

DEMOLITION ASSISTANCE PROGRAM

The City of Cochran's Code Enforcement Division administers the Demolition Assistance Program as part of the City's larger effort to improve the quality of life for the entire community. Removal of dilapidated structures improves community health standards, reduces crime, and paves the way for new affordable housing and businesses. This program is locally funded. It is representative of a concerted effort to revitalize blighted and/or decaying neighborhoods and remove substandard and/or underutilized structures. Its goals are to stabilize, preserve, and improve the neighborhoods within the city limits. Cochran desires to have safe, clean, and affordable housing for its residents. The Demolition Assistance Program is an activity undertaken to eliminate specific conditions of blight or physical decay within the City of Cochran.

Financial assistance is available dependent upon the status and financial qualifications of the applicant. However, to receive any level of assistance, the following requirements must be met:

1. The structure to be demolished must be located within the city limits of Cochran.
2. The structure must be dilapidated. (Evidence that at least three of its structural elements is rated as very poor. Elements used for rating purposes include roof, windows, exterior siding, foundation and porch). The City shall evaluate the structure and decide if the structure is dilapidated and qualifies for the program.
3. The structure must be owned by the applicant, or applicants. All owners of the property must sign the demolition assistance application.

Financial Programs and Assistance Limitations

Program 1: Low Income Households (See Chart Below)

Low-income owners of dilapidated vacant properties can qualify for city assistance through the City's demolition program. The grant application will be processed through the City Manager's office. If the City determines that a property owner of a vacant, dilapidated structure qualifies for the program, then the property owner(s) must pay a total **\$250.00** to the City in the form of a cashier's check, cash, or credit card. The city will provide due diligence in verifying the **total household** income of an applicant for demolition assistance, including tax returns from all household members, pension statements, social security payment records, or other sources of income to determine total household income.

The following is the low-to-moderate income thresholds that the city will use to qualify applicants for assistance. Thresholds are based on household size. This is taken from the Ga. DCA CDBG applicants manual for 2021 and applies to income thresholds for the year 2022. The thresholds are for Bleckley County, Ga., and eligible applicants must have **total household income** below the following thresholds:

<u>1 person</u>	<u>2 persons</u>	<u>3 persons</u>	<u>4 persons</u>	<u>5 persons</u>	<u>6 persons</u>	<u>7 persons</u>	<u>8 persons</u>
\$30,650	\$ 35,000	\$ 38,100	\$ 43,750	\$ 47,250	\$50,570	\$54,250	\$57,750

Owners of properties with dilapidated structures who do not qualify for assistance are still responsible for bringing their property into compliance, either by bringing the structure up-to-code or demolishing it.

The City Manager's office carries out the functions necessary to establish your eligibility for the Demolition Assistance Program. **The City Manager has discretion on application reviews and project administrations.** As the application process continues, our office determines the amount of assistance, if the property owner is eligible. All cost estimates, contract documents, specifications, inspections, and payment records are maintained in accordance with the US Department of Urban Development and Ga. DCA guidelines.

A **maximum of \$8,000** in financial assistance is available per structure in assistance to raze properties that are considered dilapidated. The City of Cochran is responsible for soliciting bids as required from insured demolition contractors for properties to be addressed through the Demolition Assistance Program. The City will oversee asbestos testing, lab tests, DNR reporting, asbestos abatement (if needed), utility disconnects, property demolition & vegetation removal, and clearing/proper disposal of debris. Neither the applicant, nor the general public, will be allowed on the property once the demolition process actively begins, and not until the process is completed.

Anyone interested in participating in the Demolition Assistance Program should call (478)-934-6346 or visit Cochran City Hall at 112 West Dykes Street, Cochran, Georgia. All applicants are required to complete an application form. Based upon the program, applicants will be required to submit a personal financial statement, income verification, a copy of the property deed, tax returns or a corporate certification (see specific submittal requirements).

Should you have an interest in selling or donating your property, either before or after demolition, the City Code Enforcement Officer may be able to assist you in contracting prospective recipients.

It should be noted that the availability of the Demolition Assistance Program funding may vary from year to year. Applications are accepted, evaluated and funded on a first in / first out basis but are welcomed at any time.

Demolition Assistance Program

Application Procedures

1. Applications are available in the City Manager's office located at 112 West Dykes Street, Cochran Georgia, **phone number (478-934-6346), fax number (478-934-3230)**. Applications can also be mailed, faxed, or e-mailed by those who are interested in applying.
2. Application must be completed accurately, and all supporting documentation must be included. If assistance is needed in completing the application, an appointment with the City Code Enforcement Officer can be set up to give assistance. All information must be returned to the City Manager's office upon completion. Questions regarding application procedures should be directed to the City Manager, Richard Newbern (478)-308-3865, (478)-934-6346, and City Code Enforcement Officer JoJo Leach (478)-308-2705.
3. A representative of the City of Cochran will inspect the structure to be demolished. A Property Assessment (PAF) and pictures of the subject property and surrounding structures will be taken and uses as part of your demolition application file.
4. City Code Enforcement Officer will set up an appointment with the applicant property owner to discuss eligibility status and the scope of work to be addressed on the structure.

Demolition Assistance Program

Submittal Requirements

Individuals

- Completed application form (SFC-1)
- Copy of Property Deed
- Personal Statement of Financial Condition (SFC-1)
- Copy of Prior Year Federal Income Tax Return
- Copies on Income Verification (W-2's, SSA-1099's, WP-4's, Disability Payments)

The City of Cochran Demolition Assistance Program is funded primarily for residential assistance. However, dilapidated business establishments may be considered on a case-by-case basis based on hardship. An owner of a dilapidated business must meet the household income requirements. An owner of a dilapidated commercial building must pay \$600.00 as a fee toward getting the structure cleared under this program, as opposed to the standard \$250.00 fee requires from owners of vacant dilapidated residential structures.

City of Cochran Planning and Zoning Division

Statement of Financial Condition (SFC-1)

1. Name of Applicant _____ DOB _____

Co-Applicant _____ DOB _____

2. Social Security No. _____ (Applicant)

3. Social Security No. _____ (Co-Applicant)

4. Current Address _____

Street / No. City State Zip

() Own () Rent ____ No. Years

5. Daytime Phone No. () _____

6. Evening Phone No. () _____

7. Address of structure to be demolished _____

8. Adults in household other than yourself and Spouse

Please explain relationship of these adults to Applicant (i.e., grandmother, mother, daughter, father, etc.)

	Name	Relationship	Income (if any)
1			
2			
3			
4			

9. Minor Children of dependents in Household:

Name _____ Age ____ Male ___ Female ___

Name _____ Age ____ Male ___ Female ___

Name _____ Age ____ Male ___ Female ___

Name _____ Age ____ Male ___ Female ___

Name _____ Age ____ Male ___ Female ___

Name _____ Age ____ Male ___ Female ___

10. Applicant's Employment

Name of Employer _____ Ext. _____

Address _____
Street / No. City State Zip

Phone No. _____ Ext. _____

Full Time? () Yes () No

Regular Hours Weekly _____ Hrs.

Position / Title _____

Years Employed _____

Other Employer

Name of Employer _____ Ext. _____

Address _____
Street / No. City State Zip

Phone No. _____ Ext. _____

Full Time? () Yes () No

Regular Hours Weekly _____ Hrs.

Position / Title _____

Years Employed _____

11. Spouse Employer:

Name of Employer _____ Ext. _____

Address _____

Street / No. City State Zip

Phone No. _____ Ext. _____

Full Time? () Yes () No

Regular Hours Weekly _____ Hrs.

Position / Title _____

Years Employed _____

Other Employer

Name of Employer _____ Ext. _____

Address _____

Street / No. City State Zip

Phone No. _____ Ext. _____

Full Time? () Yes () No

Regular Hours Weekly _____ Hrs.

Position / Title _____

Years Employed _____

12. Total Gross Annual Household Income

A. Applicant's Salary \$ _____

B. Spouse's Salary \$ _____

C. Social Security \$ _____

D. Private Pension \$ _____

E. Child Support \$ _____

F. Alimony \$ _____

G. Other \$ _____

13. Monthly Obligations - Expenses

1. Auto Payment \$ _____
 2. Auto Payment \$ _____
 3. Credit Card (Minimum Payment \$ _____
 4. Credit Card (Minimum Payment \$ _____
 5. Credit Card (Minimum Payment \$ _____
 6. Mortgage \$ _____
 7. Installment Loans \$ _____
 8. Utilities \$ _____
 9. Alimony / Child Support \$ _____
 10. Other (Describe) _____
 \$ _____
- Total** \$ _____

As an applicant and possible recipient of the City's Demolition Assistance through this program, I hereby commit to the on-going maintenance of the property in accordance with City ordinances. If the property ever falls into non-compliance, I understand that there may be consequences as provided by law.

I certify that the information provided is true and correct and authorize the City of Cochran Code Enforcement Officer to verify the information as necessary.

CONFLICT OF INTEREST

I am related to the mayor or a member of the City Council: Yes No

PLEASE READ CAREFULLY – APPLICANT CERTIFICATION

I / We certify that all information on this application is true to the best of my / our knowledge and belief. I / We understand that any misstatement of material fact may be grounds for disqualification. Also, all information furnished must be verified prior to the application approval.

Applicant Signature

Date

Co-Applicant Signature

Date

Notary Public / Stamp

