

MUNICIPAL HOUSING REHABILITATION PROGRAM HANDBOOK

For further information or inquiries please write or call your municipality's Small Cities Consultants:

Signal Rock Consulting LLC
57 Willow Street
Milford CT 06460
203-446-6468
t.foley@signalrockconsulting.com

Your municipality offers a Housing Rehabilitation Program on a first come, first served basis to qualified low- and moderate-income residents. Funds for this program come in the form of 0% interest loans from the Department of Housing and Urban Development (HUD). Loans are administered through the State of Connecticut's Department of Housing (DOH), the municipality, and the municipality's Small Cities Consultant. Homeowners qualify if they are within HUD income limits (see application), have homeowners insurance, and if all municipal taxes are current. The focus of the program is on health, safety and code compliance for property owners with limited resources.

Homeowners/landlords who believe they may qualify for assistance are encouraged to apply to the program by filling out the application form and submitting the required documents, including the most recent, signed Federal tax return of the tenants/homeowners, bank statement and pay stubs documenting six consecutive weeks of wages of all working household members, including tenants (as separate household) aged 18 or over. (Please note: Absentee landlords are required to pay at least 50% of project costs up front; other conditions may apply.) Loans are secured with a mortgage deed, promissory note, and memorandum of agreement. Program participants are not required to pay back the loan until transfer of title to home. Costs applied to the loan may include: original contract price; change orders; lead testing; title search, but there is no out-of-pocket cost to the homeowner (except in the case of absentee landlords, non-income qualifying tenants and municipal Town Clerk filing fee, if applicable).

Please note the following: the mission of the housing rehab program is two-fold: to serve as many candidates as we can with limited resources and to focus on health and safety improvements to the homes of low and moderate-income residents. To fulfill our mission we require homeowner cooperation.

The purpose of this handbook is to provide program objectives and standards, typical deficiencies, ineligible improvements and technical procedures in the rehabilitation process. This handbook will be used by the municipality, owner, consultant and contractor in administering and servicing the rehabilitation assistance program.

Program Objectives:

- To prevent hazardous health conditions and correct code violations;
- To prevent blighting influences and deterioration of property and neighborhoods;
- To improve the quality of the municipality's housing stock for low-moderate income persons;
- To provide financial assistance to low-moderate income property owners for housing rehabilitation activities;
- To provide financial assistance to low-moderate income property owners for the purpose of septic repair or replacement, sewer and water hookups; and
- To stimulate public and private investment within the target area neighborhoods.

Program Standards:

- The program will meet the minimum standards set forth by the **HUD Section 8-HQS, IPMC** International Property Maintenance Code and the **IEBC** International Existing Building Code;
- If funds are available, the program will review the HUD universal design standard and meet the further needs of owners or occupants.

Typical Deficiencies:

- Lead Based Paint Hazards;
- Smoke, Carbon Monoxide & Heat Detectors;
- GFCI Ground Fault Circuit Interrupter devices;
- Electrical Hazards, loose or faulty wiring, open or missing junction boxes;
- Lighting Fixtures that are non-compliant, broken, or have poor efficiency;
- Fuse or Circuit Breaker Panel, including Service and Grounding;
- Plumbing Leaks: gas, water or waste;
- Plumbing Fixtures: faucets, sinks, shower/tub & controls, toilets;
- Heating System: boilers, furnaces and conversions, to include components;
- Ventilation: kitchen, bath, roof and attic, crawlspace;
- Septic Systems, Sewer Connections;
- Exterior Property Maintenance; overgrowth, excess material, household debris;
- ADA/504 Compliance or Upgrades;
- Stairs; Interior Guard and Graspable Railings, and the following modifications as needed for health, safety, and affordability:
- Roofing and Gutters;
- Windows and Doors;
- Deck and Porch Repair;
- Siding and Façade Repair;
- Exterior Painting;
- Drainage;
- Tree Pruning or Removal.

