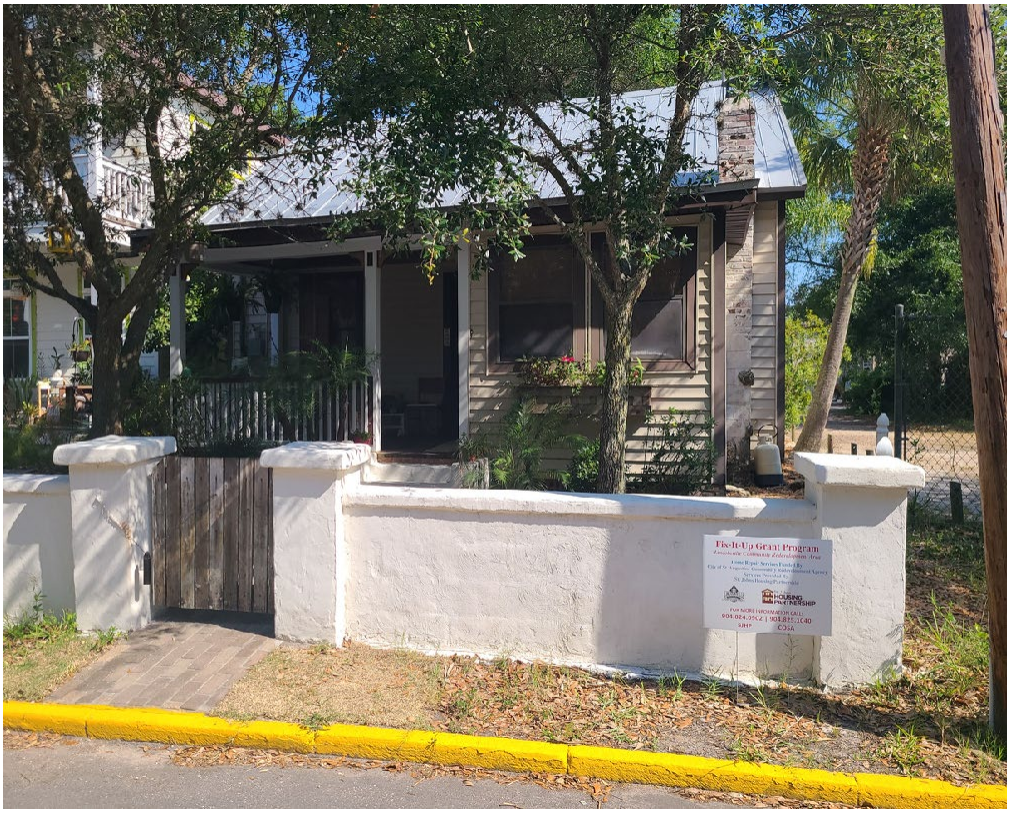

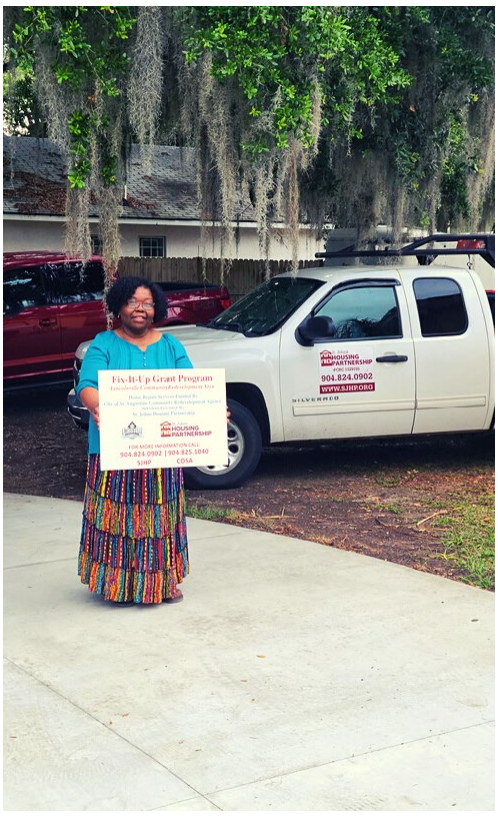

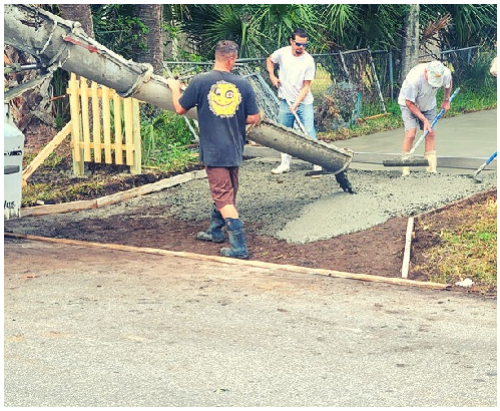

Lincolnville Community Redevelopment Area

Fix-It-Up Grant Program

Application Packet

CITY OF ST AUGUSTINE
COMMUNITY REDEVELOPMENT AGENCY

LINCOLNVILLE
Established 2013
COMMUNITY REDEVELOPMENT AREA

Table of Contents

CITY OF ST AUGUSTINE
COMMUNITY REDEVELOPMENT AGENCY

Program Summary

The Fix-it-Up Grant Program was merged with a previously authorized emergency assistance program and established in 2013 with the implementation of the Lincolnville Community Redevelopment Area (LCRA) Plan. The program was later revised with the adoption of the LCRA Plan Amendment in 2017. The program provides income-qualified, owner-occupied households with grant funding to complete essential health and safety repairs. The goal of the program is to provide assistance to residents that may have more obligations than resources. The program is also designed to benefit long-term residents living in the Lincolnville Community who may be experiencing challenges related to the increase of property taxes which may be directly related to the significant presence of urban renewal or demographic changes.

When the program was initially established, it offered income-qualified residents a grant award in the amount of $7,000. In 2017 the grant amount was increased to $20,000, and then in 2023 the grant amount was further increased to $50,000 allowing residents who have previously matriculated through the program receiving the original grant amount to reapply and receive the remaining balance of grant funding to complete additional repairs to their home. Of the 55 approved and awarded applicants, 14 of those applicants reapplied for the additional award amount and were approved, having additional home repairs completed. The initial $7,000 grant award did not require a lien to be placed on the home; however, the additional grant award now requires a lien. In 2024, an increase to the Fix-It-Up Grant award amount was increased to $100,000 for qualified applicants which allows the program to maintain its principal priority which is to stabilize long-term residents in the Lincolnville community. The evolution of the program is consistent with current economic and social trends.

CRA staff will inspect the potential project site prior to and following completion of repair work, review the scope of work, review and approve proposed materials, and sign off on final repair work. Construction services will be provided by the St. Johns Housing Partnership (SJHP), Inc. or an equally qualified organization. Repairs that require a partial demolition may necessitate review by the Historic Architecture and Review Board (HARB) for additional condition requirements that will need to be completed.

Program Qualifications

The Fix-It-Up Grant Program is specifically designated for health and safety repairs on residential property that is situated within the Lincolnville Community Redevelopment Area (LCRA). Applicants must meet the income qualifications outlined in the chart below. Applicants' *net income* should not exceed the 80 percent low-income threshold based on household size.

2024 Income Limits by Number of Persons in Household - St Johns County:

2024 Gross Income Limits Adjusted to Family Size Based on Area Median Income of $98,100			
Persons Per Household	Extremely Low Income (30%)	Very Low Income (50%)	Low Income (80%)
1	$20,450	$34,100	$54,500
2	$23,400	$38,900	$62,300
3	$26,300	$43,800	$70,100
4	$31,200	$48,650	$77,850
5	$36,580	$52,550	$84,100
6	$41,960	$56,450	$90,350
7	$47,340	$60,350	$96,550
8	$52,720	$64,250	$102,800

Florida Housing Finance Corporation (FHFC) income limits are based upon figures provided by the United States Department of Housing and Urban Development (HUD).

Additional Qualifications Include:

- Property must be owner occupied. If property owner has been displaced, they must intend to return to the property upon completion of repairs. Applicant may be required to complete an affidavit.
- Property must be homesteaded.
- Property taxes must be current.
- Applicant must complete a third-party income verification form.
- Applicant must submit a completed application inclusive of signed lien and all other requested documents (ex: photo ID, social security card, bank statements, etc.).

