



**Marietta CDBG Housing Rehabilitation Program**  
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## **Housing Rehabilitation Program** **PROGRAM REQUIREMENTS**

The Housing Rehabilitation Program offers home-owner rehabilitation assistance to residents of the City of Marietta based on the household income, requests of the home-owner, and the conditions of the home.

The Housing Rehabilitation Program will provide financial assistance to very low income homeowners in the form of a grant to address housing conditions that are imminent health and/or safety threats. Low to moderate income homeowners may qualify for the zero% interest loan program which will address code violations. Code violations may consist of but are not limited to: HVAC, electrical, plumbing, ADA, interior and exterior structural repair, etc. **Loans are for code violations only and not for home improvement upgrades.**

Housing Rehabilitation Loans will be secured by placing a **lien against the property** for the amount of the rehabilitation assistance provided to the homeowner. In the event the borrower dies or ceases to occupy the improved property as their legal residence during the term of the loan, the outstanding amount of the loan will be due and payable to the CDBG Program Office.

To qualify for participation in the Housing Rehabilitation Program homeowners must meet the following minimum eligibility criteria:

- Live in the City of Marietta.
- Own and have lived in the home as the principal residence, **for a minimum of three (3) years;**
- Be a Very Low to Moderate Income Individual or Family as determined by the U.S. Department of Housing and Urban Development [HUD];
- Have a mortgage balance plus other liens and the cost of the repairs that totals less than 95% of the value of the property [as shown on your tax bill]; and
- Have all city and county taxes and federal and state income taxes paid.

**Potential Applicants will be required to submit verification of income, proof of residency, and proof of property ownership. Information obtained in the application will remain confidential and will not be disclosed to any outside agency without the applicant's consent, except for purposes of verification of income or employment and to financial institutions for verification of information as required and permitted by law. Assistance for all Housing Rehabilitation programs will be limited by the funds available. Applications will be processed on a "first-come-first-serve basis".**

The Housing Rehabilitation Program offers the following types of rehabilitation financial assistance:

A. Minor Home Repair Grants [MHRG] [CDBG Program Funds]

The Minor Home Repair Grant [MHRG] Program provides a one-time grant up to \$12,000.00 dollars for income-eligible [i.e. *gross family income that **does not exceed 50%** of Cobb County's current median family income, based on family size*] homeowner occupants to correct code deficiencies or energy conservation issues that represent conditions that could pose a threat to the immediate health, welfare, and/or safety of the homeowner occupants. Under this scenario, the home does not have to be brought up to all local and state codes.

B. Minor Home Repair Loans [MHRL] [CDBG Program Funds]

The Minor Home Repair Loan [MHRL] Program provides a deferred payment loan up to **\$35,999** dollars to income-eligible homeowners [who would not otherwise qualify for the MHR grant] to correct code deficiencies or other energy conservation issues that could pose a threat to the immediate health, welfare, and/or safety of the homeowner occupants. Under this scenario, the home does not have to be brought up to all local and state codes. The sum of all existing mortgages plus all rehabilitation funds provided by the **MHR – Loan** cannot exceed 95% of the “after-rehab” value of the home, as published annually by FHA for its 203 (b) program. **IF THE BORROWER DIES OR CEASES TO OCCUPY THE IMPROVED PORPERTY AS THEIR PRIMARY LEGAL RESIDENCE DURING THE TERM OF THE LOAN, THE OUTSTANDING AMOUNT OF THE LOAN WILL BE DUE AND PAYABLE.**

C. Lead/Asbestos Abatement Program

Owner-occupants whose incomes do not exceed the low and moderate income limit established for Cobb County, and whose homes were built *before* 1978, may be eligible to receive a loan for Lead Based Paint [LBP] /or Asbestos Abatement . This is a five (5) year Forgivable Loan [one fifth (1/5) of loan amount to be forgiven annually] with a zero percent [0%] interest rate. **IF THE BORROWER DIES OR CEASES TO OCCUPY THE IMPROVED PROPERTY AS THEIR PRIMARY LEGAL RESIDENCE DURING THE TERM OF THE LEAD/ASBESTOS ABATEMENT LOAN, THE OUTSTANDING AMOUNT OF THE LOAN (REDUCED BY THE ANNUAL ONE FIFTH [1/5] FORGIVEN PER YEAR) WILL BE DUE AND PAYABLE.**

**IMPLEMENTATION STEPS FOR HOUSING REHABILITATION PROGRAM ASSISTANCE**

1. The homeowner submits Housing Rehabilitation Application to the CDBG Program Office;
2. The homeowner is vetted and approved or denied for rehabilitation assistance;
3. If approved, the CDBG Program Office Inspector will inspect the home to ensure economic feasibility for rehabilitation, identify code deficiencies, and prepare a work write-up, and cost estimate of the necessary work to be performed;

