



Demolition Assistance Program Application

Applicant's Name: _____
Address: _____

Date: _____
Assigned Project #: _____

RETURN COMPLETED APPLICATION TO:

City of Jonesboro
Grants & Community Development Department
Attn: Lakyn Williams, Housing Project Coordinator
300 S. Church St. Room 402
Jonesboro, AR 72401
Phone: 870.336.7226 Fax: 870.933.4626

The City of Jonesboro's Demolition Assistance Program using Community Development Block Grant (CDBG) through the U.S. Department of Housing and Urban Development (HUD) is designed to assist low to moderate income property owners, whose property is facing condemnation and/or poses a health or safety risk, and is deemed to be unable to be rehabbed. A property is deemed unable to be rehabbed if the total cost of rehabilitation is more than 75% of the property value. This program provides the funds for the demolition of the structure while allowing the owner to maintain ownership of the property without the standard condemnation lien.

All properties that are demolished with CDBG funds will have a lien placed on the property at project completion. The lien will remain until the end of the affordability period. The affordability period is determined by project cost:

Total Project Cost	Annual Percentage Forgivable
< \$5,000	50%
\$5,000 - \$10,000	33.3%
>\$10,000	25%



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INSTRUCTIONS

Please print all sections in ink. Do not leave any section blank. If you do not know the answers, or the answer is “none” or “does not apply”, please write: “none” or “N/A”. If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change. Please do not use correction fluid, correction pen, or correction tape.

As applicant, you will complete this application form. Each additional adult who “co-owns” the property will also supply the necessary information for this application. It is important that all information on this form is complete and correct. False, incomplete, or misleading information will cause your application to be delayed or rejected.

As long as your application is on file with us, it is your responsibility to contact us whenever your telephone number, income situation, family size, or other relevant information changes.

Applications are consider “complete” when applicant submits ALL documentation listed in the last page of this application.

Have you received assistance from CDBG prior to this application? Yes No (Circle One)

Name: _____ SSN: _____

Property Address: _____ No. of years at this address: _____

Home Phone: _____ Other/Cell: _____

Age: _____ DOB: _____ No. of persons living in the household: _____

Total monthly income for all persons living in the household: (Page 3, Income Total) _____

Marital Status: (Place an X next to the appropriate situation)

____ Single ____ Married ____ Divorced ____ Separated ____ Widowed

Household Status: ____ Single ____ Married w/children ____ Married w/o children ____ Female head of HH

____ Male head of HH ____ Two or more unrelated adult's ____ Other

Spousal Information (if married):

Name: _____ SSN: _____

Age: _____ DOB: _____ Total monthly income _____

Have you been convicted of a felony? If yes, please explain: _____



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Family/Household Size: (include dependents and provide birth certificates or social security cards for all persons residing at the above address)

Name	Relationship to Applicant	Sex (M/F)	Age	Race	Birthdate	Legalized Alien (NA/Y/N)	Date Legalized
	Applicant						

****QUALIFIED ALIENS PER §431 of PRWORA**

Please identify any person(s) in the household with a disability: _____
 If any, please provide supporting documentation.

FINANCIAL INFORMATION

Household Member	Employer	Salary/Wages	Disability	Social Security or SSI	Retirement	Other	Totals

Monthly Gross Income Total \$ _____

Annual Income (monthly total times 12) _____

Additional Annual Income _____

Annual Income Total _____

Total amount of income for all persons living in the household will be verified prior to release of funds. Acceptable forms of identification to be attached with application, include copies of most recent pay stubs, W-2's or filed income tax returns (Adjusted Gross Income from IRS Form 1040).



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Please complete the following table:

Monthly Gross Income <i>(page3)</i>		Total: \$
Securities (stocks, bonds, etc.)	Food	
	Food Stamps	
	Lights	
	Gas	
Retirement Account	Water	
	Telephone	
Other	Carfare	
	Clothing	
	Misc.	
	Loans	
	Home Payment	
	Care Note	
	Other-List(Medical)	
	Other-List	
	Other-List	
	Other-List	
Total Monthly Expenses (subtract food stamps)		Total: \$

HUD INCOME LIMITS *(Circle INCOME RANGE of total household)*

Area: City of Jonesboro FY 2019 Median Family Income: \$ 54,900								
-----ADJUSTED INCOME LIMITS (by household size)-----								
	1	2	3	4	5	6	7	8 +
	Person	Person	Person	Person	Person	Person	Person	Person
Extremely Low Income (30% Limits)	\$12,490	\$16,910	\$21,330	\$25,750	\$29,650	\$31,850	\$34,050	\$36,250
Very Low Income (50%)	\$19,250	\$22,000	\$24,750	\$27,450	\$29,650	\$31,850	\$34,050	\$36,250
Low & Moderate Income (80%)	\$30,750	\$35,150	\$39,550	\$43,900	\$47,450	\$50,950	\$54,450	\$57,950



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IMPORTANT NOTICES

The client information collected with this application is confidential. Pictures (before & after) and scope of work information regarding the project may be used for advertisement of the program. The release of information is prohibited with respect to services provided when not directly connected to administration of the program, or the City of Jonesboro. Written consent must be obtained from such person receiving service and, in the case of a minor, that of a responsible parent/guardian prior to the release of information contained in this application.

I/We certify that all information provided here in writing, and that which I may state is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I /We agree to provide any documentation needed to assist in determining eligibility and are a matter of public record. I acknowledge that false, fictitious or fraudulent statements or representations to defraud the City of Jonesboro of funds voids my application for assistance and is punishable by fines not to exceed \$10,000 or imprisonment for not more than five (5) years, or both, under U.S.C. Title 18. I/We understand that it is the obligation of the City of Jonesboro to prosecute violations. I/We authorize the City of Jonesboro to investigate the information I/we have given on my/our application for assistance, which may include contacting the Department of Human Services regarding my/our household size and/or the type of assistance I/we are currently receiving from the state.

I/We understand that a lien will be placed on my property once the demolition is complete. If the property sells before the affordability period, the percentage amount left owed on the affordability period will be refunded to the City of Jonesboro Grants and Community Development Department to be returned to the Demolition Assistance Program for future qualified clients. If the property sells for less than the amount owed before the expiration of the affordability period, 100% of the sell amount will be refunded to the City of Jonesboro Grants and Community Development Department and the client will no longer be responsible for debt owed – it will be considered paid in full. If the property sells after the full completion of the affordability period, nothing is owed by the client.

Applicant

Date

Co-Applicant (if applicable)

Date



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DEMOLITION ASSISTANCE PROGRAM APPLICATION CHECKLIST

THE APPLICATION WILL BE DEEMED “INCOMPLETE” AND RETURNED TO THE APPLICANT IF ALL ITEMS HAVE NOT BEEN SUBMITTED. SEE THE FOLLOWING CHECKLIST. VERIFY ALL INFORMATION HAS BEEN PROVIDED.

Submission date will be recorded upon receipt of “completed” application.

THE FOLLOWING MUST ACCOMPANY THE APPLICATION IN ORDER TO BE PROCESSED.

- COMPLETED APPLICATION
- COPY OF SOCIAL SECURITY CARD(S)
- COPY OF DRIVER’S LICENSE(S)
- PROOF OF INCOME (ALL THAT APPLIES)
 - COPY OF TWO (2) MOST RECENT CHECK STUBS FROM CURRENT EMPLOYMENT
 - COPY OF MOST RECENT TAX RETURN
 - SOCIAL SECURITY VERIFICATION LETTER/COPY OF A MOST RECENT MONTHLY CHECK
 - COPY OF RETIREMENT VERIFICATION LETTER
 - COPY OF PENSION VERIFICATION LETTER OR CHECK STUB
 - COPY OF DHS/OTHER AWARD LETTERS
 - UNEMPLOYMENT BENEFITS
 - BANK STATEMENTS (MOST RECENT CHECKING/SAVINGS)
- COPY OF TITLE OR WARRANTY DEED
- PROPERTY TAX RECEIPT OR ASSESSMENT



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The City of Jonesboro encourages and supports an affirmative program to obtaining housing assistance and does not discriminate on the basis of race, color, religion, sex, handicap, familial status, or national origin. We are committed to providing equal housing opportunities.