**Housing Rehabilitation Grant Application**

**Smith Island United (SIU)**

**Funded by a Housing Preservation Grant from the US Dept. of Agriculture**

**GRANT APPLICATION CHECKLIST-**

**REQUIRED ATTACHMENTS**

**One (1) original hard copy** (application and all required attachments) must be submitted to Smith Island United or color-scanned and **emailed to the Grants Administrator** at vjmann@comcast.net

 Smith Island United

 PO Box 40

 Ewell, MD 21824

The following are income limits applicable to the program:

Number in Household: 1 2 3 4 5 6 7 8

Very Low Income: 26700 30500 34300 38100 41150 44200 47250 50300

Low Income:  42650 48750 54850 60950 65850 70700 75600 80450

Those whose incomes are at or below the low income level will be eligible to participate in this program.

**The Application Must Include:**

* Proof that the grant applicant owns the property they are proposing to rehabilitate.
* Photos and description of the current condition of the home and a description of what the proposed renovation will look like when completed.
* Proof of income- income limits are attached to this application. It is anticipated that, as of the writing of this application- 10/11/21, the US Department of Housing and Urban Development is expected to issue new limits in the near future.
* Two price quotes obtained from qualified professionals licensed to perform work in the state of Maryland
* If you are awarded a grant over $5,000, and your property is located in the flood zone, you will be required to provide evidence of flood zone insurance coverage on the property before the rehabilitation work begins.
* Signed “Certification of Grant Applicant” form located at the end of this document.
* Mobile homes not on a permanent foundation are not eligible.

**Grant Application**

If the undersigned is awarded a Smith Island United Housing Rehabilitation Grant, they hereby certify that they will abide by the following conditions of the grant award:

**General Conditions**

1. Applicants must be up to date on their water/sewer bills in Somerset County, and all real estate and personal property taxes.
2. The Maryland Historical Trust (MHT) must review the project for its impact on historic structures. No work may be initiated prior to approval of MHT. Smith Island United will seek this approval on behalf of the applicant.
3. Applicants must understand that this is a competitive funding process, and that submission of a grant application is NOT a guarantee of acceptance for funding. Grants will be awarded based upon the merits of the individual projects that are proposed and their adherence to the guidelines mentioned in the application paperwork.
4. Once received, the applications will be reviewed by the Projects Review Committee.
5. It is expressly understood and agreed that the applicant shall be solely responsible for all safety conditions and compliance with all safety regulations, building codes, ordinances, and other applicable regulations.
6. All work initiated prior to final grant approval will be ineligible for funding.
7. It is expressly understood and agreed that the applicant will not seek to hold Smith Island United liable for any property damage, personal injury, or other loss.
8. The applicants shall be responsible for hiring and executing an agreement with a general contractor who is licensed to operate in the State of Maryland. Applicant shall ensure that said contractor provides insurance coverage for comprehensive public liability, property damage liability/builder’s risk, and workers’ compensation.
9. Applicant must certify that there are no hazardous materials located on the property, that it will not cause or allow any hazardous materials to be placed on the property, and that the property is in compliance with all applicable Federal and State environmental laws and regulations.
10. Upon completion of the project, all debris and construction materials are to be removed from the property and disposed of properly. The applicant agrees to maintain the property and improvements, including but not limited to promptly removing graffiti, sweeping and shoveling in front of the property, and otherwise complying with the Code of Somerset County.
11. Smith Island United shall have the right to refuse reimbursement to the property/business owner if it believes the work is unsatisfactory or the improvements are not being completed according to the approved application. If a County permit is required, Somerset County staff will perform an inspection. If a County permit is not required, the work will be inspected by someone designated by SIU for this purpose.
12. Smith Island United will not pay more than the approved grant amount should the scope of work and/or cost increase due to unforeseen circumstances.
13. Smith Island United will only pay for work which has been inspected and found to be satisfactory.
14. At the Project Review Committee’s discretion, exceptions to any of the guidelines may be approved due to special conditions or situations, as long as said exceptions do not conflict with any of the terms of the grant agreement between Smith Island United and USDA.

I, the applicant, have read and understand the Smith Island United Housing Rehabilitation Grant Application Guidance Document, and I agree to abide by the general conditions as set forth in this application and the guidance document.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Description**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of property to be rehabilitated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a detailed description of your project (add additional pages if needed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Number of persons living in the household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of yearly income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source of income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date to begin the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated end of the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total cost of the project: (include contractor’s estimate(s)): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount for this request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach pictures and/or drawings and/or descriptions of the project in sufficient detail to demonstrate the need for the project.

Signature of Building Owner (if different from Applicant) consenting to work to be performed on the project property (mark “N/A” if not applicable):

Signature of Homeowner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_