



REDEVELOPMENT AUTHORITY OF THE COUNTY OF WASHINGTON

100 WEST BEAU STREET, SUITE 603, WASHINGTON, PENNSYLVANIA 15301



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EXECUTIVE DIRECTOR

COUNTY COMMISSIONERS
DIANA IREY VAUGHAN, CHAIR
LARRY MAGGI, VICE CHAIR
NICK SHERMAN

To: All Interested Applicants of the Washington County Whole-Home Repairs Program
From: Cynthia S. Linville, Home Improvement Director
Subject: Washington County Whole-Home Repairs Program

Enclosed for your use are:

- Consumer Guidelines
- Checklist
- Pre-application

Required forms:

- Authorization (signed by all adult household members)
- Contractor Selection Form
- Home Inspection Agreement

It is important that you review, sign, and submit the forms with your pre-application and all applicable documentation.

Pre-applications will be received in the Redevelopment Authority office at 100 West Beau Street, Suite 603, Washington, PA 15301 beginning Friday, September 1, 2023 VIA U.S. POSTAL MAIL ONLY. Pre-applications will be reviewed and funded on a first-come, first-serve basis as funding permits. However, priority will be given to applicants who include all requested documentation with their pre-application.

Note: Pre-applications received before September 1, 2023 will be returned.

Please be advised that a member of the staff of the Redevelopment Authority will contact you after pre-applications are received. NO CONTRACTOR/VENDOR WILL BE ASKED TO CALL YOU. If any contractor contacts you who indicates that he/she represents the Redevelopment Authority, please contact me before you sign any contracts. We will not be able to fund any work for which contracts were signed prior to completing our review process.

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Washington County Whole-Home Repairs Program

In accordance with the Fair Housing Act of 1988, the American Disabilities Act of 1990, the Equal Credit Opportunity Act, and Section 504 of the Rehabilitation Act of 1973, as amended; the Redevelopment Authority of the County of Washington does not discriminate on the basis of race, color, religion, sex, handicap, familial status, national origin, marital status or age.

If you have any questions or need assistance in completing this pre-application, please call our office at 724/228-6875, extension 221.

Sincerely,

A handwritten signature in black ink that reads "Cynthia S. Linville". The signature is written in a cursive, flowing style.

Cynthia S. Linville
Home Improvement Director

Enclosures

CSL/smm

WASHINGTON COUNTY WHOLE-HOME REPAIRS PROGRAM CONSUMER GUIDELINES FOR APPLICANTS

The Redevelopment Authority of the County of Washington (RACW) has established the Washington County Whole-Home Repairs Program (WHR) to assist low-income residents who own and occupy a **single-family house** in Washington County.

WHAT IS THE PURPOSE OF THIS PROGRAM?

The grant funds may be used to correct present, or soon to be present, exterior housing problems and to address lead hazards when necessary.

WHO IS ELIGIBLE TO APPLY FOR THIS PROGRAM?

Low-income eligible Washington County residents who own and occupy a structurally sound single-family house in Washington County.

Income categories have been established for participation in the Program in accordance with The Department of Community and Economic Development (DCED) Whole-Home Repairs Program Eligibility Guidelines. To be eligible, household income must be less than 65% of the total area median income as defined by the U.S. Department of Housing and Urban Development's Income Limits. Maximum income allowances are adjusted according to family/household size. Note the income limits below may change periodically.

WHAT ARE THE INCOME LIMITS?

Household Size	1	2	3	4	5	6	7	8
0 - 65%	\$45,695	\$52,260	\$58,760	\$65,260	\$70,525	\$75,725	\$80,925	\$86,190

ARE THERE OTHER REQUIREMENTS?

Residents must be current on their property taxes and not have any municipal, state or federal liens.

HOW MUCH CAN I RECEIVE?

Eligible households may receive up to \$22,000.00. If necessary to complete the repairs, the applicant may provide up to an additional \$2,499.00. All required work must be done for \$24,999.00 or less or the property will be determined to be ineligible for assistance. Prevailing wage and lead abatement requirements are triggered at \$25,000.00.

WHO WILL SELECT THE CONTRACTOR?

The homeowner will be responsible for selecting the contractor. The homeowner will distribute copies of the corrective specifications and invitation for bid proposals (General Work Specifications), prepared by RACW staff, to qualified contractors of his/her choice. Homeowners are required to obtain a minimum of three (3) bids unless otherwise directed. RACW does not guarantee the work of any contractor. It is highly recommended that you check references and are comfortable with the contractors you select to submit bids for your work. You will not be happy with the outcome of the program if you are not satisfied with the quality of the work.

WHEN CAN THE WORK BEGIN?

Once all eligibility criteria have been met and a contractor has been chosen, a preconstruction conference will be scheduled. This meeting gives the homeowner, contractor and RACW staff the opportunity to examine the final work specifications and the time schedule. When this is completed, a contract between the homeowner and contractor will be executed and all other necessary documents will be signed. The contractor will not begin the work until the homeowner issues a Proceed Order directing him/her to do so.

