



**CITY OF TAYLORSVILLE
HOUSING REHABILITATION PROGRAM APPLICATION & INFORMATION
HOME GUIDELINES – FY2025-2026**

PROGRAM OVERVIEW

Our program allows owner-occupied households with low to moderate incomes to obtain 0%-interest deferred forgivable loans to address health, safety, structural, code compliance, and energy efficiency issues in your home. This program is made possible through funding from the U.S. Department of Housing and Urban Development (HUD).

DIRECTIONS

First, determine if you are eligible for assistance by comparing your entire household income with the income limits below. If you are eligible, please provide the requested information on all pages. All applications must include income verification as described below, and be signed, dated by the applicant/co-applicant, and returned to:

Taylorsville Community Development Department
Attn: Planning Division
2600 W. Taylorsville Blvd.
Taylorsville, UT 84129

p: (801-963-5400)
e: dblaes@taylorsvilleut.gov

Only complete applications will be accepted. To be accepted, applications must include the following items:

1. A copy of the current property deed or most recent Property Tax Notice.
2. A copy of most current Income Tax Returns.
3. Three months of pay stubs or an original income statement from your employer identifying salary and all deductions for each of the past three months.
4. Legal Photo Identification (Driver’s License, State ID Card, Passport, etc.)
5. Submission of this application does not automatically qualify you for assistance under the Taylorsville Housing Rehabilitation Grant Program.

INCOME LIMITS

Income limits for the program are based on a maximum of 80 percent of the median family income for Taylorsville City, as outlined below:

Family Size	1	2	3	4	5	6	7	8
Household Income Limit	\$68,750	\$78,550	\$88,350	\$98,150	\$106,050	\$113,900	\$121,750	\$129,600

INCOME VERIFICATION

Applicants must attach a copy of 1) signed Federal Income Tax Return forms and 2) the latest three (3) months of paycheck stubs for all household members over 18 years of age who are employed.

STATED INCOME is not allowed. The City of Taylorsville reserves the right to terminate assistance and to recover funds expended if the applicant(s) is found to have willfully withheld accurate information or to have deliberately falsified the application.

PROPERTY ELIGIBILITY

Only owner-occupied, single-family units are eligible for rehabilitation under the Housing Rehabilitation Program. Prior to rehabilitation, the home must be recorded in the applicant's name only. Each property will be inspected by The City of Taylorsville, or its designee, to conduct an environmental review, a housing standards review and a lead-based paint test (if the home was built before 1978).

ELIGIBLE REPAIRS

Eligible repairs include correction of any health or safety hazards, accessibility modifications, code compliance, and select energy efficiency improvements. Rehabilitation improvements that do not become a permanent part of the real property, as well as landscaping and fencing, are not eligible.

GENERAL PROGRAM REQUIREMENTS

All applications are subject to the following conditions:

1. Only Single-Family Homes located within the limits of Taylorsville City are eligible for consideration.
2. All homes must be owner occupied prior to rehabilitation and for five (5) years after rehabilitation.
3. Household income includes every working person residing in the unit over the age of 18 years old.
4. Loans can be any amount up to \$40,000 but cannot exceed 15% of the estimated value of the home after rehabilitation (based on SLCo Assessor data).
5. Loans are 0% interest. The loan does not accrue interest, meaning the amount you owe never increases beyond the original loan amount borrowed.
6. Loans have deferred payments. No monthly payments are required for five (5) years.
7. Loans are forgivable. If the home remains your primary residence for five (5) years from the closing date of the loan, the loan will be forgiven and you don't have to pay it back.
8. A deed restriction will be recorded on the property during the life of the loan.
9. The City will not approve any subordination agreement for a period of two years after the closing date of the loan. After two years, the City may sign subordination agreements only for a no cash-out refinance. The City will subordinate to a third lien position under limited circumstances.
10. Application processing time is approximately 30 days from the date that all required information is received by the City. Applications are accepted continuously provided funds are available.

HOUSING REHABILITATION LOAN REPAYMENT REQUIREMENTS

Repayment of some or all the rehabilitation loan will be required if the property is sold, conveyed, or transferred before the five (5) years elapses from the closing date of the loan.

