

Demolition Grant Program Guidelines

PROGRAM OBJECTIVE

The City Kirksville Demolition Grant Program is designed to eliminate residential structures which are in such a state of disrepair that it constitutes a safety concern, and rehabilitation is not a viable option. This program offers an incentive to property owners to demolish these structures, thereby making infill residential development more affordable.

ELIGIBILITY CRITERIA

1. Applicants and / or owners must own the property or (in the applicant(s)'s case) have a written agreement to purchase the property.
2. The property must be a residential property.
3. Applicants must provide a tax statement and have a title that is free of liens and legal questions as to ownership of the property. Applicants cannot owe back taxes on the property or have outstanding adverse judgments, encumbrances or liens with the City of Kirksville.
4. All City obligations in applicant's name shall be current - including, but not limited to, tax liens from code violations, utility bills.
5. The property must be the subject of a demolition order or in such a deteriorated condition as to be designated as "blight" by the City.
6. Applicants must provide an infill residential development plan on the property at the time the application is submitted.

GRANT TERMS

1. The maximum grant amount is \$10,000. Consideration will be given to additional monies based upon impact to the surrounding neighborhood and the availability of public utilities (or lack thereof).
2. If construction does not begin within one year following demolition, then repayment of the grant funds will be required, with interest effective from the date of the grant, at an interest rate set at the Wall Street Journal Prime Rate on the date of the grant.

APPLICATION AND SELECTION PROCESS

1. This is a voluntary program. All interested persons must submit an application before any action can take place.
2. A complete inspection of the property will be made by Community and Economic Development prior to approval.
3. A complete review and approval of the plan for infill residential development will be made by Community and Economic Development prior to approval.
4. Applicants must provide a quote for the demolition work to the City from a contractor licensed with the City of Kirksville prior to approval.

5. Applications will be reviewed by the City's Affordable Housing Board, which will make a recommendation for approval to City staff.
6. Final approval is contingent upon the completion of a Title Search verifying ownership and the property being free of any encumbrances.
7. If City staff determines an application for a grant cannot be approved, a written statement of the reasons for the determination will be sent to the applicants and / or owners.

Funding will be determined by the receipt of qualified applications in the order they are received.

RIGHTS RESERVED

The City of Kirksville reserves the right to reject any and all applications. The specific Program policies and procedures herein are subject to revision or amendment by the City of Kirksville. The City may discontinue this Program at any time, subject to the availability of Program funding.

ADDITIONAL INFORMATION

1. This grant is payable directly to the applicant(s) following the submittal of a paid invoice for the approved demolition.
2. Successive owners of property will be responsible for the repayment of the grant upon death of applicant(s) if construction has not begun within one year following demolition.
3. Contractor chosen to do demolition work must be pre-approved by the Community and Economic Development Department and hold a current City of Kirksville Business License as a contractor.
4. Payments will be made to applicant(s) within 10 business days after presentation of a paid invoice for services and verification of work performed, up to the amount granted to applicant(s).

CITY OF KIRKSVILLE
DEMOLITION GRANT PROGRAM
APPLICATION FORM

Office Use Only:

Application Number: _____

Application Date: _____

NAME: _____ DATE: _____

ADDRESS OF APPLICANT: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

ADDRESS OF PROPERTY TO BE DEMOLISHED:

TOTAL PROJECT COST: _____ AMOUNT REQUESTING: _____

IS THE PROPERTY THE SUBJECT OF A DEMOLITION ORDER?

YES _____ NO _____

DO YOU OWN THIS PROPERTY OR HAVE A WRITTEN AGREEMENT TO PURCHASE?

YES _____ NO _____

DO YOU HAVE A PLAN FOR INFILL DEVELOPMENT? IF YES, PLEASE ATTACH PLAN.

YES _____ NO _____

NOTE: Acceptance of this application is contingent upon provision of all required information and applicant's agreement to abide by all applicable procedures and policies of the Demolition Grant Program.

The Applicant(s) agrees that the City of Kirksville neither assumes nor acknowledges any liability of any kind, directly or indirectly, as might be incurred from this program. Authorization is hereby granted to support and/or verify statements contained in this Application. It is agreed that this application will remain property of the City of Kirksville, once submitted.

Agreement: The undersigned applies from the grant indicated in the application to be secured by a deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and correct to the best knowledge of the applicant. Verification may be obtained by any source named in this application.

I/We fully understand that it is a federal crime punishable by fine and/or imprisonment, to knowingly make any false statements concerning any of the above facts as applicable under provisions of Title 18, United States code, Section 1014. Also the applicant(s) have read and understood the application and the narrative explaining the program.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Signature of Applicant: _____ Date: _____

Printed Name: _____

Signature of Owner: _____ Date: _____

Printed Name: _____

Signature of Owner: _____ Date: _____

Printed Name: _____

CITY USE ONLY

Application Received by: _____ Date: _____

Verification date: _____

Eligible _____

Ineligible _____

Reason for Ineligibility: _____