



**CITY OF STATESBORO HOUSING REHABILITATION PROGRAM**  
**Information Statement**  
**Low to Moderate Income (LMI) – For Owner Occupied Housing**

In 2021, the City of Statesboro received American Rescue Plan Act (ARPA) funds from the U.S. Department of the Treasury which will be used to provide rehabilitation or replacement housing assistance to lower-income homeowner households in the City of Statesboro. This project is more familiarly known as the Statesboro Housing Rehabilitation Program.

The city encourages households with lower incomes who occupy substandard housing to contact the city if they would like to be considered for a rehabilitation housing loan offered through the Housing Rehabilitation Program (up to 5-year term, 0% interest forgiven loan for LMI owner-occupants).

In order to be considered for a housing loan, applicants must meet the criteria outlined below:

1. Occupant household income must be at or below:

Household Size	Income Limit
1	\$31,150
2	\$35,600
3	\$40,050
4	\$44,500
5	\$48,100
6	\$51,650
7	\$55,200
8	\$58,750

2. All households served must occupy a unit with structural deficiencies. This program is designed to address housing needs, not minor structural cosmetic improvements. The maximum limit for rehabilitation is calculated at \$70 per heated square feet.
3. All units must be located within the limits of the City of Statesboro.
4. Manufactured housing must have been converted into real property if owned and occupied by the homeowner prior to selection.

If you wish to be considered for housing rehabilitation assistance, you must return the three application forms to the City of Statesboro Project Manager **no later than August 6, 2024**. At least one of the owners of the property must sign the application form. Application forms may be submitted in person to the City of Statesboro Planning & Development Department, 50 E. Main Street, or by mail to:

City of Statesboro Planning & Development Department  
Attn: Project Manager  
PO Box 348  
Statesboro, GA 30459

If you require assistance with these forms, please contact Justin Williams, Planning & Housing Administrator, at (912) 764-0630 to set up an appointment.

**You may keep this page.**

**Request for Assistance - Part "A"**



Applicant Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State//Zip: \_\_\_\_\_  
Street Address: \_\_\_\_\_

**CITY OF STATESBORO HOUSING REHABILITATION PROGRAM  
Application for Housing Assistance**

To: City of Statesboro Planning & Development  
Attn: Project Manager  
PO Box 348  
Statesboro, GA 30459

I, \_\_\_\_\_,  
wish to participate in the City of Statesboro Housing Rehabilitation Program. I understand that I must submit three forms: Request for Housing Assistance (Part "A"), Application Summary form (Part "B"), and Income Verification form (Part "C") to be considered for assistance.

I understand that if my dwelling is selected for assistance, the assistance made to rehabilitate the dwelling unit will be in the form of a forgiven loan. I understand that I will have to execute a promissory note to obtain the loan, and that the promissory note will include conditions requiring me to pay back the loan if I sell the house over the term of the loan (up to \_\_\_-year term). I understand that the loan will be secured with a deed of trust on the real property to be rehabilitated. I understand that a third-party contractor selected by the City of Statesboro will perform the inspection of my dwelling unit, identify HUD Housing Quality and Program Standards deficiencies, and supervise the repair work on my behalf. I also understand that needed improvements will be performed by a third-party contractor selected through a bidding process coordinated by the City on my behalf.

To the best of my knowledge, I am the principal owner of the property to be improved. I understand that the City will undertake an ownership investigation if I am eligible for housing assistance. If it is determined that I do not have title to the property, I will be willing to obtain title at my expense in order to obtain housing assistance. I also understand that all local taxes must be paid up to date in order for the City to process this application. If my dwelling unit is a manufactured home, I understand that it must have been converted into real property in order to be eligible for assistance.

I further agree to furnish all additional information requested by the City representatives in an effort to establish my eligibility for rehabilitation loan assistance. In conclusion, I realize that this information is to remain confidential and used only for the purpose expressed herein.

\_\_\_\_\_  
Signature of Homeowner as Listed Above

\_\_\_\_\_  
Date

**PLEASE RETURN TO THE CITY OF STATESBORO PROJECT MANAGER!**  
**CITY OF STATESBORO PLANNING & DEVELOPMENT DEPARTMENT**  
**ATTN: PROJECT MANAGER**  
**PO BOX 348**  
**STATESBORO, GA 30459**

**Application Summary Form - Part "B"**



Applicant Name: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Street Address: \_\_\_\_\_

**CITY OF STATESBORO HOUSING REHABILITATION PROGRAM  
 Application for Housing Assistance**

The following information should be filled out by the owner-occupant of the dwelling unit to be repaired.

**1. List all household members.**

a) Name of Head of Household: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Race:  White  Black  American Indian  Hispanic  Other (list) \_\_\_\_\_

Other Household Members

<u>Name</u>	<u>Relationship to Head of Household</u>	<u>Age</u>	<u>Sex</u>
b)			
c)			
d)			
e)			
f)			
g)			
h)			

**2. Telephone # of Owner:** Home: \_\_\_\_\_  
 Cell or Alternate: \_\_\_\_\_  
 Cell or Alternate: \_\_\_\_\_

**PLEASE RETURN TO:  
 CITY OF STATESBORO PLANNING & DEVELOPMENT DEPARTMENT  
 ATTN: PROJECT MANAGER  
 PO BOX 348  
 STATESBORO, GA 30459**

**Income Verification Form - Part "C"**



Applicant Name: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Street Address: \_\_\_\_\_

**CITY OF STATESBORO HOUSING REHABILITATION PROGRAM**  
**Application for Housing Assistance**  
 (To be filled out by the owner-occupant of unit requiring repair)

**Note to occupant:**

Please attach the most recent IRS [Form 1040 (**page 1**) or 1040 EZ] **OR** government benefits documentation (i.e., Social Security, SSI, etc.) form for **each household member 18 or older**. If a household member aged 18 or older did not submit a tax return for the most recent calendar year, please indicate why not and attach documentation of government benefits paid and/or an income summary from your employer of monthly or annual income where indicated. Sign this form where indicated and have your signature witnessed.

Income Summary Information for Occupants 18 and Older

<b>a) Head of Household:</b>	<b>c) Additional Occupant:</b>
Sources of Income (list):	Sources of Income (list):
Form 1040 (tax return) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Form 1040 (tax return) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, why not:	If no, why not:
Total Income (fill in one <b>and ATTACH DOCUMENTATION</b> ): _____ (monthly) _____ (yearly)	Total Income (fill in one <b>and ATTACH DOCUMENTATION</b> ): _____ (monthly) _____ (yearly)
<b>b) Additional Occupant:</b>	<b>d) Additional Occupant:</b>
Sources of Income (list):	Sources of Income (list):
Form 1040 (tax return) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Form 1040 (tax return) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, why not:	If no, why not:
Total Income (fill in one <b>and ATTACH DOCUMENTATION</b> ): _____ (monthly) _____ (yearly)	Total Income (fill in one <b>and ATTACH DOCUMENTATION</b> ): _____ (monthly) _____ (yearly)

I, the undersigned head of household, acknowledge that the summary of income shown above is an accurate statement of the income of all household members aged 18 and older who occupy or own the dwelling unit eligible for rehabilitation assistance. I understand that additional investigations into my household income may be conducted by the housing program staff, and that I will be disqualified if I have misrepresented the income information listed above.

\_\_\_\_\_  
 Head of Household

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Date

**PLEASE SIGN AND RETURN WITH INCOME DOCUMENTATION ATTACHED TO**  
 City of Statesboro, Attn: Project Manager, PO Box 348, Statesboro, GA 30459