive services from this grant. Services will be delivered within 6 weeks of receipt of URP 09 paperwork from client.

What if I have more questions? Any question regarding any part of this application or program should be addressed to:

Pam Flores (Office Manager)
pam@chcmadisoncountync.org
828.649.1200

Ronnie Fox (Project Manager)
828.649.1200

Richard Molland (Executive Director)
rick@chcmadisoncountync.org

How do I get an Application? Just contact:

Community Housing Coalition of Madison County, Inc.
P.O. Box 1166
Marshall, NC 28753
828-649-1200

Completing an application form: Proof of ownership (or permission from landlord if not using NCHFA URP 09 funding) and income will be required. Those who have applied for housing repairs in the past will not automatically be reconsidered. A new application will need to be submitted in order for new needs to be considered. NOTE: Income of all occupants of the house will be considered.

Adopted by the Board of Directors, this 9th day of June, 2009.

Lori H. Massey

Lori Hagan Massey, Board Chair



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Application for Assistance

Date: ___/___/___

Name of Applicant _____

Street Address _____

City _____ ZIP Code _____

Mailing Address (if different) _____

Home Phone: _____ Work Phone: _____

Contact Name: _____ Relationship: _____

Home Phone _____ Work Phone: _____

Briefly describe the problems that need repairing: _____

Type of dwelling (circle): Frame House Mobile Home Brick house

What actions have been taken to fix the problems? _____

Briefly describe any disabilities of any members of this household: _____

Has any member of the household applied for or been denied Social Security Disability?

Yes _____ No _____ Status: _____

Household Membership

Name (first, MI, last)	Sex	Age	Social Security Number	Relationship to Applicant
1.				
2.				
3.				
4.				
5.				

If more than 5 people in this house, add their names and information on an attached sheet.

Gross Income Work Table

Dollars earned by each household member per month

Sources of Income	No.1	No. 2	No. 3	No. 4	No. 5
Wages					
Retirement/Pension					
Social Security					
Supplemental Security Income					
Public Assistance					
Child Support					
Interest					
Other (Including Property, etc)					
Monthly Subtotal for Each					

If more than 5 people live in this house, add their names and information to an attached sheet.

Monthly Household Total (add totals for each wage earning resident): _____

If renting, do you have written permission from landlord for work to be done? Yes ____ No ____
 This will be required before any work begins. Please attach to application before turning in.

How many acres of property do you own? _____

How did you hear about CHC?

Applicant Certifications: I hereby certify that...

- 1- I own and occupy the home described above or am showing written permission from my landlord to modify my home.
 - 2- The above information is complete and true to the best of my knowledge.
 - 3- This information is provided to qualify me for help from Community Housing Coalition. The program is intended to assist low-income homeowners with special needs in correcting substandard housing conditions which pose an imminent threat to their life or safety or in performing accessibility modifications or other repairs necessary to allow a homeowner facing displacement to remain in his or her own home safely.
 - 4- I give permission for CHC personnel to access information to verify the contents of this application and to facilitate the repair of my home.
 - 5- I understand that CHC is not required to correct all deficiencies in my home nor make the home conform to any local, state, or housing quality standards.
-

Applicant Signature: _____ Date: ____/____/____

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Office Use Only

Date Received: ____/____/____

Date Assessed: ____/____/____

Assessor: _____

Notes:
