

The City of Johnson City Housing Rehabilitation Program

The program will provide grants to low or very low income single-family homeowners to restore their dwelling and bring up to current City Codes. The purpose of this rehabilitation program is to correct building code deficiencies in owner-occupied eligible units and make them safe, sound, and sanitary.

The City of Johnson City Housing Rehabilitation Program will be administered through the First Tennessee Development District to assist homeowners in the city limits of Johnson City, Tennessee.

HOMEOWNER ELIGIBILITY: Applicants must meet all of the following requirements:

- Be a homeowner within the city limits of Johnson City.
- Be low or very low income as defined by HUD maximum income limits.
- Be the owner of the property to be repaired and have resided in the dwelling for no less than one hundred eighty (180) consecutive days prior to applying for assistance.
- Occupy the home as his/her principal residence.
- Provide proof of homeowners insurance.
- Provide proof that applicable city and county taxes have been paid.
- Voluntarily apply for assistance.
- Demonstrate the ability to maintain their residence in the areas of ongoing maintenance and repairs, safety hazards, and health/cleanliness issues.
- Cannot own more than one (1) marketable property (not adjoining).

SUBSIDY AMOUNT: The maximum contract amount cannot exceed \$50,000 including any previous assistance received by Johnson City.

QUALIFIED REHABILITATION ACTIVITIES: Examples of eligible work include; plumbing, electrical, heating, foundations, sub-flooring replacement or repair, roof truss repair or roof replacement, handicap accessibility, and window and door repair/replacement.

For more information, please contact:

**First Tennessee Development District
3211 North Roan Street
Johnson City, TN 37601
René Mann at (423) 722-5122 or email: rmann@ftdd.org
Housing Direct Line: 423-268-2677
Fax: 423-722-5126**



APPLICANT CHECKLIST

Johnson City Home Rehabilitation or Emergency Repair Grant

Before qualifying for housing rehab work, you will need to verify your income, and the ownership of your house. No rental properties will be worked on with this program. You must be presently living in the home.

Attach or bring ALL of the following information with you when turning in your application:

Proof of INCOME: (... for ALL adults in the household must be verified)

- ___ - PAY RECEIPTS from current job(s) or letter from employer regarding pay (**at least 3 months**)
- ___ - RETIREMENT, DISABILITY INCOME receipts
- ___ - SAVINGS & CHECKING statements for **past 6 months**
- ___ - TAX FORMS (if self-employed, the most recent year with attachments), i.e. 1040 tax forms
- ___ - SOCIAL SECURITY, AFDC, WORKMAN'S COMP, UNEMPLOYMENT, etc. RECEIPTS indicating income from all government assistance (must be dated within the past 6 months)
- ___ - BONDS, STOCKS, ANNUITIES, and other investments' FORMS
- ___ - ALIMONY, CHILD SUPPORT CHECKS (most recent)

Proof of HOME OWNERSHIP:

- ___ - COPY OF WARRANTY DEED, or other proof of ownership (showing where recorded)
- ___ - LATEST MORTGAGE STATEMENT
- ___ - PROPERTY TAX FORMS (receipt for payment of taxes)
- ___ - TITLE TO MOBILE HOME
- ___ - COPY of HOME INSURANCE POLICY
- ___ - LATEST ELECTRIC & WATER BILL

2022 HUD Maximum Household Income Limits

- At or below 80% of area median income
- Limits are based on the number of persons living in the household regardless of relationship

Johnson City

<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>
\$ 37,750	\$ 43,150	\$48,550	\$ 53,900	\$ 58,250	\$ 62,550	\$ 66,850

Effective June 15, 2022

**JOHNSON CITY COMMUNITY DEVELOPMENT
RESIDENTIAL REHABILITATION PROGRAM
APPLICATION**

Date: _____

NAME(S):

Applicant: _____ Age: _____ S.S. #: _____

Spouse: _____ Age: _____ S.S. #: _____

Address: _____

Home #: _____ Cell#: _____

Are you a Female Head of Household? YES: _____ NO: _____

OTHER HOUSEHOLD MEMBERS:

1. _____ Age: _____ S.S. #: _____

2. _____ Age: _____ S.S. #: _____

3. _____ Age: _____ S.S. #: _____

4. _____ Age: _____ S.S. #: _____

INCOME (from all sources and all household members):

Name: _____ Source: _____ Amt./Mo.: _____

Name: _____ Source: _____ Amt./Mo.: _____

Name: _____ Source: _____ Amt./Mo.: _____

Name: _____ Source: _____ Amt./Mo.: _____

CHECKING, SAVING ACCOUNTS (from all sources and all household members):

Name on Account	Bank Name/ Location	Account #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ALL OTHER ASSESTS (from all sources and all household members - i.e. stocks, bonds, property)

HAVE YOU RECEIVED ASSISTANCE IN THE PAST FROM JOHNSON CITY FOR HOME

REPAIRS? __Y__ N If yes, please give the year, amount and type of assistance. _____

To the best of my knowledge, I certify that the information in this application for assistance through the City of Johnson City is true and correct. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B. Felony.

Applicant: _____ Date: _____

Applicant: _____ Date: _____

CERTIFICATION

In Consideration of the Grant monies I am applying for in order to rehabilitate the property located at:

_____ (Address)

I herby make the following certifications:

1. That I occupy the same said property.
2. That I hold a fee simple title to said premises.
3. That the premises are occupied by _____ persons.
(Number)
4. That the income of all household members have been fully disclosed (must be verifiable)
5. That by signing my name to this certification, I state and affirm that all of the above information is correct, and should any of the above be investigated and found to be incorrect, my grant application will become automatically void.

Signature: _____ Date: _____
(Applicant)

Signature: _____ Date: _____
(Spouse/ Co-Owner)

Witness: _____ Date: _____

RACE/NATIONAL ORIGIN: Applicant _____ Co-Applicant _____
SEX: Applicant _____ Co-Applicant _____
HISPANIC: Applicant Yes ___ No ___ / Co-Applicant Yes ___ No ___
U.S. CITIZEN: Applicant Yes ___ No ___ / Co-Applicant Yes ___ No ___
PERMANENT RESIDENT ALIEN: Applicant Yes ___ No ___ / Co-Applicant Yes ___ No ___