HOW DO I APPLY FOR ASSISTANCE?

Pre-applications may be obtained at the RACW office at 100 West Beau Street, Suite 603, Washington, PA, by mail, by calling RACW at 724-228-6875, extension 221 or downloaded from our website at www.racw.net.

Pre-Applications will be accepted by U.S. POSTAL MAIL ONLY beginning Friday, September 1, 2023. Pre-Applications will be reviewed and funded on a first-come, first-serve basis with priority given to applicants who submit the requested documentation with the pre-application, as long as funding is available.

Note: Pre-applications received before September 1, 2023 will be returned to the applicant.

WHO DO I CALL IF I HAVE OTHER QUESTIONS?

Contact RACW's Home Improvement Department at 724-228-6875, extension 221.

WASHINGTON COUNTY WHOLE-HOME REPAIRS PROGRAM
CHECKLIST

The following must be completed and submitted to the Redevelopment Authority, 100 West Beau Street, Suite 603, Washington, PA 15301 **VIA U.S. POSTAL MAIL ONLY**.

Please complete, sign and submit the following forms:

- Pre-Application
- Forms (included with your Pre-Application):
 - Authorization – signed by all adult household members
 - Contractor Selection
 - Home Inspection Agreement

Please submit copies of the following documents that are applicable to you and your household:

Homeownership:

- Deed
- Death Certificate of deceased co-owner(s)
- Most recent paid property tax receipts
- Most recent paid water and sewer bills

Photo ID:

- Photo ID/driver's license for each adult in household

Income for each household member:

- 2022 Federal Tax Return with attachments (W-2s/1099s, and etc.) for each household member that files.
NOTE: If self-employed, submit the 2021 and 2022 Federal Income Tax returns and attachments.
- Two consecutive months of paystubs for each person employed
- Social Security, SSDI, and or railroad retirement awards letter(s)
- Verification of pension(s)
- Verification of veteran's benefits
- Verification of unemployment
- Verification of worker's compensation
- Verification of insurance or annuity payments
- Verification of net rental income or royalties
- Verification of dividends and/or interest
- Verification of child support
- Verification of lottery/gambling winnings
- Verification of periodic receipts from estates or trusts
- Verification of training stipends, alimony, military family allotments, strike benefits from union funds
- Other verification of income that anyone in your household receives

**WASHINGTON COUNTY WHOLE-HOME REPAIRS PROGRAM
PRE-APPLICATION FOR HOMEOWNERS**

**Please complete this form and return BY U.S. POSTAL MAIL
along with copies of the requested documents in Checklist.**

Redevelopment Authority of the County of Washington
100 West Beau Street, Suite 603
Washington, PA 15301
724-228-6875, ext. 221

1. Owner (s): _____

2. Address: _____

Street

City

State

Zip Code

3. Years at this location _____ Date purchased: _____ Year house built: _____

4. Telephone #: _____ Email Address: _____

5. Are you currently in bankruptcy? Yes ___ No ___ Are your taxes current: Yes ___ No ___

6. Total Number of Persons in Household: _____

7. Household Composition and Income: List **all** persons in your household including yourself. List all sources of income for each household member. Use the back of the pre-application for additional information, if necessary.

Name(s)	Age	Relationship to Head of Household	Federal Tax Return Filed (yes or no) If yes, include a copy.	Source(s) of Income (Wages, Social Security, Unemployment Comp, Pension, Interest, etc.)	Annual Gross Income
1.		Head of Household			
2.					
3.					
4.					
5.					
6.					
Annual Gross Income from All Sources (Total of all household members)					

8. Please list the problems you are having with the exterior of your house:

9. Are you a U.S. Citizen or Resident Alien? Yes _____ No _____. You may be required to submit a copy of your Social Security Card, Birth Certificate, and/or Green Card.

10. Applicant Certification:

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administer to document my/our household income.

In accordance with the Fair Housing Act of 1988, the American Disabilities Act of 1990, the Equal Credit Opportunity Act, and Section 504 of the Rehabilitation Act of 1973, as amended, the Redevelopment Authority of the County of Washington does not discriminate on the basis of race, color, religion, sex, handicap, familial status, national origin, marital status, or age.

Applicant's Signature: _____ Date: _____

Signature of Adult Household Member: _____ Date: _____

Signature of Adult Household Member: _____ Date: _____

Signature of Adult Household Member: _____ Date: _____

How did you hear about this program:

- Observer-Reporter Newspaper
- Observer-Reporter Digital Media
- Mon Valley Independent
- WJPA Radio
- Other _____

Redevelopment Authority of the County of Washington

100 West Beau Street, Suite 603, Washington, PA 15301

Telephone: 724-228-6875 Fax: 724-228-6829

Email: redevelopment@racw.net

AUTHORIZATION

The Redevelopment Authority administers programs that assist low and moderate-income persons. These programs, which are funded by the U.S. Department of Housing and Urban Development and other federal and state agencies, require verification of certain information.