4. The CDBG Program Office will then submit a copy of the work write-up and cost estimate to homeowner for approval signatures. The approved work write-up must be returned to the CDBG Program Office.
5. After the homeowner has approved the scope of work, the CDBG Program Office will then obtain three or more competitive bids from vendors on the Cobb County Active Contractors List.
6. After the bid has been accepted and approved, the CDBG Program Office will arrange a time for grant or loan closing with the homeowner.
7. After the appropriate contract documents are executed, construction may begin. **[Note: For all loan projects, homeowners are allowed a three [3] day rescission period prior to the commencement of the construction.]**
8. During actual construction and subsequent completion of the project, the CDBG Program Office Inspector will conduct on-site progress inspections and submit to the homeowner payment requests from the contractor for all work completed satisfactorily. The Homeowner and CDBG Program Office will approve all payments made to the contractor.
9. In the event the homeowner is not satisfied with the contractor's work, the homeowner should contact the CDBG Program Office Inspector. All homeowner complaints should be submitted to the CDBG Program Office in writing.
10. **All code violations must be corrected if using HOME Program funds. Homeowners will not be allowed to delete code items from the projected work write-up and cost estimate.**
11. If any warranty issues occur after the work has been completed, the homeowner should contact the contractor. The contractor has a **one-year (1) warranty** on the work performed under this contract.
12. **It is the homeowner's primary responsibility to maintain their home. The CDBG Rehabilitation Program is not designed for maintenance issues. These items are the responsibility of the homeowner.**

Housing and Community Development Division  
268 Lawrence Street, Suite 200  
Marietta, GA 30060  
770-794-5437  
Daphne Bradwell, Manager

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## INFORMATION FOR ALL POTENTIAL HOUSING REHABILITATION APPLICANTS

The City of Marietta Housing and Community Development Division (HCD-CDBG) is accepting applications from eligible Marietta homeowners interested in correcting Housing Code deficiencies and other hazardous and potentially life threatening conditions in the home.

Applications will be accepted and processed on a “first-come- first-served” basis.

The City CDBG Program requires documentation of income from all sources of all household members and verification of home ownership. Homeowners will be required to submit the following information:

- ◆ Completed Housing Rehabilitation Application Form;
- ◆ Copy of the Warranty Deed;
- ◆ Proof of income of ***all*** persons living in the home (*for example: pay stubs, social security payments, child support, etc.*);
- ◆ Copy of homeowner’s last year’s tax returns;
- ◆ Copy of Social Security cards of every person living in the home;
- ◆ Proof of current mortgage balance, not the monthly payment;
- ◆ Copy of homeowner’s insurance policy;
- ◆ Copy of two [2] most recent bank account statements;

Please note the City CDBG program will only address **owner-occupied properties** [meaning the owner lives in and uses the property as their primary residence]. The homeowner must have **owned and lived in the home at least three (3) years; hold a fee simple title and the total household income must be within the current federal Income Limits for the household size.**

Direct inquiries or questions regarding the available assistance programs to:  
[dbradwell@mariettaga.gov](mailto:dbradwell@mariettaga.gov) 770-794-5437 or [jrodgers@mariettaga.gov](mailto:jrodgers@mariettaga.gov) 770-794-5610.



268 Lawrence Street Ste 200  
 Marietta, GA 30060  
 770-794-5437  
 Daphne Bradwell, Manager

**CDBG**  
**PROGRAM OFFICE**  
 Revised January 2, 2015

Housing Rehabilitation Program Application

**OFFICE USE ONLY**

MHRG Case #: \_\_\_\_\_ IDIS # \_\_\_\_\_ Application Received Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Client Name: \_\_\_\_\_ Application Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The information submitted on this application will be used to evaluate the applicant's eligibility for assistance under the Cobb County Housing Rehabilitation program. Information obtained in this application will remain confidential and will not be disclosed to any outside agency without the applicant's consent, except for purposes of verification of income or employment and to financial institutions for verification of information as required and permitted by law. Your application may be delayed or rejected if the information requested is not received.

**APPLICANT INFORMATION**

Applicant Name:	Home Phone #:	Cell #:
Street Address:	City:	State: Zip Code:
Property to be Rehabilitated:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Year House Built: _____
Name and Address of Employer:	<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired:	
Business Phone #:	Position/Title:	Number of Years on Job
<b><u>ANNUAL INCOME OF HOUSEHOLD:</u></b>		\$ _____

<b>SOURCE</b>	<b>APPLICANT</b>	<b>SPOUSE</b>	<b>OTHER 18 +</b>	<b>TOTAL</b>
Salary				
Social Security				
Pension, Retirement Funds, etc.				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
Welfare Payments				
Other Income				
<b>TOTAL INCOME:</b>				
<b><u>ASSETS</u></b>				
<b>TYPE</b>	<b>CASH VALUE</b>	<b>ANNUAL INCOME FROM ASSETS</b>	<b>BANK NAME</b>	<b>ACCOUNT NUMBER</b>
Checking Accounts				
Savings Accounts				
Credit Union Accounts				
Stocks				
Life Insurance				
Other (i.e. rental property)				
Home: Estimated Value				
<b><u>LIABILITIES</u></b>				
List outstanding debts including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.				
<b>TYPE</b>	<b>CREDITOR'S NAME</b>	<b>MONTHLY PAYMENT</b>	<b>UNPAID BALANCE</b>	<b>DUE DATE</b>

MONTHLY HOUSING EXPENSES	MONTHLY PAYMENTS	UNPAID PRINCIPAL BALANCE	BALLOON PAYMENT AMOUNT	DATE PAYMENT IS DUE
ITEM				
First Mortgage (P&I)				
Other Finance Secured By Property				
Hazard and Flood Insurance				
Real Estate Taxes				
Other (Childcare)				
Other (Specify)				
TOTAL				

**ADDITIONAL INFORMATION**

1. Do you have any outstanding, unpaid *Liens* or *Judgments*? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes please list the Amount (if applicable) \$\_\_\_\_\_
2. In the past 7 years, have you been declared bankrupt? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Are you a party involved in a law suit? \_\_\_\_\_ Yes \_\_\_\_\_ No

***If yes answer is given to any question below, please explain on an attached sheet***

**HOUSEHOLD COMPOSITION:** (List the Head of Household and everyone that lives in the home including the relationship of each member to Head of Household)

Member	Full Name	Relationship	Age	Social Security Number
1		APPLICANT		
2				
3				
4				
5				
6				

**CURRENT HOUSING NEEDS**

*[List briefly any repairs needed to your home]*

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HEAD OF HOUSEHOLD INFORMATION			
SINGLE RACE	CHECK BELOW	Hispanic or Latino	Non-Hispanic or Non-Latino
White			
Black/African-American			
Asian			
American Indian /Alaskan Native			
Native Hawaiian/Other Pacific Islander			
<b>MULTI-RACE</b>			
American Indian/Alaskan Native & White			
Asian & White			
Black/African-American & White			
Am Indian/Alask Native & BI/Afri-Amer			
Other Multi Racial			

**CDBG MAXIMUM HOUSEHOLD INCOME LIMITS [COBB COUNTY, GEORGIA]  
PY2015 Income Limits  
Effective: March 6, 2015**

Family/Household Size	Extremely Low 30%	Very Low Income 50%	Low Income 80%
1	\$14,350	\$23,900	\$38,200
2	\$16,400	\$27,300	\$43,650
3	\$20,090	\$30,700	\$49,100
4	\$24,250	\$34,100	\$54,550
5	\$28,410	\$36,850	\$58,950
6	\$32,570	\$39,600	\$63,300
7	\$36,730	\$42,300	\$67,650
8	\$40,890	\$45,050	\$72,050
Ea. Additional Member	Extremely Low 30%	+ \$2,850	+\$4,550

\*Source: U.S. Department of Housing & Urban Development [HUD] Extremely Low Income = 30% of Median Household Income  
Very Low Income = 50% of Median Household Income Low Income = 50% - 80% of Median Household Income

**APPLICANT'S CERTIFICATION**

I/We, the undersigned, certify the information provided above in this application is accurate and complete to the best of my knowledge. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial housing rehabilitation assistance. I/We understand that any willful misstatement of material facts will be grounds for disqualification. I certify that I am the owner occupant of said property and that I/We hold fee simple title to the above property. Failure to disclose all income or the reporting of inaccurate or false information will result in disapproval of assistance and will be considered fraudulent.

Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lead-Safe Homes Demonstration Program (LSHD)

Applicant Questionnaire

1. Was your home built before 1978? Yes  No   
*(If you answer no to this question you do not have to answer any other questions on this questionnaire)*

2. Do small children live in your home? Yes  No

If so what age(s)? \_\_\_\_\_

3. Do you have small children visiting your house twice a week for a total of six hours combined in that week or sixty hours a year combined in any way? Yes  No

4. Do you have a pregnant woman or one of childbearing age living in your home? Yes  No   
Check one of the following: \_\_\_\_\_ Pregnant \_\_\_ Childbearing

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/St/Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

*After carefully reading the enclosed notice, please detach this receipt and return it to the Cobb County CDBG Program Office Housing Rehabilitation Program.*

**Acknowledgement of Receipt**

*I have received a copy of the booklet entitled:*

**PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME**

\_\_\_\_\_  
Print Applicant Full Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_