



**Department/Project:**  
DEVELOP LOUISVILLE/ MHRC EMERGENCY REPAIRS

### Additional Signatures

I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.

#### Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____
District 16	_____	\$ _____
District 17	_____	\$ _____
District 18	_____	\$ _____
District 19	_____	\$ _____
District 20	_____	\$ _____
District 21	_____	\$ _____
District 22	_____	\$ _____
District 23	_____	\$ _____
District 24	_____	\$ _____
District 25	_____	\$ _____
District 26	_____	\$ _____

## NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

**Interagency Name:** DEVELOP LOUISVILLE

**Program/Project Name:** MHRC EMERGENCY REPAIRS

	Yes/No/NA	
<b>Request Form:</b> Is the Request Signed by all Council Member(s) Appropriating Funding?	Yes	<input type="checkbox"/>
<b>Request Form:</b> If matching funds are to be used, are they disclosed with account numbers in the request form description?	NA	<input type="checkbox"/>
<b>Request Form:</b> If matching funds are to be used, does the amount of the request exclude the matching fund amount?	NA	<input type="checkbox"/>
<b>Request Form:</b> If other funds are to be used for this project, are they disclosed with account numbers in the request form description?	NA	<input type="checkbox"/>
<b>Funding Source:</b> If CIF is being requested, does Metro Louisville own/will own the real estate, building or equipment? If not, the funding source is probably NDF.	NA	<input type="checkbox"/>
<b>Funding Source:</b> If CIF is being requested, does the project have a useful life of more than one year? If not, the funding source is probably NDF.	NA	<input type="checkbox"/>
<b>Ordinance Required:</b> Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.	Yes	<input type="checkbox"/>
<b>Ordinance Required:</b> Is the request a transfer from NDF to cost center? If so, is the amount given for the fiscal year \$25,000 or less?	No	<input type="checkbox"/>
<b>Supporting Documentation:</b> Does the attachment include a valid estimate and description of cost?	Yes	<input type="checkbox"/>

**Submitted by:** Denise Bentley

**Date:** 7/23/21

**From:** [Bentley, Denise G.](#)  
**To:** [Harward, Sonya](#)  
**Subject:** Fwd: MHRC  
**Date:** Sunday, July 25, 2021 10:07:52 AM

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Let me know thanks

Denise Bentley

Begin forwarded message:

**From:** "OBrien, Jeff" <Jeff.OBrien@louisvilleky.gov>  
**Date:** July 21, 2021 at 5:11:42 PM EDT  
**To:** "Bentley, Denise G." <Denise.Bentley@louisvilleky.gov>  
**Cc:** "Robinson, Justin A" <Justin.Robinson@louisvilleky.gov>, "Harris, Marilyn S." <Marilyn.Harris@louisvilleky.gov>  
**Subject:** RE: MHRC

Hi Denise –

Develop Louisville will accept and administer these funds.

Thank you!

Jeff

Jeff O'Brien  
Director and Co-Chief  
Develop Louisville  
*LOUISVILLE FORWARD*  
Ph. 502.574.1354

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**From:** Bentley, Denise G. <Denise.Bentley@louisvilleky.gov>  
**Sent:** Wednesday, July 21, 2021 12:12 PM  
**To:** OBrien, Jeff <Jeff.OBrien@louisvilleky.gov>  
**Subject:** MHRC  
**Importance:** High

Good afternoon!

Jeff can you provide me an email accepting a new appropriation to Develop Louisville for MHRC to be used for emergency repairs for \$75,000. Thanks

**Make it a GREAT day!**

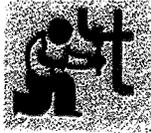
## Council Member by District

Jessica Green —District One  
\*Keisha Dorsey—District Three  
Donna Purvis—District Five  
\*David James—District Six  
\* Inactive

The Metro Council Member Sponsored Programs have as a primary focus the health and safety conditions of homes owned and occupied by families living in a specified council district.

The Metro Housing Resource Center administers the following council member sponsored *Grant Programs*.