INFORMATION REGARDING THE FOLLOWING MAY BE OBTAINED:

- | | |
|---|-------------------------------|
| Credit History | Residences and Rental History |
| Criminal Activity | Social Security Numbers |
| Family Composition | Good Faith Estimate |
| Federal and State Income Tax Returns | 1008 Underwriting Summary |
| Federal, State, Tribal, Local Benefits | Loan Commitment |
| Identity and Marital Status | Appraisal |
| Income from Employment, Pension, Assets | |

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

- | | |
|--|---|
| Banks and other Financial Institutions | Landlords |
| Credit Bureaus | Providers of Alimony, Child Support, Credit |
| Courts | Providers of Pension/Annuities |
| Employers – Past and Present | Schools/Colleges |
| Internal Revenue Service | Social Security Administration |
| Law Enforcement Agencies | State Department of Public Assistance |
| U.S. Postal Service | Utility Companies |

COMPUTER MATCHING NOTICE

The Redevelopment Authority may conduct computer matching with other United States agencies to verify information supplied by the applicants. These agencies include the following: Office of Personnel Management, Social Security Administration, Department of Defense, Postal Service, State Employment Security Agencies, and State Welfare/Food Stamp Agencies.

AUTHORIZATION

I/We agree that photocopies of this authorization may be used for the purposes stated above. I/We agree that the Redevelopment Authority may conduct computer matching for the purposes stated above. I/We authorize the release, to the Redevelopment Authority of the County of Washington, any information (including documentation and other materials) that is pertinent to the eligibility of the applicant for participation in any program administered by the Redevelopment Authority. I (We) agree that all information given on this pre-application is correct. I (We) agree that the Redevelopment Authority may obtain and review my (our) credit report(s).

Signature: _____ Date: _____ Name (Printed): _____
Applicant

Signature: _____ Date: _____ Name (Printed): _____
Co-applicant or adult household member

Signature: _____ Date: _____ Name (Printed): _____
Co-applicant or adult household member

NOTE: All financial information is kept confidential and is used only for the purpose of determining eligibility for program participation.

CONTRACTOR SELECTION INFORMATION

I (We) understand that my (our) participation in the Whole-Home Repairs Program administered by the Redevelopment Authority of the County of Washington (Redevelopment Authority) is voluntary.

I (We) understand that I (we) have the privilege and the responsibility of selecting the contractor to perform the work at my (our) house.

As a result, it is my (our) responsibility to check references, the Better Business Bureau or any other sources available to me to assist in making a decision regarding which contractors I (we) should contact for bids.

I (We) understand that the Redevelopment Authority does not guarantee the work of the contractor and any list provided to me (us) is a list of contractors who have expressed an interest in performing work through this program. The list is not an endorsement by the Redevelopment Authority as to the quality of work performed by the contractor in the past or to be performed in the future if such contractor is ultimately selected by me (us) to perform work on my (our) house.

I (We) will be responsible for securing three (3) bids from insured, qualified contractors. A representative of the Redevelopment Authority will review the bids to ensure the contractors are planning to perform the same work. Contractors are not required to submit invoices for the purchase of materials.

The Agreement that I (we) will enter into for work to be performed under this program is with the contractor, not the Redevelopment Authority. The contractor agrees to guarantee the work for a period of one (1) year. Should I (we) have any problems during that time period, it will be my (our) responsibility to contact the contractor.

I (We) have read and understand the above information. Any questions that I (we) had, have been answered by the Redevelopment Authority's representative.

Date: _____

(Signature)

Date: _____

(Signature)

HOME INSPECTION AGREEMENT

I (We) understand that the Redevelopment Authority of the County of Washington reserves the right to conduct an inspection and a lead risk assessment of my (our) home to determine what deficiencies may exist on the exterior and surrounding my (our) home. During these inspections, my (our) home will be examined to determine its condition and the need for replacement or repair. I understand that the presence of lead-based paint may exist in and around the house. I (We) agree to permit access to my (our) home for these inspections at reasonable times.

I (We) further understand that the presence of lead-based hazards, as well as other defects in the property, may have to be disclosed by me (us) to a later purchaser of the home.

I (We) further agree that if the inspections disclose defects of such a nature that makes the project ineligible under program guidelines, the Redevelopment Authority of the County of Washington may refuse the application for a grant under the Whole-Home Repairs Program.

I (We) agree to indemnify and save harmless the Redevelopment Authority of the County of Washington, its agents, employees, representatives, and assigns, from any liability, claim or demand arising now or at any time hereafter from discovery by these inspections, including lead hazards.

Date: _____

(Signature)

Date: _____

(Signature)