All interested parties must sign the lien agreement. For applications with complicated title issues, staff should complete a risk assessment with the City Attorney's office to determine signees, and potential approval of non-standard applications.

Grant Program Update

This amended Fix-It-Up Grant Program will be combined with the grant programs which were previously established in 2017, amended in 2022 and 2024. The new program will allow award recipients to receive up to $100,000 for eligible residential health and safety repairs. Construction services will be provided by a qualified contractor procured by City of St Augustine/CRA staff. CRA staff will establish a scope of work following a preliminary site inspection with the homeowner. A final scope will be identified following the contractor's inspection. The final application approval will occur following the administrative approval by the City's Building Official, Historic Preservation Officer, and CRA Manager.

Additional Guidelines:

- Up to $100,000 grant award per home[1].
- Property must be situated within the LCRA boundaries.
- Eligible properties must be single-family, owner occupied.
- Properties contributing to the National Register Designation will be given priority.
- Previous award recipients may reapply for grant program to obtain any remaining funds within the $100,000 maximum amount. CRA staff will determine remaining funds available based on previously approved applications[2].
- A lien will be placed on the repaired property. Lien time frame is determined based on current and previous award amounts.
- Awards of $10,000 to $50,000 will require a ten (10) year lien.
- Awards of $50,001 to the $100,000 maximum award amount will require a twenty (20) year lien.
- Award recipients are not required to make any payments toward the grant award; however, if the homeowner sells, refinances, or transfers the title[3], the *amortized* grant amount will be required to be repaid in full.
- Amortized amount will be determined by CRA staff. For scenarios where repayment is necessary, the grant award value will decrease in equal amounts each year based on the time period of the lien. *For Example: If the award is $100,000 and the lien is 20-years, a total of $5,000 will be deducted each year. If the property owner decides to sell or refinance the property with 10 years remaining on the lien, they will be required to make a repayment of $50,000. The year is determined by the month and calendar year that the lien was established/signed.*
- Prior award recipients with an active lien of five (5) years or more and who are not receiving more than $50,000 will not be required to establish a new lien.
- Prior award recipients with an active lien of less than five (5) years will be required to amend their lien, extending the lien by eighteen (18) months for each additional $10,000 received up to $50,000.
- All award recipients who have previously been awarded $50,000 will be required to establish a twenty (20) year lien to access any remaining grant funds.
- All applicants must submit a new application and supporting documents each time they apply for a grant award.

[1]If an applicant has received grant funds and has completed a repayment of the grant award amount; they may qualify for a new award.
[2]Prior award recipients may be required to be placed on a waiting list to allow applicants who have never received an award an opportunity to apply.
[3]The transfer of title to a surviving family member where there is no monetary exchange may not require the repayment of the grant award.

Lincolnville Community Redevelopment Area
Fix-It-Up Residential Repair
Critical Item Repair List

Note: The items identified on this list shall determine if a qualified applicant's residential repair is deemed urgent or a priority repair. This list will only be implicated in the event that a returning applicant and a first-time applicant submits their application during the same time period, or if a wait list has been implemented due to funding challenges.
List is not in order of priority.

Critical Repair Items:

- Roofing repair or new installation
- HVAC repair or new installation
- Plumbing issues related to water access, quality, sanitation, or high utility bills
- Plumbing issues causing residential damage; leaks, broken pipes, damage to foundation
- Electrical issues that cause immediate danger to the homeowner and/or risk of fire
- Accessibility; relative to medical equipment, medical condition, or security
- Emergency repairs as a result of a natural disaster, causing immediate danger or displacement

Applicants may have the critical item repaired and still be placed on the waitlist for additional non-critical or priority repairs. Repairs may be short-term resolutions until funding is available to complete the critical repair, i.e. placing a tarp on a roof to prevent leaks until a vendor is mobilized and materials are acquired.

