



# SINGLE FAMILY HOME REHABILITATION PROGRAM



## **UPTOWN—SINGLE FAMILY REHABILITATION PROGRAM APPLICATION**

### **The Community Redevelopment Agency**

#### **Program Explained**

The Memphis and Shelby County Community Redevelopment Agency ("CRA"), the Shelby County Board of Commissioners, and the Memphis City Council approved Plan Amendments in 2009 and 2011 to the original Uptown Community Redevelopment Plan for the Uptown Area and included in these amendments are the provisions for a Rehabilitation of Existing Structures (Multifamily, Single Family, Historic, and Commercial) Rehab Program.

In July 2009, the Board approved Single-family Home Rehabilitation Program Policies and Procedures (Program Procedures) and in August 2011, additional procedures were approved to operate the program (Operating Procedures for the Single-family Home Rehabilitation Program).

In March 6, 2014, the Board approved the consolidation of the two documents to reflect necessary modifications and updates to implement a more efficient and cost-effective program. The CRA Board approved several other amendments to the policies and procedures for the Uptown Single-Family Home Rehabilitation Program for varying circumstances and continuous improvements to the Program. CRA found it necessary to broaden and amend policies and procedures for the Single Family Home Rehab Program to be applicable to any community redevelopment area established under the CRA Act of 1998 As Amended and make necessary changes of Program operation by the developer to operation by the Memphis and Shelby County

Community Redevelopment Agency or it's designee and other changes for Program operation efficiencies.

The CRA Board has been in constant review of the proposed amendments to policies and procedures for the Existing Structure Rehabilitation Program - Single Family Structures to make certain these policies and procedures are in conformance with the intent of the Existing Structures Rehabilitation Plan Guidelines, guidelines for Single Family Structures, and is applicable to any Community Redevelopment Area established under the CRA Act of 1998 As Amended.

To date, the CRA Single Family Home Rehabilitation Program has completed 97 homes.

Memphis and Shelby County's CRA know the importance of having approved residents living in a safe, warm, and dry home.

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Visit our website at [www.cramemphis.org](http://www.cramemphis.org)

## 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 Uptown. A map of the Uptown TIF District can be found here: <https://cramemphis.org/wp-content/uploads/2021/06/Uptown-TIF-District-Whole-18-x-24.pdf>

### 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 \$40,000 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	\$43,050	\$49,200	\$55,350	\$61,450	\$66,400	\$71,300	\$76,200	\$81,150

The Housing and Urban Development Department (HUD) updates income data annually.

*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 Uptown 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.

**SFRP Document Check List**

**Items needed for all Applicants**

- 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 need assistance completing this, please contact us.*

**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
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Property Address	City	State	Zip code
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Mailing Address (If different from the Property Address)	City	State	Zip code
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Phone Number	Secondary Phone Number	Email Address
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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 and/or all other income documents, retirement, etc.)**

### C. Co-Applicant Personal Information

Name (First, Middle, last, Suffix)	Social Security Number	Date of Birth
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Property Address	City	State	Zip code
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Mailing Address (If different from the Property Address)	City	State	Zip code
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Phone Number	Secondary Phone Number	Email Address
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**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 PROVIDED 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 \$40,000, 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	\$43,050	\$49,200	\$55,350	\$61,450	\$66,400	\$71,300	\$76,200	\$81,150

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 an Uptown 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**

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- \_\_\_\_\_ 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***

**Legend**

Uptown Redevelopment Area Amendment

## Uptown Redevelopment Area Amendment

