

BINGHAMPTON—SINGLE FAMILY REHABILITATION PROGRAM APPLICATION

The Community Redevelopment Agency Program Explained

The Memphis and Shelby County Community Redevelopment Agency (CRA) is a joint agency of the City of Memphis and Shelby County governments, leveraging Tax Increment Financing (TIF) to provide direct assistance for public or private investments.

In 2017, the Binghampton Development Corporation (BDC) submitted the Binghampton Community Redevelopment Plan to the CRA, which included a proposal to create a Binghampton Tax Increment Financing (TIF) district. Later that year, the CRA approved the Binghampton TIF and the plan, and subsequently, they were adopted by the Memphis City Council and the Shelby County Commission.

TIF is essentially the increase in real property tax revenue within a designated area. Tax revenues are capped at current levels (2017) and any revenue earned above that is captured in a fund and reinvested back into neighborhood improvements.

The CRA will work alongside the community to implement the priorities of the Binghampton TIF. Because substantial reinvestment has occurred, the TIF will use the increase in property tax to invest into the neighborhood.

The CRA, with assistance from the BDC, Center for Transforming Communities (CTC), and Development Studio, led a community engagement process to determine the priorities for roughly \$26 million in anticipated TIF funding over the next 30 years. The community's priorities and recommendations for TIF funding are documented in the 2018 Binghampton TIF Implementation Strategy Report. Since TIF funding has the potential to leverage hundreds of millions of dollars in private and public investment in the neighborhood the Binghampton TIF Advisory Committee, consisting of Binghamptoners, works with CRA to direct how those funds are expended.

The Single Family Rehabilitation Program administers funds in the form of a Grant to homeowners for residential repairs and renovations to keep homes safe, warm, and dry.

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Single Family Rehabilitation Program (Frequently Asked Questions)

How can I find out if my property is included in the Community Redevelopment Area?

Any eligible structures shall be located within the established Community Redevelopment Area of Binghampton. A map of the Binghampton TIF District can be found here:

<https://www.shelbycountyttn.gov/DocumentCenter/View/32086/Binghampton-TIF-Boundary-Map?bidId=>

Do I have to own the property to be eligible for the program?

Yes. Certification of ownership of property (deed) and proof that the property is owner occupied (current utility bill or similar in owner's name) is required. Owner must live in property 3 or more years

What types of units are eligible for rehabilitation?

Single-family or duplex units may be eligible.

What type of rehabilitation is eligible under the program?

Rehabilitation may include minor to modest repairs (roof, electrical, plumbing, siding, painting, windows, etc.) to prevent further decline and deterioration, all the while making the homes safe, warm, and dry for the occupants. No funds can be used for environmental remediation or testing.

What is the maximum grant amount awarded?

The CRA approves grants of up to \$30,000 per single-family home.

Do I have to meet certain income guidelines to qualify for the program?

Yes, the program is available to owners of eligible structures whose income does not exceed the income limits as listed in the chart below. CRA uses current-year HUD Guidelines to determine participant eligibility based on income levels.

Persons in Family	1	2	3	4	5	6	7	8
Maximum Income	\$26,900	\$30,750	\$34,600	\$38,400	\$41,500	\$44,550	\$47,650	\$50,700

Housing and Urban Development Department (HUD) updates income data annually—typically released in the spring.

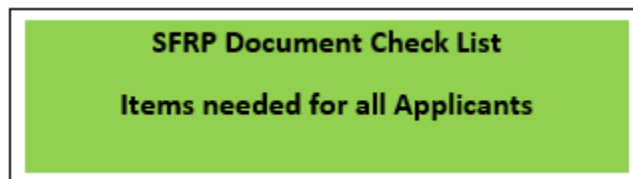
To estimate your household's income; 1st add all household wage-earners' gross income (income before any taxes or other deductions) then total how many individuals (both adults and children) reside in the household. Once you have those two numbers, locate your household size on the chart above and then locate the income limit to confirm you qualify.

Can I select my own contractor to do the work?

No. Contractors will be selected by the CRA through a competitive bidding process. All contractors are local, certified, and vetted by the CRA.

You qualify for the Single Family Rehabilitation Program if you meet all of the following criteria:

- You have proof of ownership of the property and proof that the property is your primary residence for at least the last 3 years and reside in the home currently.
- Your home is within the Binghampton TIF District. (see map)
- Your city and county property **taxes** on the home are current.
- You have proof that the mortgage on your home is current.
- Your home is in need of minor to moderate repair.
- You have proof of income and meet the income guidelines for the program, based on your income and the income of all wage-earners who lives in the home.



- Pay Stubs - Last 30 Days Income Statements (SSI, Disability, Retirement Pension, Child Support)
- Mortgage Statements
- City/County Tax Statement
- Bankruptcy Documents if filed in last seven (7) years, including initial filing and discharge
- Driver's License
- Social Security Card
- Tax Returns for last 2 years/W-2
- Lien information other than primary mortgage
- Homeowners' Insurance (not necessary, but would like to have if available)
- Proof of Occupancy—Utility Bill in applicant's name
- If homeowner listed on Deed is deceased, please provide a copy of Death Certificate

The following is taken from the Shelby County Housing Code. CRA uses this information to guide us in determining work performed and rehabilitating homes to safe, warm, and dry conditions.

Title 14- Building and Construction

Chapter 14-4 Housing Code Article 3- Dangerous Structures

All buildings or structures, including among others, garages, sheds, fences and similar accessory structures, which have any or all of the following defects shall be deemed "dangerous structures" and are defined as but not limited to the following:

- A. Those which by reason of inadequate maintenance, dilapidation, obsolescence or abandonment are unsafe, unsanitary or which constitute a fire hazard;
- B. Those whose exterior walls lean or buckle to such an extent that excessive bond or anchorage stresses are created;
- C. Those whose foundation members, including joists, sills, piers, rafters, studs and footings, are damaged, deteriorated, missing and are not capable of bearing imposed loads safely;
- D. Those which, by damage or deterioration of the no supporting outside walls or covering, including the roof and floors, are dangerous to the occupant or are detrimental to public safety and welfare;
- E. Those which have been damaged by fire, wind or other causes so as to have become dangerous to life, morals or the general health and welfare of the occupants or the people of the city;
- F. Those which have improperly distributed loads upon the floors or roofs or in which the same are overloaded or which have insufficient strength to be reasonably safe for the purpose used;
- G. Those which have become or are so dilapidated, decayed, unsafe, unsanitary or which so utterly fail to provide the amenities essential to decent living that they are unfit for human occupancy or are likely to cause sickness or disease, so as to work injury to the health, morals, safety or general welfare of those living therein;
- H. Those which have parts thereof which are so attached or connected that they may fall or separate and injure occupants or members of the public or may damage property;
- I. Those with roof covering, which leak to such an extent as to cause plaster to fall, or which repeatedly with every rainfall, saturate the chattels or the occupant or the supporting members of the roof, or the electric wiring or fixtures so as to render them unsafe;
- J. Those having inadequate facilities for egress in case of fire or panic;
- K. Those having light, air, ventilation and sanitation facilities, which are inadequate to protect the health, safety or general welfare of human beings, who live or may live therein.

CRA SINGLE FAMILY HOME REHABILITATION PROGRAM APPLICATION

Verify and complete the information on this application. (If you have any questions, please contact CRA for assistance.)

SECTION 1. APPLICANT INFORMATION. This section asks about your personal information and your Income from employment and other sources, such as retirement, that you want considered to qualify for this grant.

A. Applicant Personal Information

Name (First, Middle, last, Suffix) Social Security Number Date of Birth

Property Address City State Zip code

Mailing Address (If different from the Property Address) City State Zip code

Phone Number Secondary Phone Number Email Address

Marital Status: Married Separated Unmarried Dependents: Number _____ Ages _____

Property Type? Single Family Duplex Do you occupy the property? Yes No

Will the property be refinanced/sold after rehabilitation? Yes No

Are taxes paid in full for City and County? Yes No (Please provide Tax and Current Insurance Statement)

B. Current Employment/ Self Employment and Income Please check here if this section *DOES NOT* apply

Employer of Business Name _____ Phone _____

Address _____
City State Zip code

Position/ Title _____ Length of time employed _____

Gross Monthly Income: _____ (Please provide pay stubs / documents on all income, retirement, etc.)

