



BNIP RENTAL PROPERTY REHABILITATION PROGRAM – PHARE SUMMARY

The program will provide a 0%, 10-year term, Deferred Forgiveness Grant to encourage rental property owners to rehabilitate and retain affordable housing. If the property owner adheres to the intent and terms of the program, the full amount of assistance will be forgiven after ten years. A mortgage note and lien will be filed to enforce this requirement.

The program requires a minimum 15% cash match from the property owner described in Table 2.

Application: The Community Development Office will accept applications for a waiting list or completed applications on a first come first serve basis if there is no waiting list. After the applicant (property owner) submits an application with the required documentation, the application will be reviewed and ranked.

Preference is given to applications for rehabilitation of rental units occupied by (or proposed to be occupied by if currently vacant) tenant households with incomes at or below the Williamsport MSA, 50% Area Median Income 2014, (No adjustment is made for household size). See Table 1. No units occupied by households with incomes exceeding 200% of the AMI will be assisted.

Preference will also be given to applications with rents that are affordable to 50% AMI. Affordable rent may not exceed the Lycoming County HUD published Fair Market Rent by bedroom size with adjustments for tenant paid utilities. The 2014 Lycoming County Housing Authority Utility Allowance determinations will be used. Applications with Affordable rents, (adjusted for tenant paid utilities), with no proposed increase in rent due to the renovations and agree maintain affordability throughout the 10 year forgiveness period are preferred.

Target area compliance and availability of matching funds will be verified. Delinquent property taxes or due city liens against the property must be paid or an approved repayment schedule set up, to participate. Non-compliance with city Rental Inspection Ordinance, insufficient insurance coverage and delinquent taxes are a basis to reject an application.

Table 1 Tenant Income Targets 2014 PHARE

	50% AMI Target	100% AMI	200%AMI
Income 2014	\$28,200	\$56,400	\$112,800

Post Application: Applications will be ranked according to the above criteria. Information supplied by the applicant will be verified and tenants contacted to verify household size, income, rent, number of bedrooms and utility arrangements. The property will then be inspected by the Community Development (CD) Office and Bureau of Codes.

A deficiency list and work specifications will be developed by the CD Office with assistance from the property owner. The property must be repaired to minimum Section 8 and Williamsport Code and Property Maintenance Standards. Rehabilitation of unattached outbuildings and construction of new living space are not eligible. Projects where the estimated rehabilitation cost exceeds the available funding will not be funded. Projects requiring relocation of tenants will not be funded.

Funding The total assistance received by any applicant in any one fiscal or funding year may not exceed \$30,000. Units may be located in more than one structure but combined assistance may not exceed \$30,000. Owners must submit separate applications for each structure.

Table 2 Maximum Assistance Levels

No of Units	Maximum PHARE Funds	Owner Contribution 15% minimum	Project Cost - All Sources
1 Unit	20,000	3,000	23,000
2 Units	25,000	3,750	28,750
3 + Units	30,000	4,500	34,500

Bidding: The CD Office will assist the property owner obtain bids for the specified work. Competitive bidding is used. All contractors must be in good standing and have proper training, licenses and insurance. After acceptable bids are received and approved by the owner, the project is reviewed by the City Loan Review Committee and Redevelopment Authority. There will be no reimbursement for work performed before all approvals are obtained and a Proceed Notice issued by the CD Office. A rental agreement (or covenant) and security documents are needed and will be filed to secure adherence to program requirements for the ten-year forgiveness period.

Applicant Costs: The applicant must contribute a minimum 15% private match that will be used for eligible project costs. These funds will be expended first. Any rehabilitation costs exceeding the available program funds are the applicant’s responsibility.

After Rehabilitation Requirements: Funds are offered as a 0 percent interest, declining forgiveness grant with a ten year forgiveness term. Generally 10% of the grant amount is forgiven per year the property is in compliance. To remain in compliance the owner should:

- Maintain rents at affordable levels for the forgiveness period. In general these are rents at or below the Fair Market Rent but affordable to renters at lower income levels. Utility and certain other costs paid by the tenant are included in rental calculations. (At no point will a participant be required to lower their rents below the FMR rent and utility allowances in effect at the time of the original agreement).
- Maintain tenant occupancy within targeted income levels
- Maintain the property as required by Williamsport adopted Property Maintenance and Occupancy Standards for the term of the grant.
- Provide a yearly report to the City of Williamsport that includes tenant data, rents and utility arrangements for each assisted unit
- Maintain Insurance coverage listing the City of Williamsport as a party to be notified should insurance coverage lapse.
- Not discriminate against any protected classes and follow Fair Housing Practices. Advertisements for vacant units must include a statement that *“We (the owner) are an equal opportunity housing provider, and will provide housing opportunities regardless of race, color, national origin, religion, sex, physical or mental disability, familial status or any other classification protected by applicable federal, state or local law.”*

The Community Development Office will send a yearly reporting form to the participating owner.

Guide- 2014 FMR Williamsport, PA MSA.				
(These amounts are not adjusted for tenant paid utilities and services)				
Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
\$459	\$517	\$655	\$867	\$888

RENT WORKSHEET Sample

Adjustments for Tenant Furnished Utilities & Services Williamsport MSA Effective 10/2014

Duplex/Double Units – Utility & Service Allowances A

		EFF	1 BR	2BR	3BR	4BR
Heating	Natural Gas	60	75	99	118	141
	Bottle Gas	135	181	250	306	374
	Oil/Elect	123/86	165/115	227/159	279/195	341/238
Cooking	Natural Gas	5	6	7	8	10
	Bottle Gas	21	25	30	37	45
	Elect	4	6	8	10	13
Other Elect		36	41	54	60	63
Water Heat	Natural Gas	11	14	17	20	23
	Bottle Gas	36	50	59	69	77
	Oil/Elect	30/23	42/32	54/39	66/47	84/55
Water		9	13	25	36	48
Sewer		18	25	51	75	102
Trash Collect		7	11	14	18	21
Range/Microwave		3	3	3	3	3
Refrigerator		4	4	4	4	4

Single Family Unit (Detached) – Utility & Service Allowances B

		EFF	1 BR	2BR	3BR	4BR
Heating	Natural Gas	60	75	99	118	141
	Bottle Gas	135	181	250	306	374
	Oil/Elect	123/86	165/115	227/159	279/195	341/238
Cooking	Natural Gas	5	6	7	8	10
	Bottle Gas	21	25	30	37	45
	Elect	4	6	8	10	13
Other Elect		36	41	54	60	63
Water Heat	Natural Gas	11	14	17	20	23
	Bottle Gas	36	50	59	69	77
	Oil/Elect	30/23	42/32	54/39	66/47	84/55
Water		9	13	25	36	48
Sewer		18	25	51	75	102
Trash Collect		7	11	14	18	21
Range/Microwave		3	3	3	3	3
Refrigerator		4	4	4	4	4

Summary of Rent (1 per unit)

Unit#	Bedroom Size	Allowance
Heating		\$
Cooking		\$
Other Elect		\$
Water Heat		\$
Water		\$
Sewer		\$
Trash Collect		\$
Range/Microwave		\$
Refrigerator		\$
		\$
Total Tenant Allowance (Minus)		\$
What is Affordable/FMR		\$
Maximum Adjusted Rent		\$



City of Williamsport BNIP RENTAL REHABILITATION PROGRAM APPLICATION

Date Received: Application #:	Target Area Verified: Ranking:	Code Review: CD Use Only
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Instructions: Only the property owner may apply. Complete all questions. Mark any non-applicable questions "N/A". Attach requested supporting documentation. Incomplete applications will not be processed.

Provide this information for each property owner. Use additional sheets if needed

Applicant (Property Owner) Name: _____ **Phone Number:** _____

Property Owner Mailing Address: _____

Property Owner DOB and Social Security Number: _____

Co -Applicant (Property Owner) Name: _____ **Phone Number:** _____

Property Owner Mailing Address: _____

Property Owner DOB and Social Security Number: _____

If owner is a partnership attach Partnership Agreement and EIN/TIN number _____

If owner is a corporation or LLC attach Proof of Ownership and EIN/TIN number _____

Address of property to be rehabilitated: _____

Insurance Company: _____ **Agent:** _____ (Attach Binder)

Are Property Taxes Current or Delinquent? _____

Owners Income Information Please list each Owner and Gross Income

Name	Source of Income (name/address)	Gross amount received monthly	Type of Income-Ex: Wages, Soc. Sec., Unemploy, Interest..	Documentation Attached?

