



**EASTERN PANHANDLE HOME CONSORTIUM of WV
HOME INVESTMENT PARTNERSHIPS PROGRAM -
FUNDING APPLICATION FY 2026
JULY 1, 2026 - JUNE 30, 2027**

APPLICANT INFORMATION

Organization Name:	
Mailing Address:	
Project Address (if different):	
Director's Name:	Phone:
Director's Title:	Fax:
E-Mail Address:	Agency Website:
Tax I. D. Number:	UEI Number:
Is this organization registered as a charitable organization under Section 501(c)(3) of the Internal Revenue Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your organization been designated a Community Housing Development Organization (CHDO) in the past two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT DESCRIPTION AND BUDGET

1. Project Name:	
2. Project Type: (Rental Development, Housing Development, TBRA, etc.)	
3. Brief Project Summary/Description:	
4. Project Location:	
5. Project Start Date:	6. Project Completion Date:

7. Project Contact:		8. Contact Phone No.:	
		9. Email Address:	
10. Total Project Cost:			
11. Total HOME Funding Requested: \$			
12. HOME Funding Amount as a Percentage (%) of Overall Project Budget: _____ %			
13. Are you requesting CHDO operating funds?		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
14. What non-Federal sources could be counted as HOME matching funds?			
15. Total # of low/mod households served by this project: _____ Please check which of the following applies: Individuals <input type="checkbox"/> or Households <input type="checkbox"/>			
16. Indicate what best identifies your project:			
<input type="checkbox"/> Homebuyer Assistance for Purchase		<input type="checkbox"/> Rental Housing Acquisition	
<input type="checkbox"/> Homebuyer Assistance for New Construction		<input type="checkbox"/> Rental Housing Rehabilitation	
<input type="checkbox"/> Homebuyer Assistance for Rehabilitation		<input type="checkbox"/> Rental Housing New Construction	
<input type="checkbox"/> Homebuyer Assistance for Accessibility		<input type="checkbox"/> Tenant Based Rental Assistance	
<input type="checkbox"/> Construction of New For-Sale Housing		<input type="checkbox"/> Rehab of For Sale-Housing	

1. Activity eligibility must meet at least one of the Five-Year Consolidated Goals

Select the strategy that best fits the proposed project.

Housing Strategy	
<input type="checkbox"/>	HS-1 Homeownership – Assist low- and moderate-income homebuyers to purchase homes through down payment / closing cost assistance and associated housing counseling and training.
<input type="checkbox"/>	HS-2 Housing Development – Increase the number of affordable, decent, safe, and sanitary housing units in the community for homebuyers and renters, through adaptive reuse of existing buildings and new construction.
<input type="checkbox"/>	HS-3 Housing Rehabilitation – Conserve and rehabilitate existing affordable housing units occupied by owners and renters in the community by addressing code violations, emergency repairs and handicap accessibility.
<input type="checkbox"/>	HS-4 Rent and Utility Assistance – Provide rental assistance for low- and moderate-income renters through utility payments, security deposits, and rental payments with Tenant Based Rental Assistance for low-income households who may be faced with the threat of eviction and who are at-risk of becoming homeless.
Homelessness Strategy	
<input type="checkbox"/>	HO-1 Housing – Support the Continuum of Care and non-profit housing agencies' efforts to provide emergency shelter, transitional housing, permanent supportive housing, and other permanent housing opportunities.
<input type="checkbox"/>	HO-2 Operation/Support – Assist providers operating housing or providing support services for the homeless and persons or families at-risk of becoming homeless to achieve self-sufficiency.

Other Special Needs Strategy

- SN-1 Housing** – Increase the supply of affordable, accessible, decent, safe, and sanitary housing for the elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs through rehabilitation of existing buildings, construction of new housing, and providing rental assistance (including rent payments, security deposits, utility deposits and payments, and case management to achieve self-sufficiency) for low- and moderate-income residents.

2. Description of Project & Grant Request:

On a separate sheet of paper, please describe the activities to be carried out through this funding request (include attachments):

- Describe the full details of the activity being undertaken with HOME funds (who, what, where, and how).
- Describe, and quantify where appropriate, the services and outcomes that will be provided as a result of the expenditure of HOME funds.
- How will these services be delivered?
- Why are HOME funds needed to support the project?
- How will the HOME funds leverage other funds?

3. Describe the Clientele you intend to serve:

The organization must ensure that individuals or households benefiting from HOME funding are low- and moderate-income. Documentation demonstrating this MUST be obtained for each household. This information will be used to measure the project’s performance outcome.

