



Town of Bristol, Rhode Island

Home Repair Program Application

9 Court Street
Bristol, RI 02809
www.bristolri.us
401-253-7000 ext. 129
cvitale@bristolri.us

Name: _____ Phone Number: _____
Street Address: _____ Email Address: _____
City: _____ Social Security Number: _____
State: _____ Zip Code: _____ Date of Birth: _____

Property to be rehabilitated (if different from the address listed above):

Have you had a project **completed** under the Bristol Home Repair Program before?

Yes: _____ No: _____ If Yes, When was your last home repair project completed? _____

Type of Household:

Single Family: _____ Multifamily: _____ If you selected multifamily, how many units are there? _____

Are you the property owner(s)? Yes: _____ No: _____

Number of household members: _____ Number of adult (18+) household members: _____

Number of household members employed: _____ Total gross wages of household members: _____

Please provide a brief description of your rehabilitation needs:

Please provide the following documentation at the time of your application submission:

1. Proof of Income (Required for all adults age 18+ that live at the property)
 - a. Last 6 months of bank statements.
 - b. 3 months of most recent paystubs. *
 - c. Copy of current social security award letter. *
 - d. Copy of retirement/pension statements. *
 - e. Current copy of unemployment statement. *
2. Additional documentation
 - a. Copy of homeowner's driver's license
 - b. Municipal lien certificate (Can be obtained from the Bristol Tax Assessor at Bristol Town Hall).
 - c. Mortgage Verification
 - d. Conflict of Interest Form (see attached).
 - e. Homeowner's Insurance

*If Applicable

Review and Sign: I certify that the information provided is accurate to the best of my knowledge. I understand this application does not guarantee my qualification or acceptance into the Bristol Home Repair Program.

Applicant Signature: _____

Homeowner Signature* (If the applicant is not the homeowner): _____

Date: _____

*This application is for home repair projects occurring between 11/9/18-06/30/19. For additional questions on the Bristol Home Repair Program, please contact Chris Vitale at cvitale@bristolri.us. *Homeowners who do not reside in the household should consult with the Program Manager prior to submitting this application. Additional information will be required.*



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Home Repair Conflict of Interest Form

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Section I: To be completed by applicants/contractors:

Applicant/Contractor Name: _____

Are you (or have you been in the past year) an employee/agent/consultant/official or elected/appointed official of:

- | | Yes | No |
|--|-------|-------|
| 1. the State of Rhode Island? | _____ | _____ |
| 2. a Rhode Island municipality? <i>If yes, specify:</i> _____ | _____ | _____ |
| 3. a public agency or sub recipient which is receiving CDBG funds? | _____ | _____ |

4. Do you exercise any function or responsibilities with respect to State/Local Community Development Block Grant (CDBG) Program or a CDBG-funded initiative?

Yes: _____ No: _____

5. Are you in a position to participate in the CDBG decision-making process or gain inside information with regard to such activities?

Yes: _____ No: _____

6. Do you have family/business ties with anyone who would answer "Yes" to any of the above?

Yes: _____ No: _____

If the answer to any of the questions above is "yes", further review is required to determine if a Conflict exists. I hereby certify the above information is accurate to the best of my knowledge. I understand that provision of false information may subject me to criminal/civil penalties.

Applicant's Signature: _____ Date: _____

Section II: To be completed by Program Manager:

1. If the answers to all the above questions are "No", please explain how the answers were determined and/or any reasons/justifications for further review.

Reviewer Name: _____

Title: _____

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Home Repair Conflict of Interest Quick Fact Sheet

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No elected or appointed State or municipal official (officer or member) shall, while serving as such, have any financial interest, direct or indirect, or engage in any business employment transaction or professional activity or incur any obligation of any nature which is in substantial conflict with the proper discharge of his/her duties or employment in the public interest and of his/her responsibilities as prescribed in Title 36, Chapter IV, of the General Laws of Rhode Island. No member of or Delegate to the Congress of the United States of America shall be admitted to any share of part thereof or to any benefit to arise here from.

The Contractor shall fully comply with CDBG Conflict of Interest provisions outlined at 24 CFR Part 570.489(h) "Conflict of Interest" and 24 CFR Part 85.36(b)(3) "Code of Conduct".

- 24 CFR 570.489 –In general, no person (who is an employee, agent, consultant, official or elected/appointed official of the State, unit of general local government or of any designed public agencies or sub recipients which are receiving CDBG funds) who exercise or have exercised any function or responsibilities with respect to CDBG activities assisted under this subpart or who are in a position to participate in a decision making process or gain inside information with regard to such activities may obtain a financial interest or benefit from the activity, or have any interest or benefit from the activity or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds there under, either for themselves or those with who they have family or business ties, during their tenure or one year thereafter. Any requests for "exception" form this requirement, in accordance with the regulations, must be submitted in writing by the Contractor to the OHCD prior to the obligation of funds. As indicated, this regulation applies to the Contractor as well as sub recipient entities funded.
- 24 CFR Part 85.36 –In general, the Contractor must maintain a written code of standards of conduct governing the performance of their employees engaged in the award and administration of contracts. No employee, officer or agent of the grantee or sub grantee shall participate in selection, or in the award or administration of a contract support by Federal funds, if a conflict of interest, real or apparent, would be involved.

If a potential conflict is perceived, contact the State's Office of Housing and Community Development to discuss the proper process. Please note that existence of a conflict does not necessarily mean an individual/household is unable to participate in the program –proper procedures must, however, be followed prior to any obligation/expenditure of funds for such persons.

Violations of conflict of interest provisions may result in criminal and/or civil penalties.

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Home Repair Program Guide

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This document lists the steps for the Bristol Home Repair Program. Please keep a copy of this document for your records.

Phase One: Application Process

- _____ Fill out a Bristol Home Repair Program Application.
Applications are available at 9 Court St. Bristol, RI 02809 or online at bristolri.us/
- _____ Submit the Home Repair Program Application and Required Documentation.
Applications can be submitted at 9 Court St. Bristol RI 02809. Required documentation is listed on the application.

After you submit your application, it can take up to 10 business days to receive your program acceptance decision.

Phase Two: Acceptance Process

- _____ Sign the Bristol Home Repair Program Acceptance Agreement.
This agreement is filled out at 9 Court St. Bristol RI 02809.
- _____ Schedule a Property Inspection.
Please select a date and time for the home inspector to conduct a walkthrough and review the project scope.
- _____ Please sign the Lead Disclose Agreement.
This agreement is filled out at 9 Court St. Bristol RI 02809.

After completion of the home inspection, it can take up to 30 business days to receive project bids from contractors.

Phase Three: Home Repair Process

- _____ Please sign the Property Lien Agreement.
This agreement is filled out at 9 Court St. Bristol RI 02809.
- _____ Receive necessary permitting from the Town of Bristol.
Your contractor will complete this step for you.
- _____ Home Repair Begins.
During this step, contractors will be working at your home.
- _____ Conduct the Final Walkthrough and Sign the Final Walkthrough Agreement.
The Home Repair Program Manager and Building Inspector will conduct this walkthrough with you.
- _____ After Project Notes:
 - Please note that a lien with the term of 5, 10 or 15 years will be applied to your property at the end of the repair process. Should you decide to sell your property before the expiration of the lien, you must pay a percentage of the total home repair cost back to the Town of Bristol.

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