Ineligible Improvements:

- Portable Items: furniture, garden or home improvement tools, wall hangings, area carpets, draperies, or shades;
- Appliances: stoves, refrigerators or freezers, washing machines and dryers etc;
- Swimming pools: any repair, modification or removal;
- Excessive landscaping: extensive shrubbery, sod, trees, garden materials, fixtures, equipment or landscaping of a type or quality which exceeds that customarily used in the locality for properties of the same general type as the property to be rehabilitated;
- Ceramic tile, excluding shower or bathing units;
- Counter tops, excluding plastic laminate;

- Remodeling, including bathrooms, kitchens and living spaces that currently meet Section 8 HUD HQS;
- Driveways

Steps through Rehab

1. **Application**- Property owners within the Program Target Area complete the application form. Applications may be requested from the consultant and will be available for download at the Housing Rehabilitation Program tab on the applicant's municipal website. At time of submission, applications are time and date stamped for first come, first served processing. Only completed applications--including requested financial documentation--will be considered. Homeowners deemed eligible can expect title search (approximately $150) and lead inspection and clearance testing costs (usually approximately $500), if applicable, to be included in the final rehabilitation loan. If a change order occurs during the course of a project, the homeowner will be required to sign a modification agreement to the original loan. Again, this cost will be attached to the rehabilitation loan and will not be an out-of-pocket cost to the homeowner. Following review of the original application, a letter declaring eligibility or ineligibility will be sent to each applicant. The letter will designate an application number and place on the waiting list.

2. **Initial Home Inspection**- A Housing Rehabilitation Specialist will schedule and then visit the property to be rehabilitated with the Owner in order to further determine if the property and dwelling is a candidate for the program. The specialist will explain the inspection and address any concerns that the Owner may have. If the project is deemed feasible, the specialist will document all items requiring work in a detailed inspection report. The inspection typically takes 2 hours for a single-family dwelling.

3. **Lead Based Paint Inspection**- If the dwelling was constructed prior to 1978, a Lead-Based Paint inspection and Risk Assessment will be conducted by the Environmental Consultant once the Rehab Specialist determines that the dwelling and property is a candidate for the program. If applicable, the specialist will also present to the Owner the Lead Safe Guide for Rehabilitation that details compliance with the Federal pre-renovation education and renovation, repair, and painting regulations. Typically within one week of the Initial Home Inspection, the Environmental Consultant will contact the Owner and arrange a time and date for the inspection. The inspection typically takes 4 hours to conduct for a single-family dwelling. Depending on the occupants in the home and the amount of lead paint found, an additional Abatement and Management plan may be required.

4. **Rehabilitation Cost Estimate**- After the initial home inspection and Lead Based paint Inspection and Risk Assessment (if Applicable) has been made, the Rehab Specialist will provide the owner a prioritized list of work items including a cost estimate for each and a scope of work for review and acceptance. The cost estimate is not the actual price that the work will cost, but rather an estimate to assist in bidding. Landlord investor or applicant financing (if applicable) must be secured and placed in an escrow account prior to this step in the Rehab Process.

5. **Project Manual and Specifications**- After the Owner approves of the cost estimate and the scope of work, The Rehab Specialist will prepare the project manual which includes the invitation to bid, general conditions, scope of work, bid proposal, cost estimate, and performance specifications.

6. **Bidding-** The bidding process will begin with the Rehab Specialist coordinating with the Owner a time and date for the mandatory Pre-Bid Site Walk. The Rehab Specialist will send the Project Manual to a pre-qualified contractor pool via email announcing the time and date, typically 5-7 business days from date of notice. Interested contractors will attend the mandatory site walk and make them familiar with the project. Bids are typically submitted 5-7 business days after the site walk. All bids will be publically opened and recorded at the municipality. Bids will be reviewed by the Rehab Specialist typically that day or the next. The owner will select the winning bidder. The program will cover the cost up to the value of the lowest responsible bidder. Contractors who submitted a bid will be notified of homeowner selection by email. All projects, regardless of size, must be put out to bid. Homeowners are invited to attend the bid opening.