C. Co-Applicant Personal Information

Name (First, Middle, last, Suffix) Social Security Number Date of Birth

Property Address City State Zip code

Mailing Address (If different from the Property Address) City State Zip code

Phone Number Secondary Phone Number Email Address

D. Current Employment/ Self Employment and Income Please check here if this section **DOES NOT** apply

Employer of Business Name _____ Phone _____

Address _____
City State Zip code

Position/ Title _____ Length of time employed _____

Gross Monthly Income: _____ *(Please provide pay stubs/documents on all income, retirement, etc.)*

SECTION 2. LIEN HOLDER AND PROPERTY INFORMATION. This section asks about any existing loans, liens, etc. on the property to qualify for this grant.

A. Lien and Property Information

Current Lien Holder _____ Phone _____

Address _____
City State Zip code

Account Number (Last Four Digits): _____ Date of Purchase/Refi. _____

Monthly Note: _____ (Please provide a copy of current loan statement)

Are there any other Liens or Code Violations that have been noted on the property? Yes No
If yes, please provide related documentation.

SECTION 3. DECLARATIONS. This section asks about your property, your funding, and your past financial history.

1. Will you occupy the property as your primary residence? Yes No
2. Do you have a family relationship/ business affiliation with CRA or the Manager of this grant? Yes No
3. Do you own any other Real Estate? Yes No
4. Are there any outstanding judgments against you? Yes No
5. Are you delinquent or in default on any federal debt? Yes No
6. Are you a party to a lawsuit in which you potentially have any personal financial liability? Yes No
7. Have you conveyed title to any property in lieu of foreclosure in the past 7 years? Yes No
8. Have you declared bankruptcy in the past 7 years? Yes No.

If yes, please indicate which type: Chapter 7 Chapter 11 Chapter 12 Chapter 13
(Please provide documentation of your bankruptcy).

SECTION 4. DEMOGRAPHIC INFORMATION. This section asks about your ethnicity, sex, and race.

The purpose of collecting this information is to help ensure that all applicants are treated fairly, and the purposes of this grant are being fulfilled. Further, the information will be used in monitoring the program, and you ARE NOT required to provide this information but are encouraged to do so. If you elect not to provide the information and you have made this application in person, the CRA, its successors, or assigns may note the information based upon your ethnicity, sex, race on the basis of visual observation or surname. Please note that you will not be discriminated against in any information provided in this application.

Ethnicity: Check one or more

- Hispanic or Latino
- Mexican
- Puerto Rican
- Cuban
- Other origin
- Not Hispanic or Latino
- I do not wish to provide this information

Sex: Female Male I do not wish to provide this information

Race: Check one or more

- American Indian or Alaska native or principal tribe: _____
- Asian
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other _____
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Native Hawaiian or Guamanian or Chamorro
- Samoan
- Other _____
- White
- I do not wish to provide this information

TO BE COMPLETED BY CRA OR MANAGING COMPANY (for applications taken in person)

Was the ethnicity of the Applicant/ Co-Applicant collected on the basis of visual observation or surname?
 Yes No

Was the sex of the Applicant/ Co-Applicant collected on the basis of visual observation or surname?
 Yes No

Was the race of the Applicant/ Co-Applicant collected on the basis of visual observation or surname?
 Yes No

THE DEMOGRAPHIC INFORMATION WAS PROVED THROUGH:

- Face to Face Interview (which includes Electronic Media w/Video Component)
- Telephone Interview
- Fax or Mail
- Email or Internet

SECTION 5. PROGRAM DISCLOSURES & DISCLAIMERS. This section provides notices to the Applicant/Co-Applicant about program requirements.

Program Policies

Applicant/ Co-Applicant/ Owner(s) understand and agree that in order to be eligible for the grant award, the property must **1)** be owner-occupied/applicant and maintained as owner/applicant occupied after the rehabilitation is complete, **2)** if it is a duplex, one side must be occupied by the owner/applicant and maintained as owner/applicant occupied after the rehabilitation is complete, **3)** all rehabilitation work must take into account rectifying Housing Code Violations first to make the property safe, warm, and dry, with subsequent work inuring to that benefit, **4)** the amount of the grant award may not exceed \$30,000, and **5)** the following Income Guidelines below may not be exceeded.

I/We, the Applicant and /or Co-Applicant/ Owner(s) have read and understand the above Disclosures/Disclaimers and have affixed my/our initials as evidence of the same:

Applicant

Co-Applicant

Income Disclosure

Applicant/ Co-Applicant/ Owner(s) must not have an income greater than as detailed on the chart below:

Persons in Family	1	2	3	4	5	6	7	8
Maximum Income	\$26,900	\$30,750	\$34,600	\$38,400	\$41,500	\$44,550	\$47,650	\$50,700

I/We, the Applicant and /or Co-Applicant/ Owner(s) have read and understand the above Income Disclosures and have affixed my/our initials as evidence of the same:

Applicant

Co-Applicant

Tax Liability Disclaimer

Receipt of grant monies or benefits may affect the grant recipient's federal or state tax liability. The Memphis and Shelby County Community Redevelopment Agency, The City of Memphis, and Shelby County do not provide advice on tax matters and assume no liability regarding tax consequences to the recipients. Recipients should consult with their own tax advisors with respect to any such consequences.

I/We, the Applicant and /or Co-Applicant/ Owner(s) have read and understand the above Tax Liability Disclaimer and have affixed my/our initials as evidence of the same:

Applicant

Co-Applicant

Repayment / Subordination of Grant:

Applicant/ Co-Applicant/ Owner(s) will be required to enter into Program Agreements in which the Applicant / Co-Applicant / Owner(s) agrees that he/she will repay the Rehabilitation Grant if the property is sold, conveyed, or otherwise transferred within 10 years of the grant being made and agrees to permit a lien on the Property. The lien of the grant repayment obligation shall be subordinate to the lien and operation of any mortgage from a financial institution. The repayment obligation shall decrease at a rate of 10% per year. (Example: If a \$10,000 grant is made and the property is refinanced/sold 3 years later, the Owner must repay \$7,000 to the Program at the time the refinance/sale is closed).

I/We, the Applicant and /or Co-Applicant/ Owner(s) have read and understand the above Repayment/ Subordination of Grant and have affixed my/our initials as evidence of the same:

Applicant

Co-Applicant

Attestation:

I/We, the Applicant and /or Co-Applicant/ Owner(s), by signing and submitting this request for a Binghampton Single-Family Rehabilitation Grant, hereby attest and affirm that the above information is accurate and complete.

Applicant Name (Print)

Date

Co-Applicant Name (Print)

Date

Applicant Signature

Date

Co-Applicant Signature

Date



**SINGLE FAMILY REHABILITATION APPLICATION DOCUMENT
CHECK-LIST**

- _____ 1. **Pay Stubs – Last 30 Days Income Statements (SSI, Disability, Retirement Pension, Child Support)**

- _____ 2. **Mortgage Statements**

- _____ 3. **City/County Tax Statement and Receipts if applicable**

- _____ 4. **Bankruptcy Documents if filed in last seven (7) years, including Initial filing and Discharge**

- _____ 5. **Driver’s License**

- _____ 6. **Social Security Card**

- _____ 7. **Tax Returns for last two (2) years / W-2’s**

- _____ 8. **Lien information other than primary mortgage**

- _____ 9. **Homeowner’s Insurance (*not necessary, but would like to have*)**

- _____ 10. **Proof of Occupancy – Utility Bill in applicant’s name.**

- _____ 11. **Make sure signatures and initials are where indicated**

- _____ 12. **If homeowner named on deed is deceased, please provide copy of Death Certificate**

Homeowner’s Signature

Date

Program Manager’s Signature

Date

Binghampton Neighborhood TIF District Boundary Area.

