



PROJECT IMPACT:
ACCESSIBLE HOME MODIFICATION
PROGRAM

APPLICATION PACKAGE

2024

The City of Florissant has accepted a grant from the United States Department of Housing and Urban Development (HUD), to conduct the Community Development Block Grant Program under Title I of the Housing and Community Development Act of 1974 as amended. The goal of the program is to provide financial assistance for the disabled to make their homes more accessible.



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Program Introduction

The Florissant Accessible Home Modification Program provides eligible Florissant residents with up to a \$3,000 grant to aid in the installation of an accessibility ramp, grab bars, handrails, and other necessary modifications to make a their home safe.

Eligibility

To be considered for the Florissant Accessible Home Modification Program, the home must be within the City of Florissant and not be in a floodplain.

THE APPLICANT MUST:

- Be disabled (**proof of medical necessity required**)
- Be the fee simple owner and occupant of the single-family dwelling to be improved
- Have no pending bankruptcies
- Have owned and lived in the home for at least **two years prior to application**
- Not be a newly legalized alien
- Be current on mortgage payments, real estate taxes and homeowners insurance
- Return a COMPLETED application package to the Government Building, 1055 rue St. Francois

THE HOUSE TO BE IMPROVED MUST:

- Be located within the City of Florissant and not in a floodplain
- Have no outstanding federal, state, or city tax liens

****Proof of disability from a doctor is REQUIRED before the application can be reviewed.****

Household income:

To qualify for the Accessible Home Modification Program, the total gross income of all members of the household age 18 or over must not exceed these limits, which are established by HUD:

<u>Household Size</u>	<u>Income</u>
One-Person	\$57,800
Two persons	\$66,050
Three persons	\$74,300
Four persons	\$82,550
Five persons	\$89,200
Six persons	\$95,800



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Program Procedure

Application Process

Applications are available year-round. To start, be sure to read the program overview and application thoroughly. If you have questions about the application call the Community Development Department at 314-839-7680. Once you have a complete application with the doctor's note, submit it to the Community Development Office located at 1055 Rue St. Francois Florissant, MO 63031.

Acceptance

If your application is complete and you are eligible for the program, you will receive notification of preliminary acceptance into the Accessible Home Modification Program.

Bid Collection & Approval

It is the Applicant's responsibility to acquire **three** bids from licensed contractors for the proposed work, including drawings of accessible home modifications. Once they are completed, the applicant must bring them to the Community Development Office for review. **The maximum amount of funding a homeowner may receive is \$3,000.00. If the quoted price exceeds that amount, the homeowner will be responsible for that portion and payment will be due upon receipt of invoice.** Once the homeowner has signed the preferred bid, they may schedule the work to be completed.

Work/Inspection of Work

The Community Development Office will work with you and the contractor to insure permits are acquired and inspections are scheduled throughout the process.

Attendance by the homeowner at this inspection is mandatory. Permit fees are waived (if required).

Payment

Once the work has passed inspection by a City of Florissant inspector, an invoice should be sent to the Community Development Office for direct payment to the contractor.

If the homeowner agreed to pay any portion of the costs, confirmation of the payment of that portion is required **prior** to final payment by Florissant.



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Household Information

Applicant's Name _____

Address _____ Zip Code _____

Phone: _____ Alternate Phone: _____

Email _____

Please check each category below that applies to a member of your household:

U.S. Citizen _____ Legalized Alien _____ Illegal Alien _____ Disabled _____

List all household members living at your address, including yourself:

**FAILURE TO INCLUDE A HOUSEHOLD MEMBER
WILL RESULT IN A DECLARATION OF INELIGIBILITY FOR THE PROGRAM**

Name (First, Middle, Last)	Social Security #	Age	Relationship to Applicant	Gender	Race/ Ethnicity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Age of Home or Year built: _____

Is your home located in a floodplain? _____

Is your home located near a major highway, roadway, railroad or airfield? _____

Is your home located near hazardous operations, a dump, landfill, or industrial site? _____

Do you have any past or pending bankruptcy? _____

Are the real estate taxes on this property paid to date? _____



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Are there any federal, state or local tax liens on the property? _____

Are all loans (i.e. first mortgage, second mortgage, home equity, etc.) that are secured by this real property paid to date? _____

How did you find out about the program? _____

Are you a first-time participant in the program? _____

When is the best time to contact you? _____

Please list projects or accessibility modifications would like to complete with the proceeds of the grant and estimate the cost of each.