7. **Contract and Mortgage Signing-** The consultant will draft the contract and mortgage documents as well as coordinate the time and date that all parties will meet at the municipality. At this time the consultant will request from both the owner and the contractor necessary insurance and documentation required for execution of the contract. The contract is between the Owner and the Contractor and the consultant acts as witness. The contract holds both parties to the stipulations of the project manual. The consultant monitors the execution of the Terms of the Contract. The mortgage is between the municipality and the owner and holds the owner to the terms of the loan.

8. **Notice to Proceed-** After the contract signing, if the owner has not exercised his/her right of rescission, the Rehab Specialist will issue a Notice to Proceed to the contractor. The notice usually requires the contractor to begin construction within 15 days and specifies the date of substantial completion required. Duration of projects vary, but ideally are 30 – 60 days. During this 15-day period the contractor typically meets with the owner and reviews final color choices and measures for materials to be ordered. The contractor also obtains all permits and schedules the subcontractors and vendors.

9. **Construction Monitoring and Inspections-** After the contractor has started the project and has completed 30-50% of the work, a request for payment may be submitted for the partially completed work. The Rehab Specialist will visit the project and verify that work billed has been performed. Only after this inspection will funds be approved to be ordered, with payment to be mailed to the Contractor. When all work is complete, a final inspection will be made by the Rehab Specialist, the local Building Officials, and Environmental Consultant (if applicable). When all inspections have been made and the work has been approved, the Contractor is required to have the Owner sign and approve the Certificate of Completion before any application for final payment may be submitted. The Housing Rehab Specialist will schedule a close-out meeting with the homeowner. At that time all close-out materials submitted by the contractor including the Certificate of Completion, Building Official Approval, materials warranties, one-year labor warranty will be signed and transferred to the homeowner, prior to approval for request for drawdown of final payment. This step will complete the Rehabilitation Project.

Please consult the municipality's Small Cities Consultant with further questions about the program:
Signal Rock Consulting, Milford CT 06460
(203) 446-6468
t.foley@signalrockconsulting.com

HUD FY 2026 INCOME LIMITS SUMMARY

Source: https://www.huduser.gov/datasets/il/il2026/summary?year=2026&reporttype=hmfa&states=1&counties=0100199999&hmfa=METRO47930M47930

FY 2026 Income Limit Area	Median Family Income	FY 2026 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Waterbury-Shelton CT MSA	$114,000	Very Low (50%) Income Limits	$43,600	$49,800	$56,050	**$62,250**	$67,250	$72,250	$77,200	$82,200
		Extremely Low Income Limits*	$26,150	$29,900	$33,650	**$37,350**	$40,350	$44,360	$50,040	$55,720
		Low (80%) Income Limits	$69,750	$79,700	$89,650	**$99,600**	$107,600	$115,550	$123,550	$131,500

The **Waterbury-Shelton, CT MSA** contains the following areas: Ansonia town, CT; Beacon Falls town, CT; Bethlehem town, CT; Bristol town, CT; Cheshire town, CT; Derby town, CT; Middlebury town, CT; Naugatuck town, CT; Oxford town, CT; Plymouth town, CT; Prospect town, CT; Seymour town, CT; Shelton town, CT; Southbury town, CT; Thomaston town, CT; Waterbury town, CT; Watertown town, CT; Wolcott town, CT; Woodbury town, CT.

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

City of Ansonia
Mayor Frank Tyszka
Housing Rehabilitation Program Application



Notice to Applicants: **PLEASE PRINT ALL INFORMATION CLEARLY**
This Application is Strictly Confidential

Do Not Write in This Section:	***Application No:*** _____	***Initials:*** _____
Date Received: _____	***Time:*** _____	***Date Approved:*** _____

Name of Applicant(s): _____

Address: _____

City, State, Zip: _____

Phone (home): _____

Phone (work): _____

Phone (cell): _____

Email: _____

Is your property owner occupied? YES _____ NO _____

Property Location: _____

Is your property single _____ or multifamily _____?

If multifamily, how many units? _____
*(**for multi-family**, each apt./unit must complete the **TENANT APPLICATION***
and include copies of all required backup financial documentation)

Briefly describe the work needing to be done:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Do you have homeowners insurance? YES _____ NO _____

List **all** individuals living at this address (include applicant, spouse, children, non-family members, etc.)

