

HOME REPAIR PROGRAM



Application Guidelines

The Harris County Home Repair Program provides grants to low-income and elderly (62 years or older) households for 1) up to \$10,000 for minor home repairs, or 2) up to \$40,000 for Septic System and/or Water Well Repairs that have a current health and safety code violation citation(s). Applicants must reside within the Harris County Community Services Department's service area which includes the unincorporated areas of Harris County and the 12 cooperative cities which have signed agreements with Harris County for service. **Residents of the cities of Houston, Baytown, and Pasadena are not eligible for assistance in this program.** The home must be a single-family dwelling and owner-occupied by an elderly or disabled family that demonstrates they are unable to afford the repair(s) needed. (Please review Income Limits on next page.) Eligible homes must pass a feasibility inspection to determine that the property is feasible for minor repairs.

To apply for assistance in this program, please complete the attached Application including attachments listed below, and submit it to the **Harris County Community Services Department, Attention: Home Repair Program, 8410 Lantern Point, Houston, Texas 77054.**

All of the following documents must be submitted before your application for assistance can be processed:

1. Signed and Completed Application Form (pages 3-8 of this packet)
2. Copy of Valid Current Identification (e.g., Driver's License, OR State of Texas ID Card)
3. Verification Forms (please complete highlighted sections of these forms only and return with your Application):
 - Verification of Employment if Copies of Paycheck Stubs for the last sixty (60) days for all wage earners is not provided
 - Verification of Mortgage or Deed of Trust
 - Verification of Assets Disposed (*Assets valued at more than \$1,000 that were disposed of in the preceding 24 months*)

4. Employment/Income Information for all adult members of the household:
 - Copies of Paycheck Stubs for the last sixty (60) days for all wage earners
 - Copies of signed complete set of current two (2) years of Federal Income Tax Returns if self-employed, including all schedules for all persons in the household, W-2's, 1099's, etc.
 - Other Income Documentation (provide Copy of Award Letter, etc.):
 - ✓ Retirement
 - ✓ Disability Award Letter or a letter from a qualified physician stating disability
 - ✓ The Temporary Assistance for Needy Families (TANF)
 - ✓ Interests on Savings Accounts/Income Earning Accounts
5. Two (2) most recent Bank Statements – complete statements for each Account
6. Provide copies of the most recent utility statements such as electricity and gas

Median Family Income (MFI) Limits								
INCOME LEVELS	HOUSEHOLD SIZE							
	1	2	3	4	5	6	7	8
Low (80% of Median Family Income)	37,350	42,650	48,000	53,300	57,600	61,850	66,100	70,400

Source: U.S. Department of Housing and Urban Development, May 7, 2014

Attached to this Application is a Pamphlet entitled "Protect Your Family from Lead in Your Home." Please retain this pamphlet and these Application Guidelines for your records.

If you need assistance in completing this Application or have questions about this program, please contact the Home Repair Program staff at (713) 578-2000.



HOME REPAIR PROGRAM



APPLICATION COVER PAGE

Name: _____

Property Address: _____

City/State/Zip: _____

Phone: _____

Date: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR HOUSE:
Year your home was built:
Number of Bedrooms:
Number of Bathrooms:
Utilities: <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> City Water <input type="checkbox"/> Water Well <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Tank
Air Conditioning: <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit
PLEASE DESCRIBE THE REPAIRS NEEDED:
PLEASE DESCRIBE HOW THE NEED FOR THESE REPAIRS AFFECTS YOUR HEALTH AND/OR SAFETY:



The information collected in this application will be used to determine eligibility. The Harris County Community Services Department will not disclose any information in this application without your consent except as required by law.

Previous Rehabilitation:

Has your home been repaired in the past with funding from a City, County, State or Federal Grant? YES NO
 If yes, please provide the date and cost:
 Date: _____ Cost: _____

I. PROPERTY INFORMATION

Address of Property (Street, City, State, & Zip Code)	Owner: <input type="checkbox"/> YES <input type="checkbox"/> NO How many years? _____
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Mailing Address, if different from Property Address above:

II. APPLICANTS INFORMATION

HEAD OF HOUSEHOLD

SPOUSE OR CO-APPLICANT

Name:	Name:
Date of Birth:	Date of Birth:
SSN:	SSN:
TDL or ID#:	TDL or ID#:
Marital Status:	Marital Status:
No. of Dependents:	No. of Dependents:
Home Phone:	Home Phone:

Name of another contact person not residing with you:

Address:	Phone:
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City:	State:	Zip Code:
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Relationship (Select One) Neighbor Relative Family Friend Other



III. EMPLOYMENT INFORMATION

Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Retired <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Employer:	Current Employer:
Address:	Address:
City/State/Zip:	City/State/Zip:
Earnings: \$	Earnings: \$
Pay Period	Pay Period
Job Title/Position:	Job Title/Position:
Work Phone:	Work Phone:
How long at this job?	How long at this job?

OTHER INCOME Other Income \$	OTHER INCOME FOR SPOUSE OR CO-APPLICANT Other Income \$
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SSA	SSI	PENSION	CHILD SUPPORT	RENT	OTHER	TOTAL
\$	\$	\$	\$	\$	\$	\$

IV. HOUSEHOLD COMPOSITION
(Please list all household members including dependents)

Name	Date of Birth	Relationship	Social Security No.	Sex



V. MORTGAGE INFORMATION

Name(s) that appears on the title/deed:

Mortgage Company Name:

Street Address:

City/State/Zip:

Original Mortgage Amount \$

Approximate balance \$

Account Number:

Monthly Mortgage Payment:

Are Taxes and Insurance included? Yes No

Is your mortgage current? Yes No

VI. INSURANCE INFORMATION

Is the property in the 100-year Flood Plain? Yes No

Do you have flood insurance? Yes No

Do you have property insurance? Yes No

Insurance Company Name:

Address:

City/State/Zip:

Amount of Premium	\$	Coverage Amount	\$
Agent Name		Expiration Date of Policy	

Telephone Number:



VII. INCOME AND ASSETS

(Please include all assets for both Applicant and Spouse/Co-Applicant)

DESCRIPTION	CASH OR MARKET VALUE
Checking and Savings Account No.:	\$
Bank Name:	
Address:	
City/State/Zip:	
Stocks and Bonds	\$
Life Insurance (face amount)	\$
Real Estate Owned	\$
Vested Interest in Retirement Fund	\$
Automobile(s) Make & Model	\$
Furniture and Personal Property	\$
Other Assets (itemize on separate sheet)	\$

VIII. ADDITIONAL APPLICANT INFORMATION

If Divorced – Show Cause No: # _____ Date _____	Do you have a copy of divorce decree? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Spouse is Deceased: Probate date: _____	Did your spouse leave a will? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you lived here? _____	Is this property your residential homestead? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently live at this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the property taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any outstanding judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any liens on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:	



IX. ACKNOWLEDGEMENT OF NOTICES

***Initial
Below***

As an applicant for and potential recipient of home repair assistance from Harris County, I/we understand and agree to the following:

_____ **Contractor House Access:** I/we acknowledge and agree that if approved for assistance contractors shall have access to my/our home and property for preparation of bids so that they may obtain necessary information about my/our home and the needed repairs.

_____ **Credit Check and Verification:** I/we understand and agree that Harris County will verify all information contained in this application and check my/our credit through a national credit bureau.

_____ **Federal Equal Credit Opportunity Act:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating on the basis of race, color, religion, national origin, age, sex, marital status, whether all or part of the applicant's income is derived from any public assistance program, or if the applicant has in good faith exercised any right under the Consumer Credit Protection Act title VIII of the Civil Rights Act of 1968. Fair housing, likewise, prohibits discrimination on the basis of race, color, religion, sex or national origin. The Federal Agency which administers compliance with this law is the Comptroller of the Currency, Consumer Affairs Division, Washington, DC 20219.

_____ **House Evaluation:** I/we understand that Harris County will conduct a feasibility assessment of my/our property for the purpose of determining whether my/our home is eligible to receive assistance. I/we understand that Harris County has maximum limits that can be spent to repair my/our home. If my/our home cannot be repaired within the maximum dollar limit allowance, I/we understand that I/we will not be eligible for the Home Repair Program.

_____ **Lead Paint Poisoning:** The pamphlet entitled "**Protect Your Family From Lead in Your Home**" was provided to me/us with this application and I/we hereby confirm receipt of this notice.

_____ **Photo Release:** As owner(s) of the property listed in this application, I/we understand and agree that if approved for assistance, photographs will be taken of my/our home before, during and after repair assistance is provided, and that such photos may be used in reports published by Harris County.

_____ **Right to Financial Privacy Act:** This is to notify you, as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connect with the consideration of administration of the rehabilitation loan or grant for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to another Governmental Agency or Department without your consent except as required or permitted by law.



Harris County Home Repair Program works in partnership with other agencies that perform home repair for homeowners. These other agencies may be able to provide you with additional home repair assistance. If permission is given, we may share your information with other agencies for possible assistance for you.

I/we give Harris County Home Repair Program permission to release my/our information to other agencies that perform home repair assistance? Yes No

X. DECLARATIONS

	APPLICANT		SPOUSE or Co-Applicant	
Are you a U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, are you a permanent resident alien?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

XI. CERTIFICATION AND AGREEMENT BY APPLICANT(S)

I/We, the undersigned, specifically acknowledge and agree that:

1. All forms and copies of documents obtained by Harris County to complete this application for assistance are the property of Harris County;
2. Verification and re-verification of any information contained in the application may be made at any time by the County, either directly or through a credit reporting agency, from any source named in this application in any of the material facts which I/we have represented herein should it change prior to signing contracts.

Certification: I/We certify that the information provided in this application and all information furnished in support of this application are given for the purpose of obtaining financial assistance under the Harris County Home Repair Program and are true and correct as the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may both under the provision of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the County, its agents, successors, and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on the application. I/We understand that any willful misstatement of material facts will be grounds for disqualification for assistance. I/We further certify that I am/we are the owner(s) and occupant(s) of the property to be repaired, and upon completion of all repairs, I/we will occupy/re-occupy this property.

Signature of applicant: _____ Date _____

Signature of co-applicant: _____ Date _____



FOR OFFICE USE ONLY

Zip Code:		Flood Zone Map	<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Map:		Precinct	
Flood Zone:		Request BFE	
Response Rec'd:		Elevation	
Service Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rejected Reason	
Year Built:		Acknowledgement Letter Sent	
Project Entered:		Feasibility Inspection Date	



XII. OPTIONAL-RACE AND ETHNICITY

The following information concerning race and ethnicity is requested for statistical and reporting purposes only and has no bearing on the approval of this application. If you choose not to complete this section, please be advised that Harris County staff is required to note race and ethnicity on the basis of sight and/or surname.

Please check the appropriate box for your Ethnicity and Race:

1) Ethnicity	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
2) Race	One Race:	
	<input type="checkbox"/> White	
	<input type="checkbox"/> Black/African American	
	<input type="checkbox"/> Asian	
	<input type="checkbox"/> American Indian/Alaskan Native	
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
	Multi-Racial:	
	<input type="checkbox"/> Black/African American and White	
	<input type="checkbox"/> Asian and White	
	<input type="checkbox"/> American Indian/Alaskan Native and White	
	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American	
	<input type="checkbox"/> Other Multi-Racial	

