

Aroostook County Action Program

P.O. Box 1116 Presque Isle, ME 04769

(207) 764-3721 1-800-432-7881 Fax (207) 768-3022

*Are there some one(s) in Limestone that might make a strong applicant for this program?
True*

April 6, 2018

Town Manager
93 Main St
Limestone ME 04730

Dear Town Manager,

As a community partner, ACAP appreciates your knowledge of local area citizens, and we are asking your assistance in identifying the right family that could benefit from the **ACAP / NMCC Replacement Home Program**.

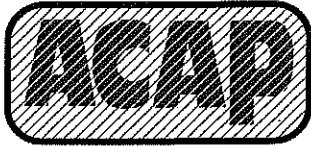
We are seeking a family owned pre-1976 mobile home with land that is home site ready in Aroostook County to be replaced with a new home built by NMCC residential students. Once built on the NMCC campus, the home will be moved to the property site and completed with ACAP oversight through private owner financing, various grants and deferred forgivable "no payment" loans. Demolition of the sub-standard mobile home will be required as part of the program requirements. Finding an applicant that is able to obtain owner financing (approximately \$75K), and absorb further financial obligations, such as increased property taxes and insurance premiums, is key to the success of this program.

Please review the enclosed **Replacement Home Program Overview** for details and eligibility requirements. If you are aware of a household in your community that fits the criteria, we encourage you to provide the family with a copy of the enclosed application, or refer them to ACAP Energy and Housing to discuss the program, eligibility, and application process.

Your assistance is greatly appreciated! If you have any questions or require more information, please contact me at 768-3023 or email gsirois@acap-me.org.

Sincerely,

Gary "Sonny" Sirois
Housing Development Officer



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ACAP / NMCC Replacement Home – Overview

Aroostook County Action Program (ACAP) in partnership with Northern Maine Community College (NMCC) is seeking eligible applicants for a new replacement home initiative. Owners of pre-1976 mobile homes, on owned land with working septic/sewer/water are encouraged to apply. Only one applicant will be selected for a replacement home, which will be a new ranch style modular dwelling constructed on the NMCC campus and delivered to the property site. Once in place, the project will be completed through local contractors secured by ACAP using various grants, deferred forgivable loans (DFLs), **plus owner financing**. Finding the right household is very import for the success of the program and is based factors detailed below.

Applicant and Property Requirements:

- a. Applicant must own and occupy a pre-1976 mobile home on owned land for at least one year
- b. Pre-existing and functional sewer/septic, water source, and electrical are ideal for selection
- c. Ownership of other substantial real estate or assets makes applicant ineligible
- d. Outstanding property tax liens must be paid in full before approval of application
- e. Property must be free of any mortgage, lien or other encumbrance
- f. Applicant must be able to obtain private financing (approx \$75,000) in addition to grants and DFLs
 - May require credit score of 640 or better and meet debt to income ratio limits (lender provided)

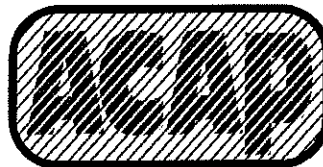
Funding for the Replacement:

Initial construction labor is courtesy of NMCC. Materials, fixtures, appliances, painting, hook-ups, moving home and setting on-site, old mobile home demolition, etc. is paid through a combination of owner financing, and various grants/DFLs available through ACAP. **Estimated project completion is Fall, 2020.**

Annual Income Limits – Total household income may not exceed 80% AMI threshold limits per household size

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
FY 2018								
Income Limits	30,650	35,800	40,250	44,700	48,300	51,900	55,450	59,050

For more information, or to apply, Please contact Gary “Sonny” Sirois, ACAP Energy & Housing Program Coordinator at 768-3023



AROOSTOOK COUNTY ACTION PROGRAM

Gary “Sonny” Sirois
Housing Development Officer

771 Main Street
Post Office Box 1116
Presque Isle, Maine
04769-1116

(207) 768-3023
(800) 432-7881
(207) 768-3021 Fax
gsirois@acap-me.org

Maine State Housing Authority (MaineHousing)
2018 HOME ACCESSIBILITY and REPAIR PROGRAM (HARP)