Ownership Debt Obligations Mortgages, Liens, Loans Credit Cards...(Name-Address)	Balance Owed	Monthly Payment (payment include taxes/insurance?)	Security	Is Payment Up to Date?

RENTAL INFORMATION

Total number of living (rental **and** owner occupied) units in the property: _____

Number of Rental units: _____ Number of Occupied Rental units: _____

Do you have Leases? Y / N if Yes, please provide copies. _____

Do any tenants receive Section 8 or other Rent Assistance? Yes No

Identify S/8 units _____

Are ANY utilities /appliances included in the rent: Yes No

Are ALL utility / appliance provisions the same for each unit? Yes No

If utility/appliance arrangements are not the same, provide information for each unit on a separate sheet.

Utilities & Appliances –	Paid /provided by Owner	Paid / provided by Tenant
Heating (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Cooking (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Water/Sewer	<input type="checkbox"/>	<input type="checkbox"/>
Provides Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
Provides Range/Microwave	<input type="checkbox"/>	<input type="checkbox"/>
Provides Trash Collection	<input type="checkbox"/>	<input type="checkbox"/>

Occupancy & Rent

Unit ID	Tenant Name	Number of Bedrooms	Monthly Gross Rent	After Rehab Rent	Lease Y/N	# people in unit

Preference given to apps with rents at or below FMR adjusted for utilities with no proposed increase in current rent.

Please describe repairs and improvements which are needed: _____

How will you provide the 15% Required Match for the rehabilitation? _____

YOUR SIGNATURE BELOW REPRESENTS AGREEMENT TO THE FOLLOWING:

Warning: Section 1001 of Title 17 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to a department or agency of the United States as to any matter within its jurisdiction.

I certify the information I have provided is complete and true to the best of my knowledge. I understand that omission of pertinent information and willful or serious misrepresentation in the application procedure can result in my ineligibility for participation in City Programs and require repayment of any funds received.

In signing this application, I authorize the City of Williamsport to obtain any records, documentation and verifications of the above information to allow processing and approval of my Eligibility and Participation in this Program.

I grant representatives of this program permission to enter my rental home with proper notice at mutually agreeable times for the purposes of obtaining information or providing services under the above referenced programs. I give the City of Williamsport staff permission to obtain any and all records, and will assist in contacting and notifying tenant occupants of participating units of the program intent and its requirements.

I understand and agree that I shall hold harmless the City of Williamsport and its employees from any liabilities or damages resulting from the services provided under City Program.

I have read the above statements, the application and program introduction summary. I understand the materials provided explaining the eligibility criteria and objectives of the applicable program.

Owners Signature

Date

Co-Owners Signature

Date

For each Owner Attach:

Full copy of most recent 1040 form with all attachments including Schedule E- Rental Income

A copy of your most recent mortgage statement (if applicable to the subject property).

A copy of your most recent bank statements. (if applicable).

A copy of your deed. (If you can't find it, you can get a copy at the Court House)

A copy of your Rental Property Insurance Binder.

A copy of your most recent paid real estate taxes or mortgage escrow statement.

A verification of income for each source...6 weeks of recent check stubs, award letters, bank statements, certificates, checking and savings...

A copy of all agreements or leases for the subject property.

Please call the City of Williamsport Community Development Office at 570-327-7511 if you have any questions about this application or need assistance completing it. Return completed applications with documentation to City Hall, 245 West Fourth Street, Williamsport, PA 117701, attention Community Development Office.

FY 2014 Fair Market Rent Documentation System
The Final FY 2014 Lycoming County FMRs for All Bedroom Sizes

The following table shows the Final FY 2014 FMRs by unit bedrooms for **Lycoming County, Pennsylvania**.

Final FY 2014 FMRs By Unit Bedrooms

Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
\$459	\$517	\$655	\$867	\$888

FY 2014 FMR areas continue to use the revised Office of Management and Budget (OMB) area definitions that were first issued in 2003 along with HUD defined Metropolitan areas (HMFAs) as described in the FY2011 FMR documentation, which can be found at ([Lycoming County FY2011 FMR Documentation system](#)). No changes have been made to these OMB-defined areas since the publication of Final FY2011 FMRs

Lycoming County, Pennsylvania is part of the Williamsport, PA MSA, which is comprised of the following counties: Lycoming County, Pennsylvania. All information here applies to the entirety of the Williamsport, PA MSA.