



Dear Applicant,

As a participating jurisdiction in the St. Charles Urban County, the City of St. Peters will administer a St. Peters Urban County Home Improvement Loan Program (H.I.L.P) once federal funding becomes available. In anticipation of the release of these funds, the City is beginning its application process. Application will be available until the program is filled on a first come, first accepted basis. This program offers up to \$5,000.00 as a 0% interest forgivable loan to be repaid upon the sale or transfer of ownership of the home and in some cases refinances when a subordination policy is not met. However, if the homeowner maintains and occupies the home for 5 years from the date of signing loan documents, the loan will be forgiven. In order to be considered for the program, an applicant must:

- Be a resident and homeowner in the corporate limits of the City of St. Peters
- Reside in the home at least one year prior to application
- Not exceed the current income limits established by HUD
- Be a first time participant in the program
- If you live in a flood plain you must have flood insurance coverage to participate

To determine your eligibility for the program, the following documentation must be completed and submitted:

1. **The enclosed Participant Information form**
2. **The enclosed Eligibility Certification form-** signature required
3. **The enclosed Declaration form** – signature required
4. **The enclosed Release form** – signature required
5. **A copy of your completed 2019 federal income tax including schedules and attachments. Please do not submit originals, just copies please.**
6. **Proof of all sources of income** (W-2 forms, interest and dividend statements, MO Refund 1099-G if applicable, Social Security statement, pension statement, annuities, child support letter, unemployment compensation letter, divorce decree, etc.) *Please note that all Social Security received is counted as income. **Please do not submit originals, just copies please.**
7. **Proof of ownership of your home** (General Warranty Deed, Quit Claim Deed, etc) **A Deed of Trust is not acceptable.** If the name of a deceased person appears on the general warranty deed, a death certificate is also required. A copy of the General Warranty Deed can be obtained in person at the St. Charles County Recorder of Deeds at 201 N. 2nd St., St. Charles, (636) 949-7505.
8. **The enclosed Race and Ethnic Data Reporting Form**

Please submit your application materials in the enclosed envelope by mail or in person to:

City of St. Peters
Attn: Dept. of Community Services
P.O. Box 9
St. Peters, MO 63376

Your patience is appreciated during the application review process. You will be notified of acceptance or denial in the program once eligibility is determined. If you have any questions about the Home Improvement Loan Program, please call the Community Services Department at 636-477-6600, ext. 1362. Thank you for your cooperation.



**ST. PETERS URBAN COUNTY
2020-2021 HOME IMPROVEMENT LOAN PROGRAM**

PARTICIPANT INFORMATION

1. Applicant Name _____
2. Address _____ Zip Code _____
3. Phone: Home _____ Cell _____
4. Email _____
5. Number of people currently living in your household _____
6. List **all** household members living at your address, including yourself:

Name (Last, First, Middle)

Age

Relationship

Please check each category below that applies to the Head of Household:

6. Male ___ Female ___
7. Ethnicity: (select *only one*)
Hispanic or Latino ___
Not Hispanic or Latino ___
8. Race:
American Indian/Alaskan Native ___
Asian ___
Black/African American ___
Native Hawaiian/Other Pacific Islander ___
White/Caucasian ___
9. Disabled ___ I am disabled based on the HUD Section 504 regulation which defines an individual with a disability as any person who has a physical or mental disability that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment (24 CFR 8.3). Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. The law also applies to individuals who have a history of such impairments as well as those who are perceived as having such an impairment.
10. How did you find out about the program? _____

11. When is the best time to contact you? _____

**ST. PETERS URBAN COUNTY HOME IMPROVEMENT LOAN PROGRAM
2020-2021 ELIGIBILITY CERTIFICATION**

Report 2019 Income for everyone living in the home at the time of application submittal
Please submit 2019 Federal Taxes and back up for all income. Do not submit 2019 Missouri Tax Return.

If you were not required to file 2019 Federal Taxes please check below statement. You are still required to submit proof of income.

_____ **I was not required to file 2019 Federal Taxes**

| <small>Office Use Only</small> | <u>2019</u> | |
|---|---------------------|-----------------------------------|
| <u>SOURCE OF INCOME</u> | <u>GROSS INCOME</u> | <u>PERSON(S) RECEIVING INCOME</u> |
| Wages or Salary from Employment. Enter Name of Employer(s): _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| Earnings from Self-Employment | \$ _____ | _____ |
| Social Security | \$ _____ | _____ |
| Veteran's Benefits | \$ _____ | _____ |
| Pensions/Annuities | \$ _____ | _____ |
| Dividends or Interest | \$ _____ | _____ |
| Unemployment Compensation | \$ _____ | _____ |
| Railroad Retirement | \$ _____ | _____ |
| Worker's Compensation | \$ _____ | _____ |
| Child Support | \$ _____ | _____ |
| Maintenance/Alimony | \$ _____ | _____ |
| Income from Rental Property | \$ _____ | _____ |
| Supplemental Security Income (SSI) | \$ _____ | _____ |
| TANF | \$ _____ | _____ |
| Missouri State Refund (Line 10 on 2019 1040 Tax Return) | \$ _____ | _____ |
| Other Types of Income. List: _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| TOTAL GROSS INCOME FOR 2019 | \$ _____ | |
| TOTAL HOUSEHOLD MEMBERS | _____ | |

To be completed by Staff:
Verification Complete (Date) _____
Checked by: _____

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature

Please send back up of all income (copies). Do not send originals.

Signature

RELEASE

This release is made and entered into this _____ day of _____, 20____, by and between

_____, hereinafter referred to as "Owner" of the property
Owner(s) Name

located at _____, and the City of St. Peters (hereinafter
Property Address

referred to as the "City").

In consideration of the Owner's voluntary participation in the St. Peters Urban County Home Improvement Loan Program, the Owner hereby releases and agrees to indemnify and hold harmless the City, its agents, employees, and officers from all claims, damages or causes of action (including reasonable attorneys fees) caused by or arising in any manner from the owners participation in the St. Peters Urban County Home Improvement Loan Program and any agreements or contracts between the Owner and home improvement contractors.

I, the Owner, have read this release and understand all its items. I execute it voluntarily and with full knowledge of its significance the day and year first written above.

OWNER

DATE

OWNER

DATE

DECLARATION

The undersigned acknowledge that participation in the Home Improvement Loan Program is voluntary.

The undersigned hereby apply for participation in the Home Improvement Loan Program as administered by the City of St. Peters and agree to provide the City with the information requested on the Participant Information Form, the Eligibility Certification and all other information requested by the City.

The undersigned further agree to comply with all program conditions, including, but not limited to, compliance with all applicable federal, state, county, and/or city requirements pursuant to the Housing and Community Development Act of 1974, as amended.

The undersigned hereby authorize the City to obtain the documents necessary for participation in the Home Improvement Loan Program, including title information, income verification, etc.

The undersigned affirm and acknowledge that any misrepresentation of material facts or the failure to produce any requested information may result in a declaration of non-eligibility or a termination of continued participation in the program and a consequent denial of any and all benefits.

The undersigned further represent and warrant that the information that has been given is true and complete to the best of their knowledge.

The undersigned further affirm and acknowledge that they have been notified of and understand their rights and responsibilities as applicants for the Home Improvement Loan Program.

OWNER

DATE

OWNER

DATE

ST. PETERS STAFF

DATE

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.