APPLICANT AFFIDAVIT

Each person signing this Applicant Affidavit affirms the following:

1. The property for which I am requesting a grant is located within the State of Maine at the following address:

Street: _____
Town: _____
2. The property is a single family home or a mobile home/manufactured home owned by me.
3. I occupy the property as my principal residence, *i.e.*, not as a vacation or second home, and I do not own any other real estate or properties.
4. I do not intend to rent the property.
5. I am not currently considering selling the property, and I am not currently in the process of selling the property.
6. The income information set forth on the Application is true and correct and the information provided represents my total Gross Income, together with the Gross Income of any Co-Applicant and other household member.
7. The proceeds of the grant will be used to a) bring the home up to applicable standards; and b) to make essential improvements, including energy related improvements, mitigation of lead-based paint hazards; repair or replacement of major housing systems in danger of failure; and improvements necessary to permit use by persons with disabilities living at the home.
8. No proceeds of the grant will be used to compensate me, a Co-Applicant/Co-Owner, or any other household member, for labor and/or materials. I understand that no proceeds of the grant will be used to pay for the labor of any member of my family in making the improvements unless that family member owns and operates a construction business and meets the minimum contractor standards by becoming pre-qualified by the Community Action Agency and MaineHousing. I understand that as used in the preceding sentence the term "family" includes my brothers and sisters (whether by the whole or half blood) spouse, ancestors, and lineal descendants.
9. I understand that any misrepresentation or misstatement in this affidavit or any other document executed in connection with my grant will entitle MaineHousing to recoup any and all funds of said grant, and to seek other appropriate proceedings against me. I may be subject to CRIMINAL PENALTIES for any misrepresentation or misstatement.
10. I understand that MaineHousing and/or the Community Action Agency may wish to investigate or to verify the matters set forth in this Affidavit or in other documents provided in connection with the application for my grant, and I hereby permit such investigation or verification.
11. I understand that upon sufficient notice of such, MaineHousing and/or the Community Action Agency should have the right of entry to the project and the right to inspect all work done, material, equipment and fixtures furnished, installed or stored in and about the project.
12. In the case of Co-Applicants/Co-Owners, statements made throughout this Affidavit in the singular include the plural.

Applicant/Owner Signature

Witness

Date

Date

Co-Applicant/Co-Owner Signature

Witness

Date

Date

Aroostook County Action Program &
Northern Maine Community College
MOBILE HOME REPLACEMENT PROGRAM
APPLICATION

Community Action Agency (CAA)

Aroostook County Action Program
 CAA Name
 PO Box 1116
 CAA Address
 Presque Isle ME 04769
 CAA City CAA State CAA Zip

Questions about the application should be directed to:

Name of Intake Staff: Gary "Sonny" Sirois
 Telephone of Intake Staff: 768-3023
 Email of Intake Staff: gsirois@acap-me.org

Return completed and signed applications to the above-named CAA.

I. PROPERTY INFORMATION

Property Street	Property City	Property State	Property Zip
Age of Mobile Home: _____	Model: _____	Make: _____	
Year Manufactured: _____	How long have you lived on the property? _____		
Do you own the land? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your name on the Deed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your property have any tax and/or wastewater liens filed against it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have a mortgage, is it paid up to date?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water Source: <input type="checkbox"/> Private <input type="checkbox"/> Public			
Does Water Source provide adequate and safe water?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your Septic System malfunctioning (i.e. backing up in house or running out on lawn)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

II. APPLICANT INFORMATION

List all owners of the property.

Applicant	Co-Applicant
First Name MI Last Name	First Name MI Last Name
Mailing Address	Mailing Address
City State Zip	City State Zip
Date of Birth: _____	Date of Birth: _____
Social Security Number: _____	Social Security Number: _____
Daytime Telephone: _____	Daytime Telephone: _____
Evening Telephone: _____	Evening Telephone: _____

List all people in the Household and their ages.