***Note: Estimated Annual Income declared below must include gross wages, in addition to any benefits and/or compensation (ie: social security, disability, unemployment, pension, child support, alimony, SNAP benefits, etc.)*

Name	Age	Race/Ethnicity	Handicapped?	**Estimated Gross Annual Income

Financial documentation is required of ALL household members. Please attach copies of the following for each member of the household (if applicable):

1. 2 recent bank statements from each bank account
2. Monthly mortgage statement with current remaining balance
3. Prior year federal tax return (Form 1040), *additional years may be required depending on sources of income*
4. Pay stubs documenting a minimum of **6 consecutive weeks of wages**
5. Social security award letter entitled, **"Your New Benefit Amount"**
6. Pension, unemployment compensation, child support, alimony or any other benefit (statement, letter or check stub showing gross **monthly** benefit amount, etc..)

Please estimate total of all mortgage debt still owed on this property: $_____

- If you have a **Reverse Mortgage**, you are **not eligible** to participate

Are you up to date on all your municipal taxes (including sewers)? YES _____ NO _____

- Please attach copy of tax currency printout (from Tax Collector's Office)

Is anyone in the household an employee of the municipality? YES _____ NO _____

I authorize the program to obtain required information regarding statements made in this application and certify that all statements and documents submitted are true and complete to the best of my knowledge:

Print Name: _____

Sign Name: _____

Date: _____

Please return the completed form with the REQUIRED supporting documentation to:

Anna Rodriguez • Grants Specialist
Ansonia City Hall, 253 Main Street, Ansonia, CT 06401 • (203)736-5900 ext. 6141

List of Assets for ALL Household Members

(ie: Savings Account, Checking Account, Stocks, Bonds, Investments, any additional properties, etc..)

NAME	ASSET DESCRIPTION	CURRENT CASH VALUE

All Household Members 18 years of age and older must sign below

*I declare under **penalty of perjury** (under the laws of the United States of America) that the information provided above is true and correct.*

PRINTED NAME	SIGNATURE	DATE

KEEP THIS PAGE FOR YOUR RECORDS

Checklist

Please verify before submitting that you have completed/included all required documents. Only completed applications will be considered.

- ☐ Completed Application Form
- ☐ 2 Recent bank statements for all accounts and for all household members
- ☐ Recent mortgage statement, showing remaining principal balance
- ☐ Last year's federal tax returns for all household members
- ☐ Pay stubs documenting 6 consecutive weeks of wages for all household members
- ☐ Documentation of all other income (pensions, social security, disability, child support, etc)
- ☐ List of Assets (signed and dated by all household members 18 years and older)

Landlords:
Your tenant(s) must complete this form and submit supporting documents

TENANT APPLICATION
Municipal Housing Rehabilitation Program



PLEASE PRINT ALL INFORMATION CLEARLY
This Application is Strictly Confidential

Name of Tenant(s): _____

Address: _____ Unit #_____

City, State, Zip: _____

Phone (home): _____ Monthly Rent $_____

Phone (work): _____

Phone (cell):_____

Email: _____

List **all** individuals living at this address (include yourself, spouse, children, non-family members, etc.)

***Note: Estimated Annual Income declared below must include gross wages, in addition to any benefits and/or compensation (ie: social security, disability, unemployment, pension, child support, alimony, SNAP benefits, etc.)*

Name	Age	Race/Ethnicity	Handicapped?	**Estimated Gross Annual Income

Financial documentation is required of ALL household members. Please attach copies of the following for each member of the household (if applicable):

1. 2 recent bank statements
2. Prior year federal tax return (Form 1040)
3. Pay stubs documenting a minimum of **6 consecutive weeks of wages**
4. Social security award letter entitled **"Your New Benefit Amount"**
5. Pension, unemployment compensation, child support, alimony or any other benefit statement, check stubs, agreement and/or letter)

I certify that all statements and documents submitted are true and complete to the best of my knowledge:

Print Name: _____ Date:_____

Signature: _____