**APPLICATION FOR HOME
HOUSING REHABILITATION GRANT ASSISTANCE PROGRAM**

Date of Application _____

Date received _____

1. APPLICANTS INFORMATION

APPLICANT SOCIAL SECURITY #:

(Last) (First) (Middle)

Home Phone _____

Property Address _____
Street Address City/State/Zip

Marital Status _____

Employer _____
(Name and Address)

Work Phone # _____ Supervisor Name _____

of Years at current job _____

2. CO-APPLICANT INFORMATION

SOCIAL SECURITY #:

(Last) (First) (Middle)

Co-Applicant Address [] Same address as applicant _____
Street City, State, Zip

Employer _____
(Name and Address)

Work Phone # _____ Supervisor Name _____

3. HOUSEHOLD COMPOSITION

Please list all household members in the boxes below. List the head of the household in box #1. Provide the relationship of each member to the head of household.

Family Member #	Full Name	Relationship	Age	Ethnic Origin (Optional)
1				
2				
3				
4				
5				
6				
7				
8				

* List additional family members on a separate page.

1. Have any of your children been tested for lead paint poisoning?

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Yes No

2. Does anyone live with you now, who is not listed above?

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Yes No

3. Does anyone plan on living with you in the future who is not listed above?

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Yes No

Please explain if you answered Yes to any of the questions above

4. ANNUAL INCOME

All working household members' incomes over 18 years old must be reported. Provide Social Security Numbers for all working household members.

Source	Applicant	Co-Applicant	Other Household Members	Total
Salary:				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or dividends				
Net Business Income				
Net Rental Income				
Social Security, Pension				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
Welfare Payments				
Other				
TOTAL				

5. MONTHLY HOUSING EXPENSE

Item	Monthly Pmt.	Unpaid Principal Balance	Balloon Pmt.	Amount Balloon	Due Date
			Yes No	\$	
Mortgage Pmt.	\$	\$			
Other Financing	\$	\$			
Insurance	\$	\$			
Taxes	\$	\$			
Maintenance	\$	\$			
Utilities	\$	\$			
Water	\$	\$			
Other	\$	\$			
TOTAL	\$	\$			

6. PROPERTY INFORMATION

Property address	
Date home was built	
Number of bedrooms	
Purchase Price	
Mortgage Type (VA, FHA, Conventional, Contract)	
Mortgage Company Name	
Mortgage Company Phone Number	
Have you ever declared bankruptcy? If yes, provide an explanation and the date filed.	

7. HOUSING CONDITION

Type of Exterior: Brick: _____ Stone _____ Vinyl: _____ Wood: _____ Other: _____

Roof Condition: New: _____ Good: _____
Deteriorated: _____

Paint or Siding Condition: Good: _____ Chipping: _____
Flaking: _____

The information given on this application will be kept in confidence and used only for application for the Taylorsville City Housing Rehabilitation Assistance Program.

I/We verify that the information given on this form is accurate and complete to the best of our information, and I/We authorize you to obtain such information as may be required to verify the information contained herein.

I/We further affirm that I/We are aware that if such a loan is approved by Taylorsville City, I/We will work with the staff to comply with all of the policies and procedures as outlined by Taylorsville City. Also, if such loan is approved, I/We will be notified by the City of Taylorsville. After such notification, I/We will have two weeks to respond. If I/We do not respond within that time limit, re-application and re-approval will be necessary.

I/We have also read and understand the HOME Housing Rehabilitation Assistance Program Guidelines and this application, and I/We agree to abide by the regulations of the Taylorsville City Housing Rehabilitation Grant Program. I/We will not hold Taylorsville City legally liable for any actions of the city staff or the contractor.

Disclaimer

The undersigned hereby acknowledges that any discussions with or any information given by a Taylorsville City employee or its designee regarding application for the Taylorsville City HOME Housing Rehabilitation Assistance Program prior to receipt of a formal commitment letter from Taylorsville City or its designee committing a specific amount of funds to the project is only for program information and may not be considered a binding commitment on the part of Taylorsville City to provide funds or technical assistance to the project.

The undersigned also acknowledges that any costs incurred prior to receipt of a formal commitment letter from Taylorsville City or its designee committing a specific amount of funds to the project is at the risk and expense of the applicant.

APPLICANT

Date Signature

CO-APPLICANT

Date Signature