



City of Bessemer
1700 Third Avenue North, Second Floor
Bessemer, AL 35020

Application Deadline
Thursday, September 21, 2023
by 12:00PM (noon)

CITY OF BESSEMER EMERGENCY HOUSING REPAIR GRANT PROGRAM APPLICATION

City of Bessemer
Emergency Housing Repair Grant Program Application

The City of Bessemer is taking applications between **Monday, September 18, 2023 and noon on Thursday, September 21, 2023** for its **Emergency Housing Repair Grant Program**, a program funded through the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) Program. Grants provide emergency home repair assistance to elderly, low-to-moderate income homeowners or disabled low-to-moderate income homeowners of Bessemer, regardless of age. This allows homeowners to remain in their homes, age in place, and maintain a healthy and safe environment. The program does not address storm damage or other repairs typically addressed by the homeowner's insurance or matters deemed "maintenance". The maximum allowable grant is **\$12,500**. **Previous grant awardees are currently not eligible for a second grant.**

In order to expedite the processing of your application for assistance, please provide the required documentation with your application. Incomplete applications will not be considered for assistance.

The following information must accompany this application. (Please see the accepted documentation form attached to this application.)

- A current copy of a government issued ID, such as a driver's license or State ID.
- Proof of age.
- Income Statement/Proofs of income or Self-Certification.
- Warranty deed showing ownership
- A physician's statement or documentation of disability.
- Copies of two most recent utility bills (water, power, gas).
- Proof of homeowners/flood insurance or a statement of reason for denial of insurance.

If you need additional information or assistance in completing this application, please contact the Economic and Community Development Department between the hours of 9 a.m. and 4 p.m. at 205-424-4060, ext. 4234 or to schedule an appointment.

Please note that submission of an application does not guarantee approval for a grant. A limited number of grants will be awarded based on the availability of funding. Each completed application will be reviewed and homeowners selected for grants will be notified by mail, email, or telephone. Those not awarded a grant during this cycle may apply again during subsequent application cycles.

Thank you,



City of Bessemer
Economic & Community Development Department

City of Bessemer
Emergency Housing Repair Grant Program Application

APPLICANT INFORMATION	
First and Last Name	
Property Address	
City, State, and Zip	
Primary Phone Number	
Secondary Phone Number	
Email Address	
Social Security Number	
JOINT APPLICANT INFORMATION *	
First and Last Name	
Primary Phone Number	
Secondary Phone Number	
Email Address	
Social Security Number	

* PLEASE DO NOT COMPLETE IF OTHER PARTY ON DEED IS DECEASED*

DEMOGRAPHICS

1) Marital Status

- ☐ Single
☐ Married
☐ Separated
☐ Widow

2) Race

- ☐ White
☐ Black or African-American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Some other race
☐ Two or more races
☐ Prefer not to say

3) Ethnicity

- ☐ Hispanic
☐ Non-Hispanic

4) Citizenship Status

- ☐ Citizen
☐ Non-Citizen

5) Armed Forces Veteran

- ☐ Veteran
☐ Spouse Of Veteran (Living Or Deceased)
☐ Non-Veteran

6) How did you hear about the grant application period (check all that applies)?

- ☐ City website or Online
☐ Newspaper ad
☐ Posting at City Building
☐ Word of mouth or public meeting
☐ Contact with Community Development Department.
☐ Other: _____

INCOME INFORMATION

Please provide any information on income level. Include the annual Income of all Family members living at the address. Please review income eligibility on ATTACHMENT C for family size.

Applicant employment status (Please Check one):

- ☐ Employed (full-time, part-time or self-employed)
- ☐ Unemployed
- ☐ Disabled
- ☐ Retired

Please include income information for all parties listed as employed and living at the address. The City of Bessemer will accept the following documentation of income (see Accepted Documentation Attachment A for a complete list of accepted documentation):

- Check stubs from current employer for last three months.
- Current Pension/Retirement/Railroad/Social Security benefits or statements
- Letter from current employer verifying gross wages or W2
- Prior year IRS Form 1040
- Disability Statement
- VA payments
- Self-Certification Form (*Applicants may self-certify income, see ATTACHMENT B*).

TOTAL ANNUAL GROSS HOUSEHOLD INCOME: _____

Sources of Income	Annual Income from Source
	\$
	\$
	\$
	\$
	\$

Names & ages of Property Occupants (include applicants):
1.
2.
3.
4.
5.
6.
7.
8.

APPLICATION COMPLETION

Please ensure all questions have been answered and all required documentation has been included with your application before submission. Use the checklist to make sure all documents are included with this application. Applications missing requested information will not be considered.

Document Checklist

- ☐ Most recent proof of income/Self-Certification
- ☐ Proof of age such as copy of Driver's License or government-issued ID
- ☐ Proof of Homeowner's/Flood insurance or a reason for denial
- ☐ Copy of Record showing property ownership
- ☐ Copy of two most recent Utility Bills (water, gas, or electric)
- ☐ Physician's statement or disability documentation

If awarded a grant, how would you like to receive notification of award (please ensure a phone number and valid email address is included with the application if those methods are selected):

- ☐ Mail
- ☐ Email
- ☐ Phone call

CERTIFICATION BY APPLICANTS

The applicant(s) certifies that all information in this application and all information furnished are true and accurate to the best of the applicant's knowledge and belief. The applicant further certifies that he or she is the property owner described in this application. By signing, I understand that making false or fraudulent statements provided to the City/HUD will result in termination of assistance.

Signature #1: _____

Signature #2: _____

Date: _____

Name of person who assisted with this application (if owner(s) required assistance):

Name (Print): _____

Signature: _____

Relationship to applicant: _____

Phone #: _____ Email: _____

Date: _____

Attachment A

Eligibility	Accepted Documentation
Government ID/Proof of Age	<ul style="list-style-type: none">• State Driver's license• State non-Driver's license ID• Birth Certificate• Baptismal Certificate• Military Discharge papers• Valid passport• Census document showing age• Naturalization certificate• Social Security Administration Benefits or records
Property Ownership	<ul style="list-style-type: none">• Warranty Deed
Disability Status (if required, choose one)	<ul style="list-style-type: none">• Statement of medical professional that occupant is disabled (on professional's letterhead)• Disability benefits statement
Proof of Occupancy (Two (2) bills required)	<ul style="list-style-type: none">• Water, gas or electric bill (most recent bills within the last 60 days)
Proof of Insurance	<ul style="list-style-type: none">• Homeowners/flood insurance statement• Denial letter or statement from owner as reason for no insurance.
Income	<ul style="list-style-type: none">• Check stubs (most recent 3 months)• W-2 form• Prior year IRS tax form 1040• Social Security benefits statement• VA benefits statement• Pension benefits statement• annuities or investment income• insurance policies• Retirement benefits• Disability benefits,• Death benefits
Self-Certification of Income	Please complete the attached form (Attachment B).

Attachment B**INCOME SELF- CERTIFICATION**

This form is used in lieu of providing income documentation, but household member(s) must be willing to provide documentation if requested

INSTRUCTIONS: This is a written statement from the applicant documenting "Annual (Gross) Income", the number of members in the household and the income for each member. Each adult household member must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Household Members

Full Name	Annual Gross

Income Information

Annual gross income (total of all members) = \$ _____

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the City of Bessemer/Community Development Department.

HEAD OF HOUSEHOLD

Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

WARNING: *The information provided on this form is subject to verification at any time, and 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.*

Attachment C

FY 2023 Income Limits Summary

FY 2023 Income Limit Area	Median Family Income Click for More Detail	FY 2023 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Birmingham-Hoover, AL HUD Metro FMR Area	\$90,400	Very Low (50%) Income Limits (\$) Click for More Detail	31,450	35,950	40,450	44,900	48,500	52,100	55,700	59,300
		Extremely Low Income Limits (\$)* Click for More Detail	18,900	21,600	24,860	30,000	35,140	40,280	45,420	50,560
		Low (80%) Income Limits (\$) Click for More Detail	50,300	57,500	64,700	71,850	77,600	83,350	89,100	94,850

NOTE: HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program parameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions for the **Birmingham-Hoover, AL HUD Metro FMR Area**.

The **Birmingham-Hoover, AL HUD Metro FMR Area** contains the following areas: Bibb County, AL; Blount County, AL; Jefferson County, AL; St. Clair County, AL; and Shelby County, AL.