



Weber-Morgan Health Department
Division of Environmental Health
477 23rd Street, Ogden, UT 84402

Funds Available to Property Owners

The Weber-Morgan Health Department Healthy Homes Program has grant funds available to address housing related hazards.

If you are a landlord or an owner-occupant, you may be eligible for funding if you:

- Own property within the census tracks listed on the Weber-Morgan Health Department Healthy Homes program website
- Have total household income at or below 80% area median income
- Have an active insurance policy on the property
- Are not in active foreclosure or unconfirmed bankruptcy
- Are current on mortgage & property taxes
- Do not have municipal, state, or federal liens
- Applicants cannot be on the Weber County Bid list as an active bidder.

You may be eligible to receive a grant of \$10,000 (average per unit) to help pay for home repairs.

If you would like more information, or are interested in applying to see if you qualify for funds, contact:

Brad Child, Healthy Homes Program Manager
Phone: 801-399-7152
Email: bchild@webercountyutah.gov
or visit: www.webermorganhealth.org

Guidelines

Family Size	Maximum Income
1	\$61,850
2	\$70,650
3	\$79,500
4	\$88,300
5	\$95,400
6	\$102,450
7	\$109,500
8	\$116,600

Owner shall not sell property for 3 years beginning after completion of the healthy homes repairs. If there shall be any such material sale, transfer, disposition, encumbrance, or alteration of use without the written consent of the Weber-Morgan Health Department the outstanding Grant Funds shall become due and payable.

Owner-Occupied Applicants/Co-Applicants:

- For owner occupied units, the owner must be at or below 80% of the most current area median income level as established by HUD at the time of qualifying for income eligibility.

Landlord Applicants/Co-Applicants:

- For tenant occupied units, the rental units must be occupied by a tenant whose income is at or below 80% of the AMI as established by HUD at the time of qualifying for income eligibility.
- Landlord owners must keep rents affordable and prioritize renting to low income families with children under 6 years of age for a period of not less than 3 years after the completion of healthy homes repairs.

Application continues on the following pages



Application for Healthy Homes Grant

For WMHD Staff
Project No: _____
Purchase Order: _____

Property Owner Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code _____

Daytime Phone: _____ Email: _____

Project Property Information

Property Address _____

City: _____ State: _____ Zip Code _____

Owner Occupied: Yes No Tenant Occupied: Yes No

#Units in Building _____ #of Bedrooms (in unit) _____

Property Insurance: Yes No

Insurance Company: _____

Year Built: _____ Mortgage Balance: \$ _____

Property Manager Name: _____ Phone #: _____

Email Address: _____

**Please attach a Residential Occupant Profile sheet for each unit you wish to enroll in the program.*

How did you hear about this program?

Friend/Family Member _____ Health Department _____ Community Event _____

Other: _____

Applicant's Certification

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a grant under the Weber-Morgan Health Department's Healthy Homes program and is true and complete to the best of the Applicant's knowledge and belief.

The Applicant agrees to allow the following reviews/inspections by WMHD staff:

- 1. An environmental assessment
- 2. Review for relocation obligations
- 3. Healthy Homes Rating System Assessment and Radon Testing

(Please initial) _____ The Applicant agrees to comply with all applicable requirements of the aforementioned reviews and assessments.

(Please initial) _____ The Applicant is aware that if approved, this grant may be treated as income subject to Federal Income Tax.

Do you have any business or personal relationships with any of the contractors in the Healthy Homes Program? If so, please explain: _____

Homeowner Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____

Healthy Homes Grant Checklist

The following documents are required for application. Please return the forms listed below with your application. Please send copies, not originals. Only complete Section A or B

A. Owner-Occupied Applicants/Co-Applicants:

- Copy of Photo ID(s)
- Proof of household income includes any of the following if applicable: Three consecutive pay stubs, social security award letter, retirement/pension statement, Aid to Dependent Children income, child support, etc.
- Bank statements (Prior 3 months full checking and/or savings account statements)
- Copy of Federal Income Tax Returns including all schedules for most recent 2 years or federal form 4506-T if you do not have a filing requirement, Federal verification of non-filing letter can be downloaded from the IRS at irs.gov/individuals/get-transcripts.
- Copy of most recent mortgage and/or home equity line of credit statement(s)
- Proof of property insurance including policy period
- Completed Residential Occupant Profile Form (page 5 of application)
- Completed Request for Technical Assistance Form (page 7 of application)
- Disabled homeowners and/or occupants: Eligibility form must be complete (page 10); Physician must provide Non-Rx Certification for prescription/letterhead statement.

B. Rental Property Owner Applicant/Co-Applicants

- Copy of Photo ID
- Copy of most recent Federal Tax Returns including Schedule C or E for the past 2 years
- Lease agreement if project address not included on Schedule C or Ed
- Proof of property insurance showing project address and policy period
- Copy of most recent mortgage and/or home equity line of credit statement
- Completed Residential Occupant Profile Form for each unit (page 5 of application)
- Completed Vacant Unit Status form (if applicable, page 6 of the application)
- Completed Request for Technical Assistance Form (page 7 of application)
- Disabled homeowners and/or occupants: Eligibility form must be complete (page 10); Physician must provide Non-Rx Certification for prescription/letterhead statement.

Healthy Homes Grant Application – Next Steps

Once the checklist is complete, please return your application to the Weber-Morgan Health Department.

