CITY OF MEDFORD | BUILDING SAFETY DEPARTMENT | ORDINANCE COMPLIANCE PROGRAM

RESIDENTIAL RENOVATION GRANT PROGRAM

APPLICATION

Residential awards are discretionary and subject to available funds. The maximum award is $1,000 and is limited to the lesser of $1,000 or the eligible cost actually paid. This form is for City of Medford residential property owners with an active Ordinance Compliance Program (OCP) case.

Please complete all sections, sign the certifications, and attach the required documentation. Incomplete applications may delay review.

Ordinance Compliance Program Case Number:_____

1. Applicant and Property Information

Applicant/Owner Full Name(s): _____	**Mailing Address:** _____
City, State, ZIP: _____	**Phone:** _____
Email: _____	**Property Address (Medford, OR):** _____
OCP Case No.: _____	**Parcel/Tax Lot (if known):** _____

Property type: ☐ Owner-occupied residence ☐ Rental residence ☐ Other: _____

Ownership statement: I/We hold title to the property as an individual person(s). Residential properties held by a corporation, LLC, partnership, trust, or other entity are not eligible. Note: This excludes any owner who holds title through a LLC, corporation, parntership, trust or other entity.

2. Eligibility Screening

☐ I/We are the property owner(s) and the property is located within the City of Medford.

☐ The property is an active OCP case, and the requested repairs address exterior conditions documented in the OCP compliance/violation letter.

☐ The requested items are visible from the public right-of-way and show noticeable deterioration.

☐ I/We have not received, and will not receive, other grant funds for the same repairs.

☐ My/Our household income does not exceed 80% of Area Median Income (AMI), based on the current program limits.

☐ I/We understand that one award is permitted per property for the life of this program, regardless of ownership changes.

Rental property is eligible, but income eligibility is based on the owner household. Eligibility does not guarantee an award.

3. Household Members and Income

List all persons in the applicant household. Include all adult household members whose income will be verified.

Name	Age	Relationship to Applicant	Income Source(s)
Number of persons in applicant household: _____		Total gross annual household income: $_____	
Is any applicant self-employed? ☐ No ☐ Yes		If yes, attach current profit and loss statement.	

Current 80% AMI household-income limits (Medford, Oregon): Staff will apply the current program limits at the time of review.

Household size	1	2	3	4	5	6	7	8
80% AMI limit	$54,950	$62,800	$70,650	$78,500	$84,800	$91,100	$97,350	$103,650
Applicant use								

. Requested Eligible Repairs

Eligible repairs must be documented in the OCP compliance letter and may include exterior visible conditions such as deteriorated paint or siding, deteriorated/leaking/tarped roofing, broken or deteriorated windows and doors, boarded openings, and exterior blight or attractive-nuisance conditions.

OCP-documented condition / repair item	Location on property	Proposed repair	Estimated cost	Contractor (if known)

Total estimated eligible repair cost: $_____ Amount requested (maximum $1,000): $_____

5. Requested Payment Method

Select one method. City approval is required before payment. The City does not pay for ineligible costs or costs above the approved award.

☐ **Reimbursement.** I/We will pay the contractor or vendor, submit itemized paid invoices and proof of payment, and request reimbursement after the approved work is complete and any required final inspection is passed.

☐ **Letter of Intent to Pay.** I/We request that the City issue a Letter of Intent to Pay and, if all conditions are met, pay the approved grant amount directly to the contractor after work is complete.

Contractor legal name (if requesting Letter of Intent to Pay): _____	**Oregon CCB No.:** _____
Contractor phone/email: _____	**Estimated total contract price:** _____
Owner amount above City payment, if any: _____	**Requested City direct-payment amount (max. $1,000):** _____

For direct payment, the contractor must hold a current Oregon Construction Contractors Board license, City of Medford business license, and sign the City's Contractor Acknowledgment, and provide an IRS Form W-9. The City pays only after required conditions are met, including final documentation and any required inspection.

6. Required Application Attachments

☐ Copy of valid government-issued photo identification for each applicant/owner.

☐ Proof of income for all applicants/owners, such as the most recent 60 days of pay stubs, retirement or disability award letters, a self-employed profit and loss statement, tax documents, or other viable documentation.

☐ Most recent bank statement(s) for all accounts, showing account holder name, balance, and account number.

☐ Copy of the current OCP compliance/violation letter, if available.

☐ Written estimate(s), contractor proposal(s), or materials list for the requested repairs, if available.

☐ If requesting a Letter of Intent to Pay: contractor estimate_____; contractor legal name_____, and current Oregon CCB _____; and City of Medford business license number_____.

7. Consent to Share Limited Information

To help prevent duplicate funding and identify potential support for safety or habitability repairs, I/we authorize the City to share limited application and project information with Habitat for Humanity Rogue Valley Critical Home Repair Program and other relevant funding programs. This consent is required for the City to process this application.

☐ I/We consent to this limited information sharing. ☐ I/We do not consent.

8. Applicant Certification and Signature

I/We certify that the information in this application and all attachments is true, complete, and correct to the best of my/our knowledge. I/We understand that awards are discretionary and subject to available funds; meeting eligibility criteria does not guarantee an award. I/We understand that the City may verify ownership, income, active OCP case status, and other eligibility information. I/We agree that approved work must be limited to OCP-documented eligible repairs; required permits and inspections are my/our responsibility; the City is not a party to any contract between the owner and contractor and is not responsible for the quality, cost, timing, or disputes related to the work; and a grant award does not suspend or close the OCP case. I/We understand that the City may deny, withdraw, or cancel an award if information is inaccurate

or incomplete, required documentation is not provided, duplicate funding is received, the work materially differs from the approved scope, or program requirements are not met.

Applicant/Owner Signature _____ Date: _____	Printed Name: _____
Co-Applicant/Co-Owner Signature (if applicable): _____ Date: _____	Printed Name: _____

OFFICE USE ONLY

Date Received	
Completeness Review	☐ Complete ☐ Incomplete ☐ Additional Information Requested
Ownership Verified	☐ Yes ☐ No Method/Source:
Active OCP Case	☐ Yes ☐ No Case No.:
Eligible Work Verified	☐ Yes ☐ No OCP Letter Date:
Other Funding / Duplication Check	☐ Yes ☐ No
Permit / Design Review	☐ Cleared ☐ Issue Identified:
Award Committee Decision	☐ Approved ☐ Denied ☐ Pending Additional Information
Approved Award Amount	$
Completion Deadline	
Reviewed By / Date	
Notes	