



CITY OF EAST ST LOUIS

Charles Powell III, Mayor
Robert Betts, City Manager

ELIGIBILITY

ESL Homeowner whose primary residence is in a qualified census tract

PROGRAM PURPOSE

Grant to fund 50% of project to be used for home repairs. Funds provided partially or in whole by ARPA.

SUPPORT

Staff available to assist with questions

ARPA Program Managers

Tadarrell Qualls -618.482.6775
Monyka Jones-618.482.6776

Applications will be accepted
until *November 14, 2024*

PROGRAM OPENS
October 14, 2024 at 8:30am

50/50 GRANT REHAB PROGRAM APPLICATION PACKET



Applications can be picked up at
301 River Park Drive, East St. Louis, IL 62201
or downloaded from our website

@ www.CESL.US

618.482.6600

City of East St. Louis 50/50 Rehab Program Overview

PROGRAM PURPOSE:

To provide eligible homeowners an opportunity to receive full conditional grants to fund 50% of their project cost to make home repairs. Funds provided partially or in whole by ARPA.

What repairs qualify under the 50/50 Rehab Program?

Repairing or replacing deficient interior and/or exterior related repairs such as roofing, siding, porches, electrical service, heating systems, hot water tanks, plumbing, (this list is not all inclusive).

Are you an Eligible Homeowner?

- Do you own and live in your home, name listed on the deed/mortgage?
- Are you current on all your taxes and fees?
- Have you been living in your home/address listed on the program application for a documented 3 years?
- Do you have a match of funds to cover 50% of your project cost?

Who is Ineligible?

- If you are Renting or Leasing
- If you operate a home-based business and the repair is in that space
- Non-East St. Louis residents
- Homes that are used for transitional, sober living, or any service where federal funding is received to operate
- If you have previously received awards from other CESL funding sources for related services

What is an Ineligible Project?

- Removable of asbestos, lead paint, mold, or any hazardous materials
- Detached garages/structures, concrete driveways, landscaping

(Allowable cost for repairing or replacing of project are not limited to the above examples and will be decided by staff on a case-by-case basis.)

Additional Program Information

- Project cost minimum \$2,500-Project cost maximum \$25,000
- The Homeowner must provide proof of funding from all acceptable sources
- All work will be performed by contractors who are licensed, registered with the CESL. This program will use a competitive bid process for contractor selection to ensure the best work for a reasonable cost. Contractors are paid directly by the City of East St. Louis when work is completed.
- Funds are provided as a 'conditional grant' with a 5-year owner-occupancy requirement. To ensure the *recapture/repayment* of public funds if the program conditions are not met, the City of East St. Louis will retain a lien on the homeowner's property of rehab. During the *recapture* period the homeowner must occupy the property as his or her principal place of residence. The funds provided must be repaid if the property is sold during the *recapture* period, or if the residency requirement is not met.

How can you apply?

- Begin by reviewing and gathering ALL the Required Documentation to submit by the application deadline is November 14, 2024 at 4:00 pm.
- When you have your documentation ready, return the application to City Hall, 301 River Park Drive, East St. Louis, IL 62201 and give it to the ARPA Program Managers, Monyka Jones or TaDarrell Qualls.

Application Process:

Applications are available to any East St. Louis homeowner who needs repairing or replacing deficient interior and/or exterior repairs. Homeowners can obtain an application from the East St. Louis City Hall or www.cesl.us website. The Application Packet will contain all information the applicant is required to complete and return to the ARPA Program Managers, Monyka Jones or TaDarrell Qualls. Upon receipt of the application packet, and other required documentation, staff will decide on a recommendation for the approval of the project.

Application Review Process:

Review of applications will be conducted by date of receipt and then recommended for next steps if the homeowner has completed and provided all the required documentation.

Approval Process:

If the business is approved for the grant, the business owner/operator will receive a letter of notification that the proposal has been approved. Final grant approval must be approved by the City Council on a case-by-case basis.



50/50 Rehab Grant Application

OFFICE USE ONLY

APPLICANT
#

Homeowner's Name _____

OTHER

Address

City, State, Zip Code _____

STAMP DATE
REC'D

Phone _____ Alternate Phone _____

Email _____ @ _____

Project Information

Estimated Total Project Cost \$ this cost must match your required estimates

Amount of Grant assistance requested \$

Homeowner's Total Project Cost:

(Financing, Pre-Approval Letter, Matching Grant, Cash, Other Loan Program)

Source	Amount	Terms
	\$ _____	
	\$ _____	
	\$ _____	
Total \$ _____		

Homeowner's Financial Information

Have you previously received financial assistance from CESL? YES NO

If yes, provide explanation

Date received / / How much did you receive \$

Use of Funds

Project Area

Cost

Please include a detailed narrative that will address the following:

Project Description:

construction information that may include the number of square feet to be demolished, constructed, and/or rehab, the number and square footage of units, and the number of construction phases;

Certification by Applicant Homeowner

The applicant certifies that it will comply with all the rules, regulations, and ordinances of the City of East St. Louis. Applicant hereby certifies that all information contained above and in exhibits attached hereto is true to his/her best knowledge and belief and are submitted for the purpose of obtaining financial assistance from the City of East St. Louis, Illinois. Additional cost, above the amount of deposit, incurred by the City for outside professional review or expertise will be the responsibility of the applicant.

Signature _____ **Date** _____

AFFIDAVIT

County of _____

The undersigned, _____, being duly sworn, hereby deposes and says:

1. I am over the age of 18 and am a resident of _____, I have personal knowledge of the facts herein, and, if called as a witness, could testify completely thereto.
2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this _____ day of _____, 20 _____.

NOTARY ACKNOWLEDGMENT

_____, County of _____, ss:

Notary Public

Title

My commission expires

OWNER AFFIDAVIT

Homeowner/Applicant acknowledges and confirms that:

1. All grant proceeds obtained in connection with this program will be used for the above purposes only and must be approved by Review Committee.
2. Funds are provided as a 'conditional grant' with a 5-year owner-occupancy requirement. To ensure the *recapture/repayment* of public funds if the program conditions are not met, the City of East St. Louis will retain a lien on the homeowner's property of rehab. During the *recapture* period the homeowner must occupy the property as his or her principal place of residence. The funds provided must be repaid if the property is sold during the recapture period, or if the residency requirement is not met.
3. Must meet the credit criteria of the lending institution, or pledge matching equity funds, and if loan funds are involved, execute loan documents prior to receiving matching funds from the CESL.
4. The selected contractor will be registered with the CESL.
5. Owner/ applicant must occupy property for at least five (5) continuous years after improvements have been made.
6. The Review Committee must approve all improvements made or contemplated and is authorized to conduct property inspections during and upon completion of property improvements.
7. Applicant must provide proof of home ownership by submitting documentation outlined in the checklist.

Signature _____ Date _____