CITY OF ST AUGUSTINE
COMMUNITY REDEVELOPMENT AGENCY

Lincolnville Community Redevelopment Area
Fix It Up Housing Repair Grant Application

☑ **Checklist of documents to provide with application packet**

Documents applicant must provide with packet:

- ☐ Photocopy of Driver's License and Social Security card
- ☐ Income verification- provide all applicable documents:
  - ☐ Last two months pay stubs if employed
  - ☐ Current copy of Social Security and/or SSI award letter
  - ☐ Pension or retirement benefits letter
  - ☐ Disability, unemployment, worker's compensation
  - ☐ Cash issuance Determination and Child Support/Alimony
- ☐ Most recent mortgage statement
- ☐ Last three months bank statements from each bank account
- ☐ Agent's Authorization form if Owner has authorized an agent to act on his/her behalf
- ☐ Documentation and photographs related to the historical background of the structure for which you are requesting rehabilitation assistance

Required document forms provided for applicant signature:

- ☐ Completed and signed Fix It Up Housing Repair Grant Application form
- ☐ Signed Income Limits form
- ☐ Signed Authorization to Release Information form
- ☐ Signed Consent and Release form
- ☐ Signed Authorization to Place Fix It Up Sign on Property During Construction form
- ☐ Signed Grievance/Appeal form
- ☐ Release of Liability Form

CITY OF ST AUGUSTINE
COMMUNITY REDEVELOPMENT AGENCY

Lincolnville Community Redevelopment Area
Fix-It-Up Housing Repair Grant Application

Applicant Information:

Date: _____/_____/_____

	Applicant **Please circle ethnicity:** Caucasian Asian African American Native American Latino/Hispanic Other Prefer not to say	**Co-Applicant (if applicable)** **Please circle ethnicity:** Caucasian Asian African American Native American Latino/Hispanic Other Prefer not to say
Full Name:		
SSN:		
Phone:		
Email:		
DOB:		
Address:		

Applicant Income Information (specify if income source is child support, alimony, employment, SSI, unemployment, etc.)

Source	**Monthly Gross Amount**
	$
	$
	$

Co-Applicant Income Information (specify if income source is child support, alimony, employment, SSI, unemployment, etc.)

Source	**Monthly Gross Amount**
	$
	$
	$

Other Household Members (indicate if household member is a student. If necessary, add additional members on a separate sheet.)

Name	**DOB**	**Relationship**	**Income Source**	**Monthly Gross**
				$
				$
				$
				$

Applicant Asset Data

Asset Description (checking/savings acct, rental property, etc.)	**Cash Value**	**Income from Asset**
	$	**$**
	$	**$**
	$	**$**
	$	**$**

Co-Applicant Asset Data

Asset Description (checking/savings acct, rental property, etc.)	**Cash Value**	**Income from Asset**
	$	**$**
	$	**$**
	$	**$**
	$	**$**

I/We, the applicant(s), certify that all information in this application and all information furnished in support of this application is true and complete to the best of my/our knowledge and belief. Should it be found that I/we willfully falsified any information upon which eligibility was determined, I/we will be considered in breach, and I/we shall be required to return any sums expended by the City of St Augustine/Community Redevelopment Agency (City/CRA) on my/our behalf, including any legal fees incurred during the verification process and administrative costs.

_____ _____

Applicant Signature Date Co-Applicant Signature Date

I/We understand and agree that by receipt of assistance from the City of St Augustine/Community Redevelopment Agency of my/our property, a lien will be placed against the property. At the end of the specified time period of the lien a Satisfaction of Lien will be issued by the City/CRA.

_____ _____

Applicant Signature Date Co-Applicant Signature Date

Internal City Staff Use Only: This Application's Grant Award $ _____ Date: _____

Approved: Yes ____ No ____ CRA Manager Approval: _____

Previous Awarded Grant(s): $ _____ $ _____ $ _____

Explanation of Repair Request

Exterior of Home	
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Interior of Home	
1.	
2.	
3.	
4.	
5.	
6.	
7.	

***Note: Thorough inspection by CRA staff will be scheduled to determine a final Scope of Work. Work will be prioritized based on health/safety and available funds.**

2024 INCOME LIMITS

2024 Gross Income Limits Adjusted to Family Size Based on Area Median Income of $98,100			
Persons Per Household	Extremely Low Income (30%)	Very Low Income (50%)	Low Income (80%)
1	**$20,450**	**$34,100**	**$54,500**
2	**$23,400**	**$38,900**	**$62,300**
3	**$26,300**	**$43,800**	**$70,100**
4	**$31,200**	**$48,650**	**$77,850**
5	**$36,580**	**$52,550**	**$84,100**
6	**$41,960**	**$56,450**	**$90,350**
7	**$47,340**	**$60,350**	**$96,550**
8	**$52,720**	**$64,250**	**$102,800**

Florida Housing Finance Corporation (FHFC) income limits are based upon figures provided by the United States Department of Housing and Urban Development (HUD).

_____ _____

Staff Certification Date Applicant Signature Date

_____ _____

CRA Manager Date Co-Applicant Signature Date

AUTHORIZATION TO RELEASE INFORMATION

I,_____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to the City of St Augustine/Community Redevelopment Agency (City/CRA), for the purposes of verifying information provided as part of determining eligibility for assistance under the Fix-It-Ip grant program. I understand that only information necessary for determining eligibility can be requested.

I authorize you to provide to the City of St. Augustine/Community Redevelopment Agency for verification purposes the following applicable information:

- Past and present employment or income records
- Bank account, stock holdings and any other asset balances
- Retirement and/or Pension Institutions
- Social Security Administration
- Alimony/Child Support Providers
- State Unemployment Agency
- Welfare Agency
- Veteran's Administration

This Authorization Form may be photocopied, and all copies shall be as effective as those containing my/our original signature(s) dated this _____ day of _____,20___.

_____	_____
Applicant Signature Date	Co-Applicant Signature Date
_____	_____
Applicant Printed Name	Co-Applicant Printed Name

CONSENT & RELEASE

Use of Photographic, Video, and Film Images

Name: _____

Property Address: _____

_____

I understand that I may be photographed or videotaped by the City of St. Augustine and its Community Redevelopment Agency (CRA) in connection with the Lincolnville Fix-It-Up and/or Institutional Rehabilitation Programs. Photo, video, and film images of me and/or my property may be used by the City of St. Augustine and its CRA for governmental purposes including social media posts, reports, press releases, official websites, posters, information pamphlets, and newsletters, and I authorize this use. I also understand that these images will become public records.

Signature: _____

Date: _____

City of St. Augustine/St. Augustine Community Redevelopment Agency Witness

I, _____ (City/CRA official) did witness _____ (name of person being photographed), sign this authorization on this _____ day of _____, 20____.

_____

City/CRA Official Signature

Grantee Name: _____

Property Address: _____

AUTHORIZATION TO DISPLAY FIX IT UP SIGN ON PROPERTY

I, _____ agree to allow the City of St Augustine's Community Redevelopment Agency to place a Fix-It-Up project sign on my property for the duration of the project.

_____	_____
Applicant Signature Date	Co-Applicant Signature Date
_____	_____
Applicant Printed Name	Co-Applicant Printed Name

Grantee Name: _____

Property Address: _____

GRIEVANCE/APPEAL WAIVER

I, _____ understand I have ninety (90) days from the date work is completed to submit a grievance/appeal to the CRA for unsatisfactory work completed on the property at:

_____. I understand that submitting a grievance/appeal does not guarantee approval. Community Redevelopment Agency (CRA) staff will review the grievance and make a final determination regarding the issue(s) reported. I also understand if I do not submit a grievance/appeal within the ninety (90) days of the completion period, I am no longer eligible to file a grievance and agree that all work has been satisfactorily completed.

_____ _____

Applicant Signature Date Co-Applicant Signature Date

_____ _____

Applicant Printed Name Co-Applicant Printed Name

RELEASE OF LIABILITY

I, the undersigned, do authorize and agree that the repairs will be made to my residence at:

Address City/State Zip Code

The City of St Augustine must follow state and local guidelines and must work within funding limitations. In some cases, not all work that a homeowner request can always be accomplished. Authorized repairs are prioritized based upon health and safety. The intent of the grant program is the remediation of dilapidated structures, the increased opportunity for a safe and healthy primary residence, as well as to retain long-term residents and allow those residents to age in place.

In addition, I do hereby for myself, my heirs or personal representative, assigns, or any other person claiming under me, remise, waive, release, forever discharge, and agree to indemnify and hold harmless the City of St Augustine, its employees, contractors and sub-contractors causes of actions, damages, claims of negligence, and demands whatsoever by reason of injury, damage, or harm to me or my property which may occur directly or indirectly as a result of any activity in connection with the City of St. Augustine Community Redevelopment Agency's Fix-It-Up Program.