Attention: Brad Child, Healthy Homes Program Manager
Weber-Morgan Health Department
Division of Environmental Health, 2nd Floor
477 23rd Street, Ogden, UT 84401

Email: bchild@webercountyutah.gov Phone: 801-399-7152

How the Healthy Homes Process Works

- Eligibility Determination
- Healthy Homes Rating System Assessment
- Work Specifications
- Bid Process
- Sign Grant Agreement and Contract
- Healthy Home Repairs
- Final Inspection and Approval

See Sample NOTICE TO TENANTS (page 11). Before applying for the Health Homes funding, notice should be given to your tenants occupying the units you intend to repair and remediate with the funding request.

Residential Occupant Profile

Occupant Name: _____ Owner: or Tenant:

Address: _____

City: _____ State: _____ Zip Code _____

Daytime Phone: _____ Email: _____

The following information is required by the Federal Government for reporting purposes and in no way restricts participation in this program.

Please check one of the following regarding the occupant:

Hispanic/Latino Non Hispanic/Latino White Black or African American Asian

American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Current Monthly Rent \$ _____ Total number of rooms _____ Number of Bedrooms _____

Date of occupancy _____

FAMILY COMPOSITION:						
Name	Relationship	Date of Birth	Sex	Race	Gross Monthly	Income Source
	<i>Head of Household</i>					

(Resident Occupant Profile continues on page 7.)

(Resident Occupant Profile continued)

Are you or someone in your household disabled? Yes No

Does your disability require home accessibility modifications? *Yes No ***If Yes, complete the Home Accessibility Modification Form." PAGE 10**

Are you receiving any housing assistance? (check one)

No Assistance Section 8 Voucher Other (Please explain) _____

The information below will be used to determine occupant assets and is required in order to receive grant funding. (check all that apply)

Marketable Securities (*stocks, bonds, etc*) Cash & Cash Equivalents (checking/savings account)

Real Estate Other (Please explain) _____

None

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18. See 1001, provides: *Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, litigious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent state or entry, shall be fined not more than \$10,000 or imprisoned not more than five year or both.*

I hereby attest that to the best of my knowledge, the information provided herein is true and correct.

Tenant Signature _____

Date _____

Homeowner Signature _____

Date _____

Request for Technical Assistance

I, _____, the applicant of the property/properties located at _____ request technical assistance from the Weber-Morgan Health Department, which includes:

- Radon Testing
- Health Homes Assessment, ratings with the highest hazards will be addressed first
- Work Specifications
- Other technical assistance as needed

Comments: _____

Signature _____

Date _____

Referral Form

We need your help!

Do you know a neighbor or property owner who might benefit from this program? If they meet the following qualifications, they might also be eligible for the Healthy Homes Program. Please provide their information and we will reach out to them.

- Owns property within the grant boundaries
- Have a total household income at or below 80% area median income
- Have an active insurance policy on the property
- Not in active foreclosure or unconfirmed bankruptcy
- Mortgage and property taxes are current and paid
- No municipal, state or federal liens

Referral:

Name _____

Address _____

Daytime Phone _____ Email _____

Referred by:

Name _____

Address _____

Daytime Phone _____ Email _____

Reason for referral _____

Home Accessibility Modification Eligibility Form

Disabled Occupant Name _____ Male/Female DOB _____

Physician/Chiropractor Name: _____

Personal Health History

List any diagnosed medical conditions/disabilities: _____

How long will these medical conditions/disabilities last? _____

Identify one or more major life activities that are substantially limited due to the disability:

Climbing Stairs

General Mobility

Walking

Pulling/Lifting

Other (explanation) _____

Mark below and check whether the following modifications would be medically necessary for an accessible living environment or of help/benefit to the client. ***Include the marked items below on the non-Rx Certification for Prescription or letterhead statement.**

<u>MOBILITY MODIFICATION</u>		NECESSITY	BENEFICIAL	<u>MOBILITY MODIFICATION</u>		NECESSITY	BENEFICIAL
<input type="checkbox"/>	Grab Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stair Lifts	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Wheelchair Ramp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Widening Doorways	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Handrails for Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet Assist Railings	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Accessible Bath/Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (Explanation):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chair Lifts	<input type="checkbox"/>	<input type="checkbox"/>				

Notice to Tenants

The owner of your unit submitted an application to the Weber-Morgan Health Department for Federal financial assistance. The application is being reviewed. If approved, the proposed project activities will include health and safety repairs and improvements in your unit. The repairs may require you to leave the premises for a brief period and you will work with health department staff to facilitate the relocation details. The program may pay for some of the expenses for this relocation.

Eligibility for the program is based on tenant income as part of the application review process. Tenant income must be re-certified every 6 months. The program manager will contact you for the purpose of determining income eligibility and to explain the process of the project if the application is approved. Please have the following items available upon request:

- Proof of household income — three consecutive pay stubs, social security award letter, retirement/pension statement, Adult Daycare income, second job, child support, etc.
- Bank Statements (for all checking and savings accounts)

In addition, an inspection to verify compliance with the Weber-Morgan Health Department's regulation titled "[Housing Sanitation and Occupancy](#)" will be conducted on your unit as part of the application process. Please cooperate with the Weber-Morgan Health Department in order to process the application in a timely fashion. If you have any questions in regards to the application please contact your landlord.

Thank you for your cooperation