Clientele	
Estimate the number of low- to moderate-income households served by this project:	
Identify the primary beneficiaries this project will serve. Check the appropriate category below:	
<input type="checkbox"/> Low- and/or Moderate-Income Households	<input type="checkbox"/> Individuals with Disabilities
<input type="checkbox"/> Elderly Individuals (over age 62)	<input type="checkbox"/> Homeless Persons
<input type="checkbox"/> At-Risk and Abused Children/Youth	<input type="checkbox"/> Battered Spouses
<input type="checkbox"/> Persons Living with HIV/AIDS	<input type="checkbox"/> Other (describe below)
<input type="checkbox"/> Other (describe) _____	
Describe the process of collecting data for individuals or households and explain what documentation your organization collects to determine income status (i.e. self-surveys, pay stubs, tax forms, bank statements, sworn statements, etc.).	

**FY 2025 Income Limits
Martinsburg/Berkeley County, WV HUD Metro FMR Area
(City of Martinsburg and Berkeley County)**

2025 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Extremely Low - 30% median income or below	\$18,850	\$21,550	\$24,250	\$26,900	\$29,100	\$31,250
Very Low – 50% of median income	\$31,400	\$35,850	\$40,350	\$44,800	\$48,000	\$52,000
60% Limits	\$37,680	\$43,020	\$48,420	\$53,760	\$58,080	\$62,400
Low – 80% of median income	\$50,200	\$57,400	\$64,550	\$71,700	\$77,450	\$83,200

**FY 2025 Income Limits
Jefferson County, WV HUD Metro FMR Area**

2025 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Extremely Low - 30% median income or below	\$26,850	\$30,650	\$34,500	\$38,300	\$41,400	\$44,450
Very Low – 50% of median income	\$44,700	\$51,050	\$57,450	\$63,800	\$68,950	\$74,050
60% Limits	\$53,640	\$61,260	\$68,940	\$76,560	\$82,740	\$88,860
Low – 80% of median income	\$71,500	\$81,700	\$91,900	\$102,100	\$110,100	\$118,450

**FY 2025 Income Limits
Morgan County, WV HUD Metro FMR Area**

2025 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Extremely Low - 30% median income or below	\$17,300	\$19,800	\$22,250	\$24,700	\$26,700	\$28,700
Very Low – 50% of median income	\$28,850	\$33,000	\$37,100	\$41,200	\$44,500	\$47,800
60% Limits	\$34,620	\$39,600	\$44,520	\$49,440	\$53,400	\$57,360
Low – 80% of median income	\$46,150	\$52,750	\$59,350	\$65,900	\$71,200	\$76,450

LMI Clientele Table
(Based on the income guidelines listed in previous table)

Low/Moderate Income Persons or Households:	Total Number of Individuals or Households:
30% of median income or below	
30 - 50% of median income	
50 - 80% of median income	
60% of median income	
80% or above median income	
Total # Served:	

4. Agency Description & Experience:

On a separate sheet of paper, describe the following:

- *Mission of the organization.*
- *Experience of the organization in carrying out the proposed activities/services.*
- *Length of time the organization has been involved in provided the proposed activities/services.*
- *Describe how your organization markets its services to clients/consumers. How do clients access your services and programs?*
- *What are your hours and days of operation?*
- *List the names of the board of directors and describe the staff and volunteers who will be involved on this project (including the training of volunteers).*

5. Budget Breakdown:

Please fill out the following budget to support your HOME project request. The final program budget will be incorporated into the Statement of Work section of the organization's subrecipient agreement with the City. Please provide a brief description of each budget line item on a separate sheet of paper.

Uses of Funds (Budget):

Use of Funds	Budget
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	
8.	
Total:	\$

Sources of Funds:

Source of Funds	Amount	Committed (Yes/No)
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.		
8.		
Total:	\$	

Please note: if this budget is not filled out completely, your application will not be complete, which may affect if your proposal is funded.

Time Schedule:

Task	Date
1.	
2.	
3.	
4.	
5.	
6.	

6. Other Items:

Attach a copy of the following items:

- *Your organization's budget for current year showing sources of funds and types of expenses.*
- *Commitment letters from non-HOME sources or evidence of application for other funds, if available.*
- *Most recent financial audit or statement, including balance sheet and income statement.*
- *Most recent IRS Form 990 submittal (or tax return).*
- *Most recent annual report.*
- *List of current officers and board members.*
- *Articles of Incorporation.*
- *IRS Determination Letter.*
- *Any other appropriate information about your project or organization (annual reports, maps, brochures, newsletters, news articles, etc.).*

Housing projects are required to provide additional information including operating pro-forma, project budget, sources and use of funds, site control, project timeline, benchmarks, and plans and specifications, if available.

NOTE: If seeking CHDO Set-Aside Funds Applicant must request separate CHDO Application and Checklist. CHDO application must be completed and submitted with this application.

Applications are due to the City of Martinsburg, 232 North Queen Street, Martinsburg, WV 25401 by 4:00 p.m. on Friday, February 14, 2026. Please provide two (2) copies (1 original and 1 electronic copy) of the application and all attachments **NOT STAPLED OR BOUND**. Application and attachments should be an 8-1/2" x 11" format and addressed to Mr. Cory Roman, CDBG and HOME Administrator. Should you have any questions or would like guidance in completing this application, please contact Mr. Cory Roman, CDBG and HOME Administrator at (304) 264-2131, Ext. 276 or via email at croman@cityofmartinsburg.org.

CERTIFICATION

The undersigned certifies the information contained herein is true, accurate, and complete to the best of his/her knowledge and belief. The applicant agrees to comply with all Federal, State, and City policies and requirements affecting the HOME program. The signatory declares that he/she is an official of the organization, is authorized to file this application, and certifies that the information in this application is true and accurate, to the best of his/her knowledge. In order for your application to be accepted, in addition to the application itself, your organization must submit the following items along with the HOME application.

- 1 original and 1 copy of the application with **all** questions completed. ***If an area does not apply, state N/A, do not leave a question blank.***
- Articles of Incorporation and Bylaws
- Current List of Board of Directors
- Certified Organization Audit/Financial Statements of most recent year
 - a. Copy of OMB A-133 Audit (required if \$750,000 in aggregate Federal funds expended), or
 - b. Financial statements audited by a CPA (only if not qualified for A-133), or
- IRS 501(c)(3) Designation Letter (Pending letters will not be accepted)
- Copy of IRS Form 990 filed for most recent year
- Form W-9 (can be obtained at www.irs.gov)
- Current Fiscal Year Agency Budget, including all funding sources
- Job Descriptions for this activity/project
- Organizational Chart
- An Executed Signature Authorization Letter

I hereby confirm that this packet contains all materials requested.

Printed Name

Title

Signature

Date

STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. To the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. No revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
3. The City of Martinsburg may request or require changes in the information submitted, and may substitute its own figures, which it deems reasonable for any or all figures provided. The applicant will participate in any required interview(s) for project assessment and cooperatively assist in the review process.
4. If the project(s) is recommended and approved by City Council, the City of Martinsburg reserves the right to reduce and/or cancel the allocation if federal entitlements are canceled, reduced, or rescinded.
5. The City of Martinsburg reserves the right not to fund any submittals received.
6. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
7. By submission of this application, the organization agrees to abide by the City of Martinsburg's locally established policies and guidelines.
8. Past program and financial performance will be considered in reviewing this application.
9. Services are to be provided at no cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the City of Martinsburg.
10. If the project is funded, the City of Martinsburg, or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
11. If the project is funded, the City of Martinsburg will perform an environmental review prior to the obligation of funds.
12. If a project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the City of Martinsburg.
13. A project's funding does not guarantee its continuation in subsequent action plans.
14. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
15. Disclosure by attached memo of matters that may give the appearance of a conflict of

interest. (i.e., City of Martinsburg and City staff members/employees, elected officials, staff members' families, elected officials' families, etc.

By signature below, the applicant acknowledges the above in its name on this day _____ of, _____, 2026.

Authorized Signature/Title: _____ Date: _____

SIGNATURE AUTHORIZATION FORM

The Board of Directors of _____ hereby applies to the City of Martinsburg for funding consideration for the CDBG and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax-exempt and incorporated in the State of West Virginia.

_____ hereby proposed to provide the services of project identified in the Scope of Services in accordance with this application for CDBG funds. If this application is approved and this organization receives CDBG funding from the City of Martinsburg, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the City. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true, correct and complete. I also authorize the following person(s) to have signatory authority regarding this grant:

Printed Name: _____ Title: _____

Printed Name: _____ Title: _____

President/Board of Directors:

Printed Name: _____ Title: _____

Signature: _____ Date: _____