_____ _____

Applicant Signature Date Co-Applicant Signature Date

_____ _____

Applicant Printed Name Co-Applicant Printed Name

_____

Witnessed Date

_____

Witness Printed Name

Mortgage Lien Document Begins on Next Page

This instrument was prepared under the direction and supervision of Isabelle C. Lopez, City Attorney, P.O. Box 210, St. Augustine, Florida 32085

UNDER THE CITY OF ST. AUGUSTINE EMERGENCY ASSISTANCE REHABILITATION PROGRAM EXEMPT PER F.S. 201.24

SECURITY AGREEMENT / MORTGAGE LIEN

THIS INDENTURE, made this_____ day of _____, 2025, between _____, whose mailing address is _____, **St. Augustine, Florida 32084** and whose street address of the property described below is

XXXXXXXXXX according to the plat thereof in the public records of St. Johns County, Florida

Also Known As: XXXXXXX

hereinafter referred to as "OWNER" (OWNER refers to singular or plural as the context requires), and the **CITY OF ST. AUGUSTINE COMMUNITY REDEVELOPMENT AGENCY** (hereinafter referred to as "CRA") and the **CITY OF ST. AUGUSTINE, FLORIDA** (hereinafter referred to as "CITY").

WI TN E S S E TH:

WHEREAS, the CITY through its St. Augustine Community Redevelopment Agency (CRA) has made available to OWNER under its Emergency Assistance Rehabilitation Program, funds to be used for housing repair, primarily to encourage continued homeownership for very-low, low, or moderate-income participants within the Lincolnville Community Redevelopment Area; and

WHEREAS, the parties hereto wish to preclude speculation and windfall profits from the sales of properties assisted with such funds.

NOW, THEREFORE, in consideration of the provision of financial assistance to the OWNER for housing repairs and/or rehabilitation assistance on the property hereinafter described subject to the terms and conditions hereinafter provided, the OWNER has mortgaged, granted, and conveyed to CITY the land situate, lying and being in the County of St. Johns, City of St. Augustine, State of Florida, described in **EXHIBIT "A"** attached hereto and incorporated herein, hereinafter referred to as "PROPERTY", together with all improvements, replacements, and additions now or hereafter erected on the PROPERTY, and all easements, appurtenances, and fixtures now or hereafter a part of the PROPERTY, the said OWNER does hereby fully warrant the title to said PROPERTY and will defend the same against the lawful claims of all persons whomsoever.

SUBJECT, HOWEVER, to the following terms and conditions each of which the OWNER hereby accepts and agrees to:

1. The City of St. Augustine Emergency Assistance Rehabilitation Program's funds in the amount of **XXXXXXX and 00/100 ($XX,000.00) dollars** have been provided to or for the benefit of the OWNER to assist in the rehabilitation of the PROPERTY, the receipt whereof is hereby acknowledged by OWNER.

2. OWNER agrees that OWNER occupies and shall occupy the PROPERTY as his or her principal and primary place of residence for a period of at least **____ (X) years** from the date of this document.

3. For a period of **_____ (X) years** from the date of this document, if the PROPERTY shall be sold, refinanced, or transferred, or in the event of the owner's death, the OWNER, or OWNER'S estate, shall repay to the CRA/CITY the financial assistance provided to OWNER under the CRA/CITY Emergency Assistance Rehabilitation Program immediately upon the sale, refinance, or transfer of the PROPERTY.

4. Paragraph 3 of this agreement regarding transfer of the subject PROPERTY shall not apply to a transfer from the OWNER to the OWNER'S spouse or ex-spouse pursuant to a court order as part of a divorce action; but if transferred to an OWNER'S spouse or ex-spouse, the agreements contained herein shall run with title to the land and, thereafter, be applicable to any transfer made by the OWNER'S said spouse or ex-spouse.

5. OWNER understands and agrees that this agreement shall be recorded in the office of the Clerk of the Circuit Court in and for St. Johns County, Florida, and its obligations thereof shall run with title to the PROPERTY and shall encumber and burden title to the PROPERTY.