- **Emergency Repair (up to \$3,500 / +)**



- **Security Light (\$475)**



\$500)

- **Exterior Paint (up to**



## Program Description

**Emergency Repair- \$3,500 for some cases \$4,500**

Repair/replacement: of Electrical, Furnace, Water Heater, Plumbing, addresses handicapped accessibility when no other option is available. Air conditioning may be repaired. A new central unit may be installed only if medically necessary by Physician Referral. This program runs year round (when funds are available) and generally makes one repair/replacement per household per year; including qualifying code enforcement violations. **(Call for more details)**

**Security Light -\$475**

Designed to provide better visibility to homeowner-occupants. The objective of the (SL) program is to provide more lighting in areas known for high crime or other suspicious activity, in order to help minimize such events. This is a one-time grant.

**Exterior Paint —Up to \$500**

The objective of the PP is to promote a sense of neighborhood identity, responsibility, pride, and property maintenance. The goal is to improve the exterior façade and/or remedy qualifying code enforcement violations. This program runs from April 1<sup>st</sup> to October 1<sup>st</sup>. **Applications are taken from March 1<sup>st</sup> to September 30<sup>th</sup>**, not less than every three years.

*\*All Programs Depend on Available Funding\**

## Guidelines to Qualify:

- Currently own and living in the home for at least 2 years. (Home must be livable and occupied)
- At or below 80% area median income

### **To be Certified the Homeowner must Provide:**

- Proof of income for everybody living in the house (Social Security, Pension, Food Stamps, etc.)
- A copy of your recorded Deed
- Picture Identification
- Still working: 2 most recent pay stubs and a copy of your latest Tax Return
- Complete application and answer disclosure questions regarding primary residence, status of mortgage, homeowners insurance, other property you own, and plans to sell

## APPLICATIONS ARE TAKEN

**Monday - Thursday  
10:00 a.m. to 2:00 p.m.  
Or  
By Special Appointment**



# Metro Housing Resource Center, Inc

To all homeowners seeking assistance through the Council Member Sponsored - Emergency Repair, Exterior Paint and Security Light Programs. NOTE: None of the Contractors performing work under this program are employed by The Metro Housing Resource Center, Inc. (MHRC). Contractors are paid from funds the Council Member over your District has giving MHRC to pay those who meets Metro Government guidelines and are qualified to be paid with Metro dollars. MHRC only certifies the homeowners and validates the repairs, then report it to Metro Government each quarter. (Please read, but do not sign if you do not understand)

## YOUR APPLICATION

With your signature, you are acknowledging that you have provided all of the requested information and the information is correct and true. You acknowledge, that your repair/s will not be based on when your application was filled out, but all repairs are based on the severity of the repair/s needed and the availability of funds. Due to the fact the programs are funded by the Council Member, you must live in that Council Member's District so you need to know your District and Council Member.

## EMERGENCY REPAIR PROGRAM

This program is not a remodeling, rehab, cosmetic or maintenance program. It addresses only what would be considerate a life threaten or severe health hazard emergency and some code violations. The inspector from Metro Housing Resource Center, Inc (MHRC) will come to your property for an inspection to see if the repair/s or replacement qualifies under the program. The Contractor assigned will only repair/replace what the inspector has instructed him to do. **(Anything outside the scope of the instructed repairs/replacement will be between you and the contractor not MHRC).** MHRC has set the ceiling of \$3,500 to assist you toward the repairs/replacement; **(in some cases more depending on the situation)**, anything over the amount slated for your repair/s becomes your responsibility. This does not mean that once you qualify for the program \$3,500/+ is set aside for you , it means that we can assist you up to that amount for what need to be done based on the inspection. A year after the repair/s or replacement are completed you can reapply again.

## EXTERIOR PAINT PROGRAM

This program will supply all the materials you will need up to \$500, labor and equipment is your responsibility. Paint will be matched as close as possible to the existing color, **(requested color change will not be approved)**. You have three months from the time you receive your paint to have the paint applied. If you cannot meet your deadline, you must call our office to let us know.

## SECURITY LIGHT PROGRAM

This is a dusk to dawn light that is controlled by a sensor located on top of the light not a wall switch. 90 days after installation the maintenance for the light becomes your responsibility.

**I have read and understand the above, my information is correct and true and I have not been coerced to sign this document.**

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
MHRC

\_\_\_\_\_  
Date