

Owner-Occupied Housing Rehabilitation

Overview of the CDBG Conditional Grant Program



City of Hermitage
800 North Hermitage Road
Hermitage, PA 16148
724-981-0800

www.hermitage.net

<<http://www.hermitage.net/government/departments/comdev/rehab.html>>

OBJECTIVES

- Enhance occupant health and safety
- Increase family, neighborhood and citywide pride by upgrading properties
- Encourage citizens to remain homeowners in the City
- Stabilize real estate market and prevent blight
- Conserve energy and save money in utility costs
- Undertake public improvements to support the housing investment
- Increase property values

ELIGIBILITY

1) PROPERTY OWNERSHIP

- Applicants must have fee-simple title to the property and live full-time in the dwelling to be rehabilitated

2) TAXES & SEWER FEE

- Applicants must be current with their county, city and school taxes and city sewer fees

3) HOMEOWNER'S INSURANCE

- Applicants must have homeowner's insurance in effect on the dwelling to be rehabilitated

4) HUD SECTION 8 INCOME

- Applicants must meet [HUD Section 8 Low/Moderate Income Eligibility](#)

Household Income Limits by Number of Persons per Household
HUD requirements for Hermitage, Mercer County, Pennsylvania as of 2021

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 + Persons
low-moderate	37350	42650	48000	53300	57600	61850	66100	70400

- Properties are listed on a first come, first served order of accommodation
- Rehabilitation funds are limited to **\$25,900** per property
- No Property Maintenance issues can be pending or outstanding on the property
- Funds may be used for:
 - *necessary household fixtures (furnace, water heater, electric service and wiring, etc.)*
 - *basic property improvements (roofs, windows, doors, foundations, steps, sidewalks)*
 - *sanitary improvements*
- Funds may not be used for:
 - *new construction for expansion of a structure*
 - *materials or equipment not customarily used in the locality*
 - *acquisition of land*
- Homes are brought up to minimum Pennsylvania DCED Housing Quality Standards
- Only city-approved general contractors may participate. Area contractors are welcome to apply for approval.

CONDITIONAL GRANTS

- Rehabilitation funds are provided as conditional grants. The obligation of the homeowner is a Real Estate Mortgage to the City for five years.
- Applicants agree to maintain the home without conveyance of interest or ownership for the next five consecutive years. If a change of ownership status occurs, then a pro-rated repayment of the grant is initiated. Otherwise, no out-of-pocket expense is required.
- After the five year obligation is met, the mortgage lien is fully forgiven and no repayment or interest is expected of the homeowner.
- Over 300 Hermitage households have taken advantage of these funds during the Program's existence.

All City of Hermitage homeowners who meet the above conditions are welcome to apply.

CITY OF HERMITAGE HOUSING REHABILITATION PROGRAM

PRELIMINARY APPLICATION

1. Date of Application _____
2. Applicant's Name _____ Birth Date ____ / ____ / ____
3. Co-Applicant's Name _____ Birth Date ____ / ____ / ____
4. Home Address

- Property Address
(if different from above) _____
5. Telephone # _____
6. Number of Person in the Household
____ Adults 18 or older
____ Children 17 or under
____ Children under 6 years old staying at the house
7. Annual Income from all sources of all adults
(persons 18 or over) living in the household \$ _____
8. I currently: Own my house free and clear Am buying my house (have a mortgage)
 Lease with option to buy Other
9. My residence is a: Single-Family Home Other (please explain)

10. Year house was built: _____

I/we understand that all the statements on this preliminary application are true and correct to the best of my/our knowledge. I/we understand that any willful misstatement of material fact is a criminal act governed by Section 1001 of Title 18 of the United States Code and Criminal Procedure. Whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be subject to penalty.

Applicant: _____
Signature _____ Date _____

Co-Applicant: _____
Signature _____ Date _____

CITY OF HERMITAGE HOUSING REHABILITATION PROGRAM

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

Social Security #: _____

I hereby authorize and request the disclosure to the Hermitage Housing Rehabilitation Program any information that may be required concerning age, citizenship, employment, income, and resources of those individuals, including myself, on whose behalf benefits are paid or for whom qualifying status is required by the program. It is understood that the information obtained will be used only for the purposes directly related to the eligibility of individuals involved in the application for the Housing Rehabilitation Program.

Signature

Date

Signature

Date