The City of Florissant shall ensure that decisions affecting applicants to the Accessible Home Modification Program are made without regard to their race, color, religion, sex, national origin, age, disability, or any other protected status.

The undersigned declare that the information which has been given is true and complete to the best of their knowledge, and all supporting documents are submitted without alteration or falsification.

Applicant's signature

Address Date

Co- Applicant's signature

Address Date

Community Development Director

Date



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DECLARATION

The undersigned acknowledge that participation in the Accessible Home Modification Program is voluntary.

The undersigned hereby apply for participation in the Accessible Home Modification Program as administered by the City of Florissant and agree to provide the City with the information requested on the Household Information Form and all other information requested by the City.

The undersigned hereby understands that the grant is for eligible accessible home modifications not to exceed the amount of \$3,000.00.

The undersigned further agree to comply with all program conditions, including, but not limited to, compliance with all applicable federal, state, county and/or city requirements pursuant to the Housing and Community Development Act of 1974, as amended.

The undersigned hereby authorizes' the City to obtain the documents necessary for participation in the Accessible Home Modification Program, including title information, income verification, etc.

The undersigned affirm and acknowledge that any misrepresentation of material facts or the failure to produce any requested information may result in a declaration of non-eligibility or a termination of continued participation in the program and a consequent denial of any and all benefits.

The undersigned further represent and warrant that the information that has been given is true and complete to the best of their knowledge.

The City of Florissant shall ensure that decisions affecting applicants to the Accessible Home Modification Program are made without regard to their race, color, religion, sex, national origin, age, disability, or any other protected status.

The undersigned further affirm and acknowledge that they have been notified of and understand their rights and responsibilities as applicant/s for the Accessible Home Modification Program.

Homeowner's Printed Name

Address

Homeowner's Signature

Date

Homeowner's Printed Name

Address

Homeowner's Signature

Date

City of Florissant Representative

Date



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RELEASE

This release is made and entered into this _____ day of _____, 2024 by and between _____, hereinafter referred to as “the Owner” of the property located at _____, and the City of Florissant (hereinafter referred to as “the City”).

In consideration of the Owner’s voluntary participation in the City’s Accessible Home Modification Program, the Owner hereby releases and agrees to indemnify and hold harmless the City, its agents, employees and officers from all claims, damages or causes of action (including reasonable attorney’s fees) caused by or arising in any manner from the Owner’s participation in the City’s Accessible Home Modification Program and any agreements or contracts between the Owner and contractors.

I/We, the Owner/Owners, have read and understand this release. I/We execute it voluntarily and with full knowledge of its significance the day and year written above.

Homeowner’s Signature

Date

Homeowner’s Signature

Date

Community Development Director

Date



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CHECKLIST

Completed and Signed Forms:

- Program Overview Signature Page
- Household Information
- Declaration
- Release

Supporting Documentation:

- Proof of medical necessity required (A formal doctor's note)
- Copy of the most recent federal income tax return with all schedules and attachments for everyone over 18 in the household or IRS Letter 1722
- Proof of all sources of income:
 - Child support letter or proof of no child support
 - Divorce decree
 - Interest and/or dividend statements (1099s required)
 - Pension statement
 - Annuities
 - Social Security/Disability statement
 - Unemployment compensation
- Proof of ownership: **General Warrant Deed**, Special Warranty Deed or Quit Claim Deed (A deed of trust is not proof of ownership)
- Copy of a driver's license or state id
- Copy of your most recent paid property tax receipt
- Proof of paid homeowner's insurance
- Copy of the most recent mortgage statement showing you are up to date on payment