



**Housing & Community Development Dept.  
Healthy Homes Program**  
350 W. 6<sup>th</sup> Street, Suite 312  
Dubuque, IA 52001  
Office (563) 589-1724



**Healthy Homes Program Guidelines – Landlord (Rental property owner)**

The City of Dubuque’s Healthy Homes Program will make 100 homes safer over the next three years with funding from the U.S. Department of Housing and Urban Development (HUD).

Rental property owners participating in the grant program by receiving funding shall be required, for the term of the forgivable loan (three years), for any funded unit, to give preference to families with Housing Choice Vouchers (HCV) provided by the Section 8 program funded by HUD, if the prospective tenant is otherwise qualified.

To qualify for this program, tenant households must be 80% or less of the Area Median Income (AMI) by household size established by HUD Guidelines (see below) and be within Dubuque city limits to qualify.

1-person household	2-person household	3-person household	4-person household	5-person household	6-person household	7-person household	8-person household
\$44,150	\$50,450	\$56,750	\$63,050	\$68,100	\$73,150	\$78,200	\$83,250

If project bids come in over \$9,900, the property owner will need to contribute the difference to have the project move forward.

The primary purpose of the program is to identify and remediate housing-related health and safety hazards. This is not a full rehabilitation program. The unit will need continual maintenance to remain safe following the work.

It is our expectation that the property be generally code compliant as determined by the inspector. If there are significant health and safety deficiencies, repairs will have to be made prior to project approval.

**To begin the process, please complete the enclosed application and return it to our office. After we receive your application and your tenants’ application, we will verify their income and determine eligibility. Work will proceed on a first-come, first-qualified basis.**

Keep this sheet for your records and information. The list on the back is also for you to keep.

Please contact us with any questions at (563) 589-1724. We look forward to working with you.



## Healthy Homes Program Rental Property Instructions

### Landlord - Keep for Your Records

#### Directions

1. Fill out and return the attached application.
2. Please deliver the tenant verification packets to each of your tenants for their completion. (If you, the owner, also lives in the building, you are required to complete a tenant verification packet as well). Hard copy income documentation will be required to ensure income guidelines of the program are being met. The income verification sheet will be sent to the tenants' employer, or other documentation proving income will be accepted (recent tax return, W2, pay stub, bank statement, etc.). When the application and all tenant packets are complete, please submit them to the Housing Department.
3. Income eligibility is based upon income limits.
4. Please provide a copy of the insurance on the property.
5. You will be notified about your approval for participating in the Healthy Homes Program.

#### Inspection

1. Should you qualify, an Inspector will come to your rental property to inspect for health and safety deficiencies including lead. We will also have a professional come to test your property for Radon.
2. The Inspector will determine what repairs are necessary in your unit/units and how the property can be made safer. We put a priority on Radon and Lead based hazard interim controls (not abatement).
3. Most projects will be completed in ten (10) days from start to finish. **Note: the property may need to be vacated during the time the work is being done. A temporary relocation unit or hotel will be provided for your tenants' placement while the work is being completed, if necessary.**

#### Project

1. **Costs over awarded grant amount are the responsibility of the property owner and must be paid before the project begins. Submit the check made payable to the *City of Dubuque*.**
2. Upon project completion, contractor must contact the Housing Department at (563) 589-1724 to schedule a final inspection of the property. **This inspection must be completed before final payment can be made.**

#### Follow Up

For 36 months, the property owner shall give preference to families that receive Housing Choice Vouchers (HCV) provided by the Section 8 program funded by HUD, if the prospective tenant is otherwise qualified. Annually, the property owner will have to certify this guideline is being met.

Unit shall be generally code compliant as determined by the inspector. Provide documentation of any passed rental license inspections in the past 24 months.

**Submit application** by one of these methods:

- By mail or in person to the address above
- Fax to (563) 589-4244
- Scan and email to [nlytle@cityofdubuque.org](mailto:nlytle@cityofdubuque.org)

**Property Owner Information**

Office use only	
Date received	
Time received	
Date verified	

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address of owner: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Address of property to have work completed: \_\_\_\_\_

Mortgage \_\_\_\_\_ or Land contract \_\_\_\_\_ Have you had a rental inspection in the last two years? Yes or No

Name/Address of land contract title holder: \_\_\_\_\_

Description of building to be made lead safe (circle one):

Single-family    Duplex    Multi-family

Number of units \_\_\_\_\_

Number of tenant-occupied units \_\_\_\_\_ Number of owner-occupied units \_\_\_\_\_

Is the property in a flood plain? \_\_\_\_\_ If so, do you have flood insurance? \_\_\_\_\_

**Please provide a copy of the property insurance for the unit being worked on.**

**Property Assessment Notification and Acceptance:**

Property owner agrees to allow the Housing and Community Development Department staff access to the property to conduct an environmental assessment. Dust and soil sampling will be conducted to measure lead presence at the time of the assessment and at conclusion of the lead hazard control work.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date