

# Mayfield City COMMUNITY DEVELOPMENT BLOCK GRANT – DISASTER RELIEF

Mayfield City Council plans to apply for a Kentucky Department for Local Government Community Development Block Grant Disaster Relief (CDBG-DR) funds to HUD for Federally Declared Disasters related to disaster relief, long-term recovery, restoration of infrastructure and housing, economic revitalization, and mitigation resulting from the qualifying major disaster in 2021. The CDBG-DR will provide housing repair assistance for those who are single-family homeowners that reside in the city of Mayfield. The city of Mayfield will be accepting applications for the Community Development Block Grant Disaster Relief from now until August 15, 2023.

**Purpose**

- Assist single-family homeowners who were affected by the 2021 major qualifying disaster.
- Allow homeowners to receive assistance with the rehabilitation/reconstruction of the disaster affected unit.
- Stabilize communities and the housing needs for those impacted by the 2021 major qualifying disaster.

**Eligibility Guidelines**

1. Have owned the home at the time of the 2021 major qualifying disaster event.
2. Must be able to provide evidence of clear title ownership to the assisted unit.
3. Must be requesting assistance for the primary address only (address where the applicant lives(ed) and slept at the time of disaster).
4. Have not already completed all work needed on rehabilitation/reconstruction of the unit requesting assistance.
5. Must declare all other funding assistance (Federal, State, Local, private, etc....) related disaster affecting the housing unit.
6. Must reside in the city limits of Mayfield

**Amount of Assistance for Homeowners**

- Homeowners may receive up to \$200,000.00 per unit for rehabilitation or reconstruction of the unit.

Applicants must have a gross total household annual income that does not exceed 80% of the median income for the city of Mayfield Graves County. (Current median income for the city of Mayfield Graves County is \$69,300-effective 2023). Total Household Income = income for all household residents 18 years or older) Use the following table to see if you are income eligible.

Family Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80% Median Annual Income	\$38,850	\$44,400	\$49,950	\$55,450	\$59,900	\$64,350	\$68,800	\$73,200

All applicants will be prioritized by a point system based on income level, elderly, disabled, condition of structure, family composition (over-crowding) or female headed household. Priority will be given to those with the lowest income and are elderly and/or disabled.

Applications may be picked up at the Mayfield City Mayor’s Office, 1257 Paris Rd., Mayfield KY. For further information contact:

**Stacey Smith, Project Coordinator**  
**Purchase Area Development District**  
**1002 Medical Drive**  
**Mayfield, KY 42066**

**Voice: (270)251-6147**  
**TDD: (800)648-6057**  
**FAX: (270)251-6110**  
**E-mail: [stacey.smith@purchaseadd.org](mailto:stacey.smith@purchaseadd.org)**



*This program will be accomplished as a result of financial assistance from the Kentucky Department for Local Government, Mayfield City Council and the United States Department of Housing and Urban Development.*

*“Mayfield City Council an Equal Housing Opportunity Provider”*

**MAYFIELD CITY  
COMMUNITY DEVELOPMENT BLOCK GRANT DISASTER RELIEF  
HOUSING SURVEY**

<b>For Official Use Only</b>
Over: _____
LMI: _____
VL: _____
XL: _____

*Please Print in Ink!*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*\_ Check Appropriate Answer*

Number of Persons in Household: \_\_\_\_\_

Number of Household Members 62 or Older: \_\_\_\_\_

Number of Disabled in Household: \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_

Race	
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & Other	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black/African American	
Other Multi-Racial	
Ethnicity	
Non-Hispanic	
Hispanic	
Head of Household	
Age	
Male or Female	

Voluntary Scattered Site Projects Only	
How did you learn of this project?	
Newspaper	
Radio/TV	
Friend/Neighbor	
Other: _____	

Household Information		
What type of sanitary waste disposal does your home use?		
Outdoor toilet?	Yes	No
Septic Tank?	Yes	No
Connection to Sanitary Sewer?	Yes	No
Other?	Yes	No
Has your home ever had flood damage?	Yes	No
Are any household members related to city/ county employees or elected officials?	Yes	No
If yes, please explain: _____		
If the proposed public facility (water line, sewer line, etc.) is completed, will you use it?	Yes	No
Do you receive drinking water from a Public Water Line?	Yes	No
If not, do you receive drinking water from a		
Well	Yes	No
Cistern	Yes	No
Total number of persons in household that are:		
United States Citizens		
Nationalized Citizens		
Lawfully Present Aliens		
Will your home require modifications to accommodate disabled occupant(s) in the household?	Yes	No
What year was your home built?		
If not sure, was it built after 1978?	Yes	No
Do you own or rent your home?	Own	Rent
How much is your rent or mortgage payment per month?		
How many bedrooms does your home have?		
Have you received federal assistance in the past for repairs to your home?	Yes	No
If yes, please explain: _____		
Is this property used for any purpose other than residential?	Yes	No
If yes, please explain: _____		

**Please Circle the Income Range That Best Describes the TOTAL Household Income based on the Number in Household.**

Total Gross Annual Income							
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 + Persons
0 – 24,300	24,301 - 27,750	27,751 – 31,200	31,200 – 34,650	34,651 – 37,450	37,451 – 40,200	40,201 – 43,000	43,001 – 45,750
0 – 14,600	14,601 – 19,720	19,721 – 24,860	24,861 – 30,000	30,001 – 35,140	35,141 – 40,200	40,201 – 43,000	43,001 – 45,750
0 – 38,850	38,851 – 44,400	44,401 – 49,950	49,951 – 55,450	55,451 – 59,900	59,901 – 64,350	64,351 – 68,800	68,801 – 73,200

*I hereby certify that the information is true and accurate to the best of my knowledge and fully understand that this information is subject to verification by the city/county, The State or HUD upon their request. Falsifying this information will result in payback of CDBG funds.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

## COMMUNITY DEVELOPMENT BLOCK GRANT DISASTER RELIEF APPLICATION Mayfield City

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 THE INFORMATION COLLECTED IN THIS APPLICATION WILL BE USED TO DETERMINE WHETHER YOU QUALIFY FOR REHABILITATION ASSISTANCE THROUGH THE KENTUCKY COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM. THIS INFORMATION WILL NOT BE DISCLOSED OUTSIDE THE GRANTEE'S FILES WITHOUT YOUR CONSENT, EXCEPT TO YOUR EMPLOYER FOR VERIFICATION OF INCOME AND EMPLOYMENT AS REQUIRED AND PERMITTED BY LAW. YOU DO NOT HAVE TO PROVIDE THE INFORMATION, BUT IF YOU DO NOT, YOUR APPLICATION MAY BE DELAYED OR REJECTED.  
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**PROPERTY TO BE ADDRESSED:** \_\_\_\_\_

**I. GENERAL INFORMATION ON OCCUPANTS**

FEMALE HEADED HOUSEHOLD \_\_\_\_ YES \_\_\_\_ NO

HEAD OF HOUSEHOLD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ OTHER \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ SEX: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

DATE OF BIRTH: \_\_\_\_\_ RACIAL CLASSIFICATION: \_\_\_\_\_

List ALL INCOME \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

RATE/METHOD OF PAY: \_\_\_\_\_

HANDICAP, IF ANY: \_\_\_\_\_

WILL YOUR HOME NEED TO ACCOMMODATE DISABLED PERSONS IN THE HOUSEHOLD: \_\_\_\_ YES \_\_\_\_ NO

CO-APPLICANT'S NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ SEX: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

DATE OF BIRTH: \_\_\_\_\_ RACIAL CLASSIFICATION: \_\_\_\_\_

List ALL INCOME \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

RATE/ METHOD OF PAY: \_\_\_\_\_

HANDICAP, IF ANY: \_\_\_\_\_

NUMBER OF PERSONS IN HOUSEHOLD THAT ARE US CITIZENS \_\_\_\_\_ NATIONALIZED CITIZENS

LAWFULLY PRESENT ALIENS \_\_\_\_\_.

\* REQUEST A COPY OF DEED TO PROPERTY (\*IF OWNER OCCUPIED). RECEIVED:

\* REQUEST A COPY OF TAX RETURN RECEIVED:

\* REQUEST A COPY OF PAY STUBS RECEIVED:

OTHER HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HOUSE	SEX	DATE OF BIRTH	SOCIAL SECURITY #	PLACE OF EMPLOYMENT OR ANY SOURCE OF INCOME	MONTHLY AMOUNT

**II. UNIT INFORMATION**

APPROX. YEAR BUILT: \_\_\_\_\_ YEAR YOU MOVED IN: \_\_\_\_\_  
TYPE OF UNIT: \_\_\_\_\_ HOUSE \_\_\_\_\_ MOBILE/MODULAR HOME \_\_\_\_\_ APT. \_\_\_\_\_ OTHER  
DESCRIPTION: \_\_\_\_\_ ONE STORY \_\_\_\_\_ MULTI-LEVEL \_\_\_\_\_ BASEMENT \_\_\_\_\_ BRICK \_\_\_\_\_ VINYL  
\_\_\_\_\_ WOOD \_\_\_\_\_ BLOCK \_\_\_\_\_ OTHER  
TYPE OF HEAT: \_\_\_\_\_ NATURAL GAS \_\_\_\_\_ LP GAS \_\_\_\_\_ COAL \_\_\_\_\_ ELEC. \_\_\_\_\_ WOOD \_\_\_\_\_ OTHER  
NAME OF COMPANY: \_\_\_\_\_  
TYPE OF SEWER: \_\_\_\_\_ CITY \_\_\_\_\_ SEPTIC \_\_\_\_\_ OTHER  
NAME OF COMPANY: \_\_\_\_\_  
TYPE OF WATER: \_\_\_\_\_ CITY \_\_\_\_\_ CISTERN \_\_\_\_\_ WELL \_\_\_\_\_ OTHER  
NAME OF COMPANY: \_\_\_\_\_  
NUMBER OF ROOMS: \_\_\_\_\_ KITCHEN \_\_\_\_\_ SEPARATE DINING ROOM \_\_\_\_\_ LIVING ROOM \_\_\_\_\_ DEN  
\_\_\_\_\_ BEDROOMS \_\_\_\_\_ BATHROOM \_\_\_\_\_ OTHER  
HAVE YOU RECEIVED FEDERAL ASSISTANCE IN THE PAST FOR REPAIRS ON YOUR HOME: \_\_\_\_\_ YES \_\_\_\_\_ NO  
IS PROPERTY USED FOR ANY PURPOSES OTHER THAN RESIDENTIAL: \_\_\_\_\_ YES \_\_\_\_\_ NO  
VISUAL DESCRIPTION OF UNIT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. HOUSING INFORMATION**

**OWNER**

NAME OF OWNER/S: \_\_\_\_\_  
ADDRESS OF OWNER/S: \_\_\_\_\_  
PHONE NUMBER/S: \_\_\_\_\_  
TYPE OF OWNERSHIP: \_\_\_\_\_ DEED \_\_\_\_\_ LAND CONTRACT \_\_\_\_\_ OTHER  
DEED OF RECORD: DEED BOOK \_\_\_\_\_ PAGE \_\_\_\_\_, \_\_\_\_\_ COUNTY COURTHOUSE  
PURCHASED FROM: \_\_\_\_\_  
DATE OF PURCHASE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

FIRST MORTGAGE OR OTHER  
PAYMENTS MADE TO: \_\_\_\_\_  
RECORDED: MORTGAGE BOOK \_\_\_\_\_ PAGE \_\_\_\_\_, \_\_\_\_\_ COUNTY COURTHOUSE  
MORTGAGE DATE: \_\_\_\_\_ ORIGINAL AMOUNT: \_\_\_\_\_  
MONTHLY PAYMENT: \_\_\_\_\_ BALANCE OWED: \_\_\_\_\_

SECOND MORTGAGE OR OTHER  
PAYMENTS MADE TO: \_\_\_\_\_  
RECORDED: MORTGAGE BOOK \_\_\_\_\_ PAGE \_\_\_\_\_, \_\_\_\_\_ COUNTY COURTHOUSE  
MORTGAGE DATE: \_\_\_\_\_ ORIGINAL AMOUNT: \_\_\_\_\_  
MONTHLY PAYMENT: \_\_\_\_\_ BALANCE OWED: \_\_\_\_\_

HOMEOWNERS INS. CO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
NEXT PAYMENT DUE: \_\_\_\_\_  
LIMITS \_\_\_\_\_ OF \_\_\_\_\_ COVERAGE:

APPLICABLE PROPERTY  
TAXES: \$ \_\_\_\_\_ CITY \_\_\_\_\_ DATE PAID \_\_\_\_\_ UNPAID AND DUE  
\$ \_\_\_\_\_ COUNTY \_\_\_\_\_ DATE PAID \_\_\_\_\_ UNPAID AND DUE  
EXEMPT FROM PAYING  
PROPERTY TAXES: CITY: \_\_\_\_\_ YES \_\_\_\_\_ NO COUNTY: \_\_\_\_\_ YES \_\_\_\_\_ NO

List All Monthly Expenses you have including any monthly credit payment and its balance:

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Have you ever filed bankruptcy if so when:

List ALL assets including Checking, Savings, Property Owned and Businesses:

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Are you currently working with a local non-profit organization recovery group? If yes, please explain:

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Have you applied for and/or received any assistance for rehabilitation or reconstruction of your home? If yes, please explain:

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**APPLICANT AUTHORIZATION AND CERTIFICATION**

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH TO OBTAIN REHABILITATION/RELOCATION ASSISTANCE. I FURTHER UNDERSTAND THAT ANY WILLFUL MISSTATEMENT OF MATERIAL FACT WILL BE GROUNDS FOR DISQUALIFICATION.

I UNDERSTAND THAT ANY INFORMATION, INCLUDING INCOME, PROVIDED IN THIS APPLICATION MAY BE GIVEN TO OTHER STATE AND LOCAL AGENCIES IN ORDER TO COORDINATE REHABILITATION/RELOCATION AND FINANCIAL ASSISTANCE.

**WARNING:** SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED NO MORE THAN \$10,000.00 OR IMPRISONED NO MORE THAN FIVE (5) YEARS OR BOTH.□

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

CO-APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

**Stacey Smith**  
Business Lending Specialist



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