6. THE OWNER UNDERSTANDS AND AGREES THAT THIS INSTRUMENT SHALL PLACE A MORTGAGE LIEN UPON OWNER PROPERTY DESCRIBED HEREIN ABOVE AND THIS AGREEMENT SHALL BE BINDING UPON THE HEIRS, DEVISEES, SUCCESSORS, AND ASSIGNS OF THE OWNER.

7. In any instance where OWNER endeavors to refinance existing or obtain new mortgage(s) that are being secured by the PROPERTY, this Security Agreement may NOT be subordinated, unless agreed to in writing by the CRA/CITY.

8. The OWNER further understands and agrees that any benefit received by OWNER as a result of false or misleading information submitted to CRA/CITY or its independent contractors shall be paid back to the CRA/CITY by the OWNER immediately upon discovery of same.

9. All obligations and conditions herein that are applicable to OWNER are secured by this mortgage lien PROVIDED that if the OWNER shall meet or pay all obligations described herein and, in the COVENANT, and shall comply with all conditions and perform all agreements set forth herein, then this mortgage lien and the estate hereby created shall cease and be null and void after a period of **____ (X) years** from the date of this document.

IN WITNESS WHEREOF, OWNER has executed this instrument under seal on the day and year first above written.

Signed, sealed and delivered in the presence of:

"OWNER"

_____
Signature

_____
Witness

Print:_____

Print:_____

Title:_____

_____
Witness

Print:_____

STATE OF FLORIDA
COUNTY OF _____

I HEREBY CERTIFY that on this day, personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments,_____, by means of [_] physical presence or [_] online notarization, who is personally known to me or who has produced _____ as identification, who is the person described in and who executed the foregoing instrument and who acknowledged before me that he/she executed the same for the uses and purposes therein expressed.

Witness my hand and official seal, this_____day of_____, 20 .

_____
Notary Public, State of Florida

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

_____
CITY ATTORNEY

TO REIMBURSE THE CRA/CITY FOR THE NO-INTEREST LOAN AND TO CLEAR THE TITLE OF THIS LIEN, CONTACT CITY OF ST. AUGUSTINE COMMUNITY REDEVELOPMENT AGENCY. CASHIER'S CHECK OR MONEY ORDER SHOULD BE MADE PAYABLE TO CITY OF ST. AUGUSTINE, FLORIDA FOR REPAYMENT OF THE CITY OF ST. AUGUSTINE CRA EMERGENCY ASSISTANCE REHABILITATION PROGRAM LIEN.

SECURITY AGREEMENT / MORTGAGE

PROMISSORY NOTE

Applicant(s) Names(s): XXXX XXXXXX
Property Address: XXXX XXXXXX
St. Augustine, Florida 32084

TOTAL AMOUNT: **$X,000.00**

FOR VALUE RECEIVED, and as payment for certain Emergency Assistance Rehabilitation Program funds on premises located at _____, the undersigned, jointly and severally, promises to pay to the order of: **CITY OF ST. AUGUSTINE,** P.O. Box 210, St. Augustine, Florida 32085, or elsewhere as the holder hereof may from time to time require, the principal sum of **XXXXXXX and 00/100 ($X,000.00) Dollars.** Said principal shall be paid at closing upon the sale of the Property, if the Property is sold less than **_____ (X) years** from the date of this Note. This Note becomes null and void **_____ (X) years** from the date it is executed.

This Note is secured by and subject to the terms of the Security Agreement/Mortgage Lien of even date herewith.

IN WITNESS WHEREOF, OWNER has executed this instrument under seal on the day and year first above written.

"OWNER"

Signed, sealed and delivered
in the presence of:

_____
Signature

Print:_____

Title:_____

_____
Witness

Print:_____

_____
Witness

Print:_____

STATE OF FLORIDA
COUNTY OF _____

The foregoing Security Agreement/Mortgage Promissory Note was acknowledged before me this _____ day of _____, 20___, by _____ who [__] is personally known to me or who [__] has produced _____ as identification and who [__] did or [__] did not take an oath.

_____
Notary Public, State of Florida

(SEAL)

EXHIBIT "A"

XXXXXXXXXXX, according to the plat thereof in the public records of St. Johns County