



“I’m In!”

414-906-9650

harambeenid@googlegroups.com

www.riverworksme.org/harambee-nid

2024 Harambee Home Repair Grant Application

This program is funded by the property owners of Harambee NID #7

Property Owner Name: _____

Property Address: _____

Owner’s Address: _____

City & State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

FOLLOWING ITEMS TO BE INCLUDED WITH APPLICATION

PROOF OF OWNERSHIP – Copy of one or the other:

- ✓ Mortgage statement
- ✓ Tax Payment Verification (Copy of tax statement paid in full, or installment agreement)

PROOF OF RESIDENCY – Copy of one or the other:

- ✓ Current utility bill
- ✓ Driver’s license or state ID with property address indicated on the license

OTHER ITEMS:

- ✓ Copy of contractor estimate **Selected**, Amount: _____
- ✓ Copy of contractor estimate **Not Selected**, Amount: _____

Have you ever had services or repairs done through any other home repair program(s) including City of Milwaukee?

YES ___ NO ___ If yes, please describe: _____

BOARD MEMBERS:

Chair: Rick Banks **Co-Chair:** Sheila Smith **Secretary:** Lakesha Wilder **Member:** Jonathan Wendland

Member: Cordella Jones **Member:** Anthony Kazee **Member:** William Duval **Member:** AJ Cihla



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List programs and amount(s) received:

1.) Program: _____ Amount: \$ _____ Date: _____

2.) Program: _____ Amount: \$ _____ Date: _____

Using list of “Eligible Activities” below, please indicate with an X the work you are requesting grant support for (**only one activity per project**). However; **MULTIPLE REAIRS can be made if provided for by a Licensed Sole Source – ONE – Contractor. Please circle the activity(s) for ANY answer that applies to you.**

ELIGIBLE ACTIVITIES:

- Structural repairs.
- Roof repair or replacement (Repairs based on NEED require a separate application).
- Porch repair or replacement - Permit required.
- Foundation or tuck-pointing repairs.
- Code Compliance.
- Necessary repairs as identified by a Department of Neighborhood Services (DNS) Building Inspector.
- Health and Safety – Air conditioning requires prescription from doctor.
- Energy Efficiency Improvements.
- HVAC repairs, insulation and alternative energy improvements.
- Water Efficiency Improvement.
- Replacement of sewer laterals, old piping, low flow fixtures and other water efficiency improvements i.e. disconnecting downspouts and installation of rain barrels.
- Painting of the front of the home e.g. door, shutters and porch.
- Security improvements, e.g.; door bells with cameras, lighting, fencing, and security hardware.

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All project contracts will be between a single contractor (cases of multiple contractors will need to be approved by the HNID Board) and the homeowner. A contractor or homeowner will be responsible for payment for any subcontractor work. All Scopes of Work for projects will be pre-approved and signed off on by a HNID Consultant before a check will be issued to the contractor.

In the case where the homeowner options to pay for the full cost of project, a Single Party Check will be issued to the homeowner (up to \$10,000) upon sign-off by the HNID Consultant, and verification of payment

- 1) I have open violations from the Department of Neighborhood Services.
 - a) Yes
 - b) No
 - c) I don’t know
- 2) Have you applied to the HNID program in the past?
 - a) Yes
 - b) No
- 3) Have you attended a HNID meeting in the past or voted for the Board of Directors at an Annual Meeting?
 - a) Yes _____
 - b) I voted for the Board _____ times
 - c) No, but I would like to be more involved.
 - d) No, I don’t have the time or interest to attend HNID meetings.

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The table below shows the HUD **County Median Income**. For data HNID collection and record keeping purposes, please indicate your household size and the bracket your income falls under. *The information you share will be kept CONFIDENTIAL.*

Household Size	Less than 30% CMI	30%- 50% CMI	51%-120% CMI
1	Less than \$15,400	\$15,401 — \$24,650	\$24,651 — \$59,049
2	Less than \$17,600	\$17,601 — \$28,150	\$28,151 — \$67,399
3	Less than \$20,090	\$20,091 — \$31,650	\$31,651 — \$75,949
4	Less than \$24,250	\$24,251 — \$35,150	\$35,151 — \$84,349
5	Less than \$28,410	\$28,411 — \$38,000	\$38,001 — \$91,099
6	Less than \$32,570	\$32,571 — \$40,800	\$40,801 — \$97,849
7	Less than \$36,730	\$36,731 — \$43,600	\$43,601 — \$104,599
8	Less than \$40,890	\$40,891 — \$46,400	\$46,401 — \$111,299

Please Indicate your household size:

Based on your household size please follow the chart above to the right and circle your income bracket below

Less than 30% CMI

30% - 50% CMI

51% - 120% CMI

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I UNDERSTAND THAT only repairs to the primary housing structure of homeowner are eligible for Harambee NID (HNID) funding. The HNID reserves the right to restrict the use of this grant for previously served clients as it sees fit.

I HEREBY ACKNOWLEDGE the HNID is funded entirely by special assessments made by the City of Milwaukee and is subject to the regulations stipulated by the City of Milwaukee and the Department of City Development. Further, **I UNDERSTAND THAT** Riverworks Development Corporation (RDC) is contracted to provide services to the HNID. I also agree that pictures of my home can be used for promotional purposes by RDC and/or the Harambee Neighborhood Improvement District. As a benefit of applying for this program, I understand that I am eligible for three (3) educational workshops and/or consultations through Riverworks Financial Clinic.

I HEREBY INDEMNIFY AND HOLD HARMLESS RDC, HNID, the City of Milwaukee, and their respective officers, agents, and employees, for any act or omission regarding the administration of the HNID, and for any injury or damage caused by the alleged acts or omissions including, but not limited to, all losses, damages, costs, expenses, judgments, decrees, fees, and attorney’s fees that arise.

In signing this application and contract, **I AGREE TO THE CONDITIONS** of the Harambee NID, as administered by RDC, and I understand that any misleading information may result in denial of my application.

APPLICANT (1) SIGNATURE

DATE

APPLICANT (2) SIGNATURE

DATE

Return by mailing or dropping off completed application to: RiverWorks Development Corporation
Financial Clinic (Monday- Friday, 9:00 AM - 5:00 PM)

ATTN: Nic D’Amato; Neighborhood Development Specialist
518 E. Concordia Avenue, Milwaukee, WI 53212

If You Have Questions: Contact Nic D’Amato at (414) 882-7448 or nicolasd@riverworksme.org

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(This section is for office use only)

Date & Time Received: _____

Received By (Name): _____

The above necessary paperwork has been collected and has been reviewed by the RDC Representative.

WORK AUTHORIZED BY:

HNID Board Member: _____ RDC Staff: _____

DATE: _____

WORK START APPROVED BY: _____

DATE: _____

WORK COMPLETION APPROVED BY: _____

DATE: _____

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