Community Services Department

Housing Programs- Application

The City of Sparks is excited to offer the Emergency Repair Grant and Homeowner Rehabilitation Deferred Loan Program to residents of the City of Sparks. The City will use Community Development Block Grant (CDBG) funds from the U.S. Department of Housing and Urban Development (HUD). These programs are available to households that reside in the City of Sparks and whose total household income does not exceed 80% of the Area Median Income (AMI) for Washoe County based on the current HUD published FY 2022 Income Limits.

	1 Person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
Low (80%)	$56,700	$64,800	$72,900	$80,950	$87,450	$93,950	$100,400	$106,900

HUD Income Limits 2024

The Emergency Repair Grant and Homeowner Rehabilitation Deferred Payment Loan Programs are administered by the City of Sparks to assist homeowners with health and safety repairs to their home.

Emergency Repair Grant:

- Up to $10,000 per household.
- Grants may only be obtained in the event of an emergency affecting health and safety.
- No payment is required, and no lien is placed against your home.

Deferred Payment Loan:

- A loan of up to $25,000.
- Secured by a Deed of Trust on the home.
- The loan is to be repaid, in full, when the property is sold, or the title is transferred.
- No interest charges and no monthly payments.

Eligibility:

1. Is your household income at or below 80%? (Reference table above) Yes No
2. Do you reside in the City of Sparks? (Unincorporated Washoe County is not eligible) Yes No
3. Do you own your home and is it your primary residence? Yes No

4. Are you current on your mortgage and sewer bill? Yes No

Applicants that are not current on their mortgage and/or sewer bill may not be eligible.

5. Have you received assistance from the City of Sparks Emergency Repair Grant and/or Deferred Payment Loan Programs in the last 5 years? Yes No

Applicants that have participated in the Emergency Repair Grant and/or the Deferred Payment Loan Program in the last 5 years are not eligible.

Applications can be submitted to: City of Sparks, City Hall, 431 Prater Way, Sparks, NV 89431

Should you have any questions, please contact Amy Jones, Housing Specialist, 775-353-2386

THE APPLICANT(S) MUST BE THE HOMEOWNER ON THE TITILE OF THE PROPERTY. IF THERE ARE MULTIPLE HOMEOWNERS, THEY MUST ALL BE REPRESENTED ON THE APPLICATION AND MUST SIGN ALL REQUIRED DOCUMENTS.

Community Services Department

Housing Programs- Application

Application Date: _____

Program Type: ☐ Emergency Repair Grant ☐ Rehabilitation Deferred Loan

Applicant Name: _____

Property address: _____

Home Phone: _____ Cell #: _____

Email address: _____

HOUSEHOLD COMPOSTITION

List all household members. For the purposes of determining program eligibility, "household" means all persons who occupy a housing unit, whether related or not. The occupants may be a single family, one person living alone, two or more families living together, or any other group of persons who share living arrangements.

Name	Birth Date	Relationship	Sex	Age
		Self		

EMPLOYMENT

List below the employer information for the applicant and all adult household members listed on the application. Include employer name, address, hourly wage, and total hours worked per week. You MUST attached the most recent six weeks of paystubs for all adults employed in the household.

Applicant

Current employer: Address: Phone:	Hire Date: Hourly Wage: $ Hours per week:
Previous employer (if employed less than six months): Hire Date:	Hourly Wage: $ Hours per week:
Address:	Phone #:

All other adult household members

Household member: Current employer: Address: Phone:	Hire Date: Hourly Wage: $ Hours per week:
Household member: Current employer: Address: Phone:	Hir Date: Hourly Wage: $ Hours per week:
Household member: Current employer: Address: Phone:	Hire Date: Hourly Wage: $ Hours per week:

OTHER INCOME

List below any other sources of income received by the applicant, other adults or minors listed on the application. You MUST attach verification of income (award letter, court order, benefit letter, monthly statement, etc.).

Type	Yes/No	Household Member	Amount	Frequency
Social Security				
SSI/SSD				
Veterans Benefits				
Pension				
Unemployment / Workers Comp				
Child support				
Alimony				
Own Business				
Other:				

Expenses

List below the household monthly expenses. Please include additional expenses that may not be listed. Do not list essential household items such as food and toiletries.

Monthly Living and Housing Expenses			
Mortgage Payment	$	Loans	$
Average Utilities	$	Medical Expenses	$
Vehicle Payment/Insurance	$	Other	$
Credit Cards	$	Other	$

Assets

List below all assets including, checking and savings accounts, for all household members. You MUST include the six most recent statements for all checking accounts and current month for savings accounts. Attach a separate sheet if necessary.

Asset Information			
Household member	Financial Institution	Asset Type (Checking, Savings, Money Market, 401K, IRA, Trust Account, Annuity, CD, etc.)	Balance
			$
			$
			$
			$
			$

Mortgage 1st Trust Deed			
Firm Name	Address	Account #	Balance
			$
Mortgage 2nd Trust Deed			
			$

Property Insurance			
Firm Name	Address	Account #	Paid Through Mortgage Company
			Yes/ No

Explanation of Repairs Needed:

_____
_____
_____
_____
_____

CERTIFICATION BY APPLICANT(S)

The applicant(s) certifies that all information in this application is true and complete to the best of the applicant's knowledge and belief. This information is given for the purpose of obtaining a Homeowner Rehabilitation Deferred Loan or an Emergency Repair Grant under the financial assistance program developed and administered by the City of Sparks Community Services Department.

The applicant further certifies that he/she/they is the owner of the property described in this application and that the rehabilitation loan proceeds will be used only for the work and materials necessary to meet rehabilitation code standards, as applicable, which are prescribed for the property described in the application. If the City of Sparks determines that the loan will not or cannot be used for the purposes described herein, the applicant agrees that he/she/they will have no further interest, right or claim to such funds. Any proceeds shall be returned, in full, to the City of Sparks, Community Development Block Grant (CDBG) Fund.

Verification of any of the information contained in this application may be obtained from any source named herein by the City of Sparks.

Penalty for false fraudulent statement: U.S.C Title 18, Sec. 1001 provides; Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies, or makes any false, fictitious, or fraudulent statements or representation or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be imprisoned not more than five years.

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understand that providing false representations herein constitutes an act of fraud and can result in denial of your application.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Please answer all questions and attach all documentation listed on the checklist. Failure to provide this information, may delay the processing of your application.

Demographics:

The Office of Management and Budget requires the collection of race and ethnicity information of all program participants.

The following information will be kept confidential and used only to provide aggregate data for program analysis. Completion of this form is required by the head of household only and will not be used to evaluate your application for participation in this program.

The Head of the Household is:

Race-

- ☐ White
- ☐ African American/Black
- ☐ African American/Black and White
- ☐ Asian
- ☐ Asian and White
- ☐ African Indian/Alaskan Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian/Alaskan Native and White
- ☐ American Indian/Alaskan Native
- ☐ American Indian/Alaskan Native and Black/African American
- ☐ Other Multi-Racial
- ☐ Prefer not to respond

Ethnicity-

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Prefer not to respond

Gender-

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to respond

Age Bracket-

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

Applicant Name: _____

Applicant Signature: _____ Date: _____

Emergency Repair Grant and Deferred Payment Loan Programs Document Checklist

Please provide the applicable documentation for all household members:

- ☐ Valid ID
- ☐ Proof of Income:
    - Six-weeks paystubs
    - Award letter
    - Court order
    - Benefit letter
    - Monthly benefit statement
    - Copy of federal income tax forms for the previous two (2) years if self-employed
- ☐ Proof of Assets - Six (6) months statements for checking accounts and current statements for savings, money market, 401K, IRA, trust accounts, annuities, CDs, etc.)
- ☐ Current Recorded Deed
- ☐ Proof of Current Homeowners' Insurance
- ☐ Current Mortgage Statement
- ☐ Completed Application

Applications can be submitted to:
City Hall, 431 Prater Way, Sparks, NV 89431

Should you have any questions, please contact: Amy Jones - Housing Specialist 775-353-2386