**2022 Harambee Home Repair Grant Application**

**This program is funded by the property owners of Harambee NID #7**

**Property Owner Name: Property Address: Owner’s Address:**

**City & State: Home Phon**e**: Email:**

**Zip:**

**Cell:**

**FOLLOWING ITEMS TO BE INCLUDED WITH APPLICATION**

PROOF OF OWNERSHIP – Copy of one or the other:

* Mortgage statement
* Tax Payment Verification (Copy of tax statement paid in full, or installment agreement)

PROOF OF RESIDENCY – Copy of one or the other:

* Current utility bill
* Driver’s license or state ID with property address indicated on the license

OTHER ITEMS:

* Income Verification (Wage or Income Statement, Federal Tax Return)
* Copy of contractor estimate **Selected**, Amount:

Copy of contractor estimate **Not Selected**, Amount:

Have you ever had services or repairs done through any other home repair program(s) including City of Milwaukee?

YES NO If yes, please describe:

List programs and amount(s) received:

1. Program: Amount: $ Date:
2. Program: Amount: $ Date:

Using list of “Eligible Activities” below, please indicate the work you are requesting grant support for **(only one activity per project). However; MULTIPLE REAIRS can be made if provided for by a Licensed Sole Source – ONE – Contractor**. **Please circle the activity(s) for ANY answer that applies to you.**

**ELIGIBLE ACTIVITIES:**

* + Structural repairs.
  + Roof repair or replacement (Repairs based on NEED require a separate application).
  + Porch repair or replacement - Permit required.
  + Foundation or tuck-pointing repairs.
  + Code Compliance.
  + Necessary repairs as identified by a Department of Neighborhood Services (DNS) Building Inspector.
  + Health and Safety – Air conditioning requires prescription from doctor.
  + Energy Efficiency Improvements.
  + HVAC repairs, insulation and alternative energy improvements.
  + Water Efficiency Improvement.
  + Replacement of sewer laterals, old piping, low flow fixtures and other water efficiency improvements i.e. disconnecting downspouts and installation of rain barrels.
  + Painting of the front of the home e.g. door, shutters and porch.
  + Security improvements, e.g.; door bells with cameras, lighting, fencing, and security hardware.

**In order to determine the amount of your financial contribution all applicants must complete the HUD County Median Income chart below, *the information you share is CONFIDENTIAL.* Please circle the number in the column at the left that most closely represents your household by factoring in the number of people that live in your family unit and the combined, total income. Additional documentation will be needed to verify household income. Thank you**!

**(Below 30% CMI – No Contribution), (30% to 50% CMI – 25% Contribution) and (51% -120% -**

**50% Contribution)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Size** | **Less than 30% CMI** | **30%- 50% CMI** | **51%-120% CMI** |
| **1** | Less than $15,400 | $15,401 — $24,650 | $24,651 — $59,049 |
| **2** | Less than $17,600 | $17,601 — $28,150 | $28,151 — $67,399 |
| **3** | Less than $20,090 | $20,091 — $31,650 | $31,651 — $75,949 |
| **4** | Less than $24,250 | $24,251 — $35,150 | $35,151 — $84,349 |
| **5** | Less than $28,410 | $28,411 — $38,000 | $38,001 — $91,099 |
| **6** | Less than $32,570 | $32,571 — $40,800 | $40,801 — $97,849 |
| **7** | Less than $36,730 | $36,731 — $43,600 | $43,601 — $104,599 |
| **8** | Less than $40,890 | $40,891 — $46,400 | $46,401 — $111,299 |

*All project contracts will be between a* ***SINGLE CONRACTOR*** *and the homeowner. A contractor or homeowner will be responsible for payment for any subcontractor work. All Scopes of Work for projects will be pre-approved and signed off on by a HNID Consultant before a Two (2) Party Check will be issued to homeowner. In the case where the homeowner options to pay for the full cost of project, a Single Party Check will be issued to the homeowner* ***(minus 10%)*** *upon sign-off by the HNID Consultant, and verification of payment*

1. I have open violations from the Department of Neighborhood Services.
   1. Yes
   2. No
   3. I don’t know
2. Have you applied to the HNID program in the past?
   1. Yes
   2. No
3. Have you attended a HNID meeting in the past or voted for the Board of Directors at an Annual Meeting?
   1. Yes
   2. I voted for the Board times
   3. No, but I would like to be more involved.
   4. No, I don’t have the time or interest to attend HNID meetings.

**I UNDERSTAND THAT** only repairs to the primary housing structure of homeowner are eligible for Harambee NID (HNID) funding. The HNID reserves the right to restrict the use of this grant for previously served clients as it sees fit.

**I HEREBY ACKNOWLEDGE** the HNID is funded entirely by special assessments made by the City of Milwaukee and is subject to the regulations stipulated by the City of Milwaukee and the Department of City Development. Further, **I UNDERSTAND THAT** Riverworks Development Corporation (RDC) is contracted to provide services to the HNID. I also agree that pictures of my home can be used for promotional purposes by RDC and/or the Harambee Neighborhood Improvement District. As a benefit of applying for this program, I understand that I am eligible for three (3) educational workshops and/or consultations through Riverworks Financial Clinic.

**I HEREBY INDEMNIFY AND HOLD HARMLESS** RDC, HNID, the City of Milwaukee, and their respective officers, agents, and employees, for any act or omission regarding the administration of the HNID, and for any injury or damage caused by the alleged acts or omissions including, but not limited to, all losses, damages, costs, expenses, judgments, decrees, fees, and attorney’s fees that arise.

In signing this application and contract, **I AGREE TO THE CONDITIONS** of the Harambee NID, as administered by RDC, and I understand that any misleading information may result in denial of my application.

APPLICANT (1) SIGNATURE DATE

APPLICANT (2) SIGNATURE DATE

Return by mailing or dropping off completed application to: RiverWorks Development Corporation (Monday- Friday, 9:00-5:00)

ATTN: Clarissa Morales

526 E. Concordia Avenue, Milwaukee, WI 53212

If You Have Questions: Contact Clarissa Morales at 414.906.9650 or [Clarissam@riverworksmke.org](mailto:Clarissam@riverworksmke.org)

*(This section is for office use only)*

**Date & Time Received:**

**Received By (Name):**

The above necessary paperwork has been collected and has been reviewed by the RDC Representative.

WORK AUTHORIZED BY: DATE:

WORK COMPLETION APPROVRD BY: DATE: