Volusia County Community Assistance implements an owner-occupied housing rehabilitation program which may provide funds to repair/replace of one or more substandard housing structure component system or mechanical system.

The maximum assistance amount is $25,000.

The home must have an immediate health or safety need related to:

1. HVAC system
2. Septic
3. Well/water
4. Septic or water hook-up
5. Roof
6. Accessibility improvements to meet the needs of a household member with special needs as defined by s420.004, F.S., has a disabling condition or is elderly

To determine eligibility for the program:

1. The home must be owned and occupied for a minimum of one year by the applicant
2. The home must have homestead exemption status
3. The home must be located in Volusia County except in the city limits of Daytona Beach or Deltona
4. The home must be site built or a post 1994 manufactured home built located on land that is owned by the applicant
5. The home must need repairs as outlined above
6. The property’s just value cannot exceed $225,000
7. The applicant must be current on Volusia County taxes and be free of all liens
8. The applicant must agree to execute all County forms, agreements, mortgage, etc.
9. The applicant must consent to a recorded mortgage for 100% of the costs of rehabilitation on the property
10. The applicant must agree to abide by all the terms of the mortgage during the repayment period
11. The household income cannot exceed the Area Median Income (AMI) requirement below:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1% - 50% AMI</td>
<td>$22,750</td>
<td>$26,000</td>
<td>$29,250</td>
<td>$32,450</td>
<td>$35,050</td>
<td>$37,650</td>
</tr>
<tr>
<td>51% - 80% AMI</td>
<td>$36,350</td>
<td>$41,550</td>
<td>$46,750</td>
<td>$51,900</td>
<td>$56,100</td>
<td>$60,250</td>
</tr>
</tbody>
</table>

Additional program eligibility requirements will apply.

The intent of the pre-application is only to pre-screen the applicant(s). It does not guarantee acceptance into the program. Therefore no commitment is made by either party.

Pre-application process:

1. All persons interested in housing rehabilitation – emergency repair must submit an original pre-application and acknowledgment form to the address listed on the pre-application.
2. All submitted pre-applications are reviewed to determine if the applicant and home meet the initial criteria.
3. All eligible applicants may be placed on a wait list.

Volusia County does not discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status.
Program Procedure:

1. Application
   a. An applicant is provided a housing rehabilitation application package after an approved initial site inspection or the applicant has meet the initial program criteria.
   b. A complete application and supporting documentation must be submitted within two weeks from the receipt of the application package.
   c. Once the application package is received, the review process can take 30 to 45 days.

2. Determination of scope of work
   a. Upon the completion of the initial site inspection or review of the applicant’s request, a scope of work is prepared.

3. Approval
   a. Applicants who are determined income and program eligible will be provide with a rehabilitation agreement and income summary forms (additional forms may be applicable) for signature.
   b. Eligible applicants are provided with information about the loan amount.
      i. The loan amount is based on the project cost and the applicant’s ability to repay.
   c. Upon receipt of the signed documents, approved applicants will be provided with a commitment letter and a bid package.

4. Bid and Contractor selection
   a. Applicants are responsible for obtaining bids from licensed and insured contractors.
      i. Septic repairs/replacements are completed by an approved contractor that has a master agreement with the County.
   b. The selection of the contractor is at the County’s sole discretion and is based on the lowest responsive and responsible bid or the appropriate master agreement.
   c. The owner must use the contractor selected by the County in order to qualify for funding.
   d. The owner and contractor must sign a Construction Agreement and Funding Agreement.

5. Loan amount
   a. The loan amount is determined by the repair/replacement and projects costs.
      i. Grants are provided for all projects that cost $10,000 or less.
      ii. Repayment loans are provided for all projects in excess of $10,001. Some repayment loans may qualify for deferral.
   b. The owner is responsible to maintain real property taxes and homeowner insurance.
   c. All loans in excess of $10,001 are secured by a recorded mortgage and note which are signed at a loan closing.

6. Loan closing
   a. The loan closing is held prior to any rehabilitation work beginning and usually at a title company.
   b. All listed property owners must attend a loan closing in person and execute all closing documents including the mortgage and note, if applicable.

7. Rehabilitation work underway
   a. County staff may inspect the property to ensure the work is completed in compliance with the final scope of work.
   b. All submitted contractor invoices are reviewed and if approved, paid pursuant to the purchase order.
   c. If there are any unforeseen conditions, this may result in a change order. The owner must agree to execute a change order and/or loan modification if applicable.

8. Completion of work
   a. The rehabilitation work is usually completed within 30 to 60 days.
   b. Upon the completion of construction, a final walk through with the owner, contractor and County staff may be conducted.
   c. The contractor shall provide a full one-year warranty to the owner from the date of the final payment.
Please complete the owner-occupied housing rehabilitation program acknowledgement in order for your pre-application to be considered.

| Property Owner Name: | ________________________________ |
| Property Address: | ________________________________ |
| Phone #: ____________________ | Cell/Alternate #: ____________________ |
| E-mail address: | ________________________________ |
| Mailing Address: | ________________________________ |

(if different from property address)

| Number of household members: | ______________ |
| Do all owners listed on the deed reside at the residences? | Yes _____ No _____ |
| Do you have a 1st mortgage on the property? | Yes _____ No _____ |
| If yes, what is the balance $ ____________ And is it current? | Yes _____ No _____ |
| Are the real property taxes current? | Yes _____ No _____ |

List all types of monthly income sources (gross amount)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount: $</th>
<th>Source</th>
<th>Amount: $</th>
<th>Source</th>
<th>Amount: $</th>
</tr>
</thead>
</table>

Total Amount: $ 

Repairs needed: 

- [ ] HVAC system 
- [ ] Septic 
- [ ] Well/Water 
- [ ] Roof 
- [ ] Septic or water hook-up 
- [ ] Accessibility improvements needed 

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Revised February 2021
Pre-application for Housing Rehabilitation – Emergency Repair - Continued

Special consideration may apply for eligible households with at least one member meeting one of the following definitions. If so, please check the appropriate box.

<table>
<thead>
<tr>
<th>Special Needs</th>
<th>Per FS 420.0004, persons with special needs are defined as:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. An adult person requiring independent living services in order to maintain housing or develop independent living skills and who has disabling condition or</td>
</tr>
<tr>
<td></td>
<td>2. A young adult formerly in foster care who is eligible for services under FS 409.1451(5) or</td>
</tr>
<tr>
<td></td>
<td>3. A survivor of domestic violence as defined in FS 741.28 or</td>
</tr>
<tr>
<td></td>
<td>4. A person receiving benefits under</td>
</tr>
<tr>
<td></td>
<td>a. Social Security Disability Insurance (SSDI) or</td>
</tr>
<tr>
<td></td>
<td>b. Supplemental Security Income (SSI) or</td>
</tr>
<tr>
<td></td>
<td>c. Veteran’s Disability</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Developmental</th>
<th>Per FS 393.063, persons with development disabilities are defined as:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Persons with a disorder or syndrome that</td>
</tr>
<tr>
<td></td>
<td>a. Is attributable to intellectual disability, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome and</td>
</tr>
<tr>
<td></td>
<td>b. Manifest before the age of 18 and</td>
</tr>
<tr>
<td></td>
<td>c. Constitutes a substantial handicap that can reasonably be expected to continue indefinitely</td>
</tr>
</tbody>
</table>

By signing below I am certifying that I understand the following:
- Assistance cannot be guaranteed
- This is a one-time service
- There may be additional work required as determined by Community Assistance

Property Owner Signature ___________________________ Date ________________
IMPORTANT INFORMATION PLEASE READ CAREFULLY AND INITIAL EACH

1. Previous Assistance
   I/We have not received previous owner-occupied rehabilitation and/or homebuyer assistance from Community Assistance. Initial Initial

2. Primary Residence Requirement
   I/We have owned and occupied the home for a minimum of one year under a fee simple title and have homestead exemption status. Initial Initial

3. Application
   I/We understand that an application and supporting documentation must be submitted to determine eligibility for the program and failure to do so may deny assistance. Initial Initial

4. Home Inspection
   I/We understand that a full home inspection may be performed on the readily accessible areas of the housing unit to determine all minor and/or major system deficiencies in need of repair. Initial Initial

5. Consent to Sign County Documents
   I/We agree to consent to sign all County forms, such as a rehabilitation agreement, funding and construction agreements, scope of work, mortgage, promissory note, etc. Initial Initial

6. Costs for Housing Rehabilitation
   I/We understand the costs for housing rehabilitation may be required to be repaid. Initial Initial

7. Loan Amount
   I/We understand that the loan amount is determined by the rehabilitation and project costs and all loans in excess of $10,001 are secured by a mortgage and note. Some repayment loans may qualify for deferral. Initial Initial

8. Attend a Closing Prior to Work Beginning
   I/We agree to attend a loan closing in person at the time and place designated by the County prior to rehabilitation work beginning. Initial Initial

9. Rehabilitation Work
   I/We understand that if there is additional rehabilitation work need to the home it will be completed at a later date and will comply with the County’s minimum standards and all applicable building codes and will be performed by a licensed and insured contractor. Initial Initial

10. Temporary Relocation
    I/We understand that the costs for temporary relocation, if applicable, during rehabilitation are my/our responsibility. Initial Initial

11. Utilities
    I/We understand that the costs for utilities during the rehabilitation period are my/our responsibility. Initial Initial

12. Real Property Taxes and Insurance
    I/We understand that real property taxes and homeowner insurance must be current and maintained during the loan term. Initial Initial

13. County Policy and Program Procedure
    I/We understand that the above mentioned requirements and/or County’s policy are subject to change. Initial Initial