

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

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 and signed 2017 or most recent federal income tax including schedules and attachments (Please do not submit originals. Submit copies)**
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. Submit copies)**
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.

Community Services  
Lisa Medina



Discrimination is prohibited on the basis of race, color, religion, sex, handicap, familial status or national origin.

**ST. PETERS URBAN COUNTY  
2018-19 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? \_\_\_\_\_

## **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**

**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**

Name \_\_\_\_\_

Address \_\_\_\_\_

Please list projects or repairs you would like to complete with the loan money.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**\*\*Please note that all code violations take precedence over other projects and repairs. Any projects started prior to approval are not eligible for payment.**

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The area below will be signed during the Initial Inspection/Program Meeting, once all projects are discussed and agreed upon by the City and homeowner(s).

The undersigned agrees that all projects approved by the City are listed above. Any projects in addition to this list must be approved by the City before work begins.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
St. Peters Staff

\_\_\_\_\_  
Date