1	_____	_____	_____	_____
	First Name	Last Name	Date of Birth	
2	_____	_____	_____	_____
	First Name	Last Name	Date of Birth	
3	_____	_____	_____	_____
	First Name	Last Name	Date of Birth	
4	_____	_____	_____	_____
	First Name	Last Name	Date of Birth	
5	_____	_____	_____	_____
	First Name	Last Name	Date of Birth	
6	_____	_____	_____	_____
	First Name	Last Name	Date of Birth	

III. HOUSEHOLD INCOME

Total household income shall include the combined gross income of all household members, excluding dependents under the age of 18 or dependents attending school on a full-time basis at the time of this Application.

Note: If a household member is earning income but not an owner of the property, or is not listed as a dependent on this Application, only the income the household member actually contributes to the household shall be considered in determining the gross income of the household.

Note: Applicant(s) may receive the following deductions from total income: 1) medical expenses for the past 12 months in excess of 3% of gross household income; 2) \$500 (annual) for each family member under age 18; and 3) child care expenses incurred so a family member could work. Supporting documentation must be supplied with this Application.

List the gross monthly income under the contributing household member(s).

Write in the Name of the Household member:				
Wages/Salary (enter gross amount)	\$	\$	\$	\$
Overtime/Commissions	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$
Pensions	\$	\$	\$	\$
Annuities	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
TANF/General Assistance/Other	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Total Monthly Income	\$	\$	\$	\$

List the gross annual deduction under the contributing household member(s).

Total Annual Income	\$	\$	\$	\$
Monthly Medical Expenses if greater than 3% of household income	\$	\$	\$	\$
\$500 (annual) deduction for each family member under 18 years old	\$	\$	\$	\$
Monthly Cost of childcare required for family member to work	\$	\$	\$	\$
Total Annual Deductions	\$	\$	\$	\$
Total Annual Adjusted Gross Income	\$	\$	\$	\$

IV. ASSETS

List checking, savings, CD & money market accounts as of the date of this Application.

Name of Financial Institution	Address of Financial Institution	Type of Account	Account Balance

List all stocks, bonds & mutual funds as of the date of this Application.

Name of Investment Firm or Broker	Address of investment Firm or Broker	Type of Investment	Current Value

List All Real Estate as of the date of this Application (including property jointly owned).

Name of Real Estate Owner	Address of Real Estate	Assessed Value	Mortgage Amount

V. ACKNOWLEDGEMENT, CERTIFICATION & RELEASE

Notice of Intent to Occupy: I do not intend to sell, transfer, rent or otherwise vacate the current property identified herein. I intend to use this property as my principle residence and not a vacation or second home.

Certification: I certify that the information provided in this Application is true and correct as of the date set forth opposite my signature on this Application. I acknowledge my understanding that any intentional or negligent misrepresentation of the information contained in this Application may result in civil liability and/or criminal penalties.

Statement of Release: I authorize the CAA, on behalf of the MOHO Replacement Program, to contact any employer, town official, financial institution, or other agency deemed necessary to obtain information or verification required to complete my request for housing repairs/replacement. This Statement of Release shall be valid from the date of my/our signature(s) below.

Signed by all owners of the property.

Signature of Applicant

Date

Signature of Co-Applicant

Date

DOCUMENTS THAT MUST BE INCLUDED WITH YOUR COMPLETED APPLICATION

- 1. COPY OF YOUR DEED OR BILL OF SALE FOR MOBILE HOME**
- 2. PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS**
 - 3 months recent pay stubs, Social Security and/or Disability benefit award letters, or other proof of income and 3 months of bank statements
 - Income Tax Returns from last 2 years if income is variable or from self-employment
- 3. PROOF OF LIQUID ASSETS**
 - 3 months of current bank statements for each account
- 4. COPY OF LATEST REAL ESTATE TAX BILL, SHOWING CURRENT LIABILITIES**
- 5. COMPLETED AND SIGNED STATEMENT OF RELEASE AND APPLICANT AFFIDAVIT**

APPLICATION DEADLINE IS MAY 15, 2018