



Housing and Redevelopment Authority in and for the City of Belle Plaine

RESIDENTIAL FAÇADE BEAUTIFICATION GRANT PROGRAM POLICY AND PROCEDURES

Purpose

The purpose of the Residential Façade Beautification Grant Program is to encourage the renovation or rehabilitation of the exteriors of existing housing stock located within the City of Belle Plaine in order to remedy existing City ordinance violations or prevent potential City ordinance violations. Homeowners of low or moderate income may apply for assistance under this grant program in an amount of up to \$1,000 in matching funds.

Goal

To reduce blight in residential neighborhoods within the City by providing assistance to persons with low or moderate incomes for the purpose of renovating or rehabilitating the exteriors of existing homes.

Availability

Each applicant may apply for up to \$1,000 in assistance under this grant program by submitting the attached application to the HRA. Homeowners will be required to provide matching funds for the renovation or rehabilitation. HRA Staff will review the grant applications and approve the amount of the final grant to the extent funds are available. The Residential Façade Beautification Grant Program will be administered under written policy and procedures to the extent funds are allocated and available to the grant program by the HRA Board. Initially it is expected that this grant program will be funded in the amount of up to \$10,000 per year.

Applicant Eligibility

Grants under this program are available to owners of single family homes and multi-family residential projects that are located within the City of Belle Plaine (including persons who have a property interest in a home or multi-family residential project pursuant to a contract for deed). Applicants must apply for the Residential Façade Beautification Grant Program by completing the attached application and demonstrating a need for the grant. In addition, owners of single family homes must satisfy the income criteria set forth below or provide evidence of blight on their properties. Owners of multi-family residential projects must provide evidence of blight on their properties.

Low or Moderate Income

In order to obtain a grant under this grant program, owners of single family homes must provide evidence that he or she is of low or moderate income (or provide evidence of blight on their properties, as described below), as determined by the 80% Income Limits for Scott County, Minnesota, reported annually by the U.S. Department of Housing and Urban Development at http://www.huduser.org/portal/datasets/il/il14/index_il2014.html

Blight Findings

In order to obtain a grant under this grant program, owners of multi-family residential building must provide evidence of blight on their properties. Blight determinations shall be made by the HRA Staff, based on communications with the owner of the multi-family residential building and in-person review of the building sites. A "blighted area" means any area with buildings or improvements which, by reason of dilapidation, obsolescence, overcrowding, faulty arrangement or design, lack of ventilation, light, and sanitary facilities, excessive land coverage, deleterious land use, or obsolete layout, or any combination of these or other factors, are detrimental to the safety, health, morals, or welfare of the community.

Eligible Uses for Grant Funds

Proposed improvements must conform to the City of Belle Plaine Zoning Ordinance.

Eligible improvements are any improvements to the outside of the home or residential building, including repair or replacement of windows, siding, doors, roofs, stucco, brick, and awnings. Eligible improvements also include landscaping, painting, and lighting. All labor and design costs are also reimbursable with grant proceeds. Labor must be incurred through the work of a qualified contractor, and does not include sweat equity.

When Payment Made

If an applicant is provided a grant under this program, the grant will be paid once the applicant provides the HRA with all invoices for the work completed. The HRA will process payment for one-half the amount of the invoices, with a maximum amount of the grant awarded. No invoices for work completed prior to the award of the grant will be reimbursed with grant funds. Such invoices must be submitted to the HRA within one year of the award of the grant under this program.

Right to Deny

The Housing and Redevelopment Authority in and for the City of Belle Plaine has the right to deny any application based on its discretion.



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RESIDENTIAL FAÇADE BEAUTIFICATION GRANT PROGRAM APPLICATION (Matching Grant)

Date of Application: _____

APPLICANT

Name: _____

Phone: _____

Address: _____

E-Mail: _____

SUBJECT HOME

Address: _____

Belle Plaine, MN

P.I.N: _____

Year Constructed: _____

Lot Number: _____

Block Number: _____

Subdivision: _____

Is home in or potentially in violation of any city ordinance? **Y** **N**

Violation: _____

WORK DESCRIPTION: (Describe renovation or improvement)

POTENTIAL COMPLETION DATE: _____

APPLICATION MUST BE SUBMITTED PRIOR TO CONDUCTING ANY WORK AND MUST INCLUDE:

- Applicant must show 2014 tax return as proof of income.
- Detailed estimate of work to be performed.
- Photo(s) of subject property showing blight conditions and where improvements are to be made.
- Building permit obtained, if required.

***IMPORTANT: Upon project completion all proof of payments in full must be submitted to HRA staff prior to receiving grant payment.**

I have read and understand the Policy for the Residential Façade Beautification Grant Program of the Belle Plaine Housing and Redevelopment Authority.

SIGNATURE OF APPLICANT: _____

DATE: _____

OFFICE USE ONLY

Date Application Received:

Project Completion Date:

Income meets requirements

Attached proof of purchase(s)

Improvements meet requirements

Building permit completed and closed

Zoning ordinance compliant

Building permit issued

Permit # _____

Permit not required to conduct work

Reimbursement Check Issued

Approved

Amount: \$ _____

Denied

Issue Date: _____

Comments: _____

Building Official or Designee: _____

Date: _____

Zoning Administrator or Designee: _____

Date: _____

