



# HARRIS COUNTY, TEXAS

## COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT

David B. Turkel  
Director

8410 Lantern Point Drive  
Houston, Texas 77054  
Tel (713) 578-2000  
Fax (713) 578-2190

### 2006-2007 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 and Economic Development Department's service area which includes the unincorporated areas of Harris County and the 15 cooperative cities which have signed agreements with Harris County for service. **Residents of the cities of Houston, Baytown, or 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 and Economic Development 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 Social Security Card
3. Copy of Valid Current Identification (e.g., Driver's License, OR State of Texas ID Card)
4. Verification Forms (please complete highlighted sections of these forms only and return with your Application):
  - Verification of Employment
  - Verification of Deposit
  - Verification of Mortgage or Deed of Trust
  - Request for Billing History for Reliant Energy
  - Request for Billing History for Centerpoint Energy
5. Employment/Income Information for all adult members of the household:
  - Copies of Paycheck Stubs for the last ninety (90) days for all wage earners
  - Copies of signed complete set of current three (3) years Federal Income Tax Returns, including all schedules for all persons in the household, W-2's, 1099's, etc.
  - Other Income Documentation (Supply Copy of Award Letter OR Copy of Check or Direct Deposit Bank Statements):
    - Social Security/SSI
    - Retirement
    - Disability
    - TANF
    - Interests on Savings Accounts/Income Earning Accounts
6. Six (6) most recent Bank Statements – complete statements for each Account.

**2007 Median Family Income (MFI) Limits (as of 03-20-07)**

INCOME LEVELS	HOUSEHOLD SIZE							
	1	2	3	4	5	6	7	8
Low (80% of Median Family Income)	34,150	39,050	43,900	48,800	52,700	56,600	60,500	64,400

Source: U.S. Department of Housing and Urban Development, March 20, 2007.

***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.***





**Harris County Community and Economic Development Department  
HOME REPAIR PROGRAM APPLICATION  
PROGRAM YEAR 2006-2007**



**APPLICATION COVER PAGE**

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

**Property Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

<b>PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR HOUSE:</b>
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
<b>PLEASE DESCRIBE THE REPAIRS NEEDED:</b>
<b>PLEASE DESCRIBE HOW THE NEED FOR THESE REPAIRS AFFECTS YOUR HEALTH AND/OR SAFETY:</b>



**Harris County Community and Economic Development Department  
HOME REPAIR PROGRAM APPLICATION**



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

<b>Previous Rehabilitation:</b>	Has your home been repaired in the past with funding from a City, County, State or Federal Grant? <input type="checkbox"/> YES <input type="checkbox"/> 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? _____

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:	
City:	State:	Zip Code:
Relationship (select one): <input type="checkbox"/> Neighbor <input type="checkbox"/> Relative <input type="checkbox"/> Family Friend <input type="checkbox"/> 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 Address _____	Current Employer Address _____
City/State/Zip _____	City/State/Zip _____
Earnings \$ _____	Earnings \$ _____
Pay Period _____	Pay Period _____
Job Title/Position: _____	Job Title/Position: _____
Work Phone: _____	How long at this job? _____
How long at this job? _____	Work Phone: _____
Work Phone: _____	How long at this job? _____

OTHER INCOME				OTHER INCOME FOR SPOUSE OR CO-APPLICANT		
Other Income \$ _____				Other Income \$ _____		
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's 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 & Savings Account No.: _____ Bank Name: _____ Address: _____ City/State/Zip: _____	\$ _____
Stocks & 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)	\$ _____



**X. DECLARATIONS**

	<b>Applicant</b>	<b>Spouse or Co-Applicant</b>
Are you a U.S. Citizen?	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
If not, are you a permanent resident alien?	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>

**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 result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or 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 this 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 _____ Y <input type="checkbox"/> N <input type="checkbox"/>
Keymap: _____	Precinct _____
Flood Zone _____	Request BFE _____
Response Rec'd _____	Elevation _____
Service Area _____ Y <input type="checkbox"/> N <input type="checkbox"/>	Rejected Reason _____
Year Build _____	Ack Ltr Sent _____
Project Entered _____	Feas Insp 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"/> <b>Hispanic</b>	<input type="checkbox"/> <b>Non-Hispanic</b>
2) Race:	<b>One Race:</b> <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	
	<b>Multi-Racial:</b> <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	



# REQUEST FOR VERIFICATION OF DEPOSIT

---

**A. Name of Applicant****B. Name of Bank/Depository**

Name

Name

Address

Address

City, State, Zip Code

City, State, Zip Code

**C. Social Security Number(s)****D. Account Number(s)**

\_\_\_\_\_

**E. Balance**

\$

\_\_\_\_\_

**F. Type of Account(s)**

\_\_\_\_\_

\_\_\_\_\_

---

**NOTE TO BANK OR OTHER DEPOSITORY:** The applicant identified in Block A has applied for a Federal loan for property rehabilitation under Section 312 of the Housing Act of 1964, as amended and/or a Section 115 rehabilitation grant authorized under the Housing Act of 1949, as amended. The applicant has indicated in a financial statement that the information shown in Block E and F above concerning a deposit with you, and has authorized this Public Body in writing to verify this information with any source named in the application. We also wish to know whether this application has any loans outstanding with your institution. Your verification of this information, together with any other information that may be of assistance in rendering a decision, is for the confidential use of this Public Body shown in Block M, using the address shown. Any statements on your part or on the part of any of your officers as to the responsibility or standing of any person, firm or corporation is a matter of opinion and is given as such, and solely as a matter of courtesy, for which no responsibility is attached to your institution or any of your offices.

---

**VERIFICATION OF BANK OR OTHER DEPOSITORY**

---

**G. Is information given in Blocks E and F**approximately correct?  Yes  No**H. Loans outstanding to applicant:**

---

**Date of Loan and balance**

---

1. Secured	_____	\$
2. Secured	_____	\$

**I. Approximate average balance for the past two months:** \_\_\_\_\_**J. If account was opened less than two months ago, give the date opened:** \_\_\_\_\_**K. Additional information:** \_\_\_\_\_

---

**L. Signature of Official Bank or other Depository**

The above information is furnished in strict confidence in response to your request, and is solely for use of the Public Body shown in Block M and the U.S. Department of Housing and Urban Development.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**M. Name and Address of Public Body to which this form is to be returned (including Zip Code)****Harris County Community and Economic Development Department****Attn: Diana Lohman, Loan Originator Analyst****8410 Lantern Point****Houston, Texas 77054****713-578-2000 / Fax 713-578-2196**

---

**N. Authorization**

I hereby authorize release of the above requested information.

\_\_\_\_\_

\_\_\_\_\_





# HARRIS COUNTY, TEXAS

## COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT

---

**David B. Turkel**  
*Director*

8410 Lantern Point Drive  
Houston, Texas 77054  
Tel (713) 578-2000  
Fax (713) 578-2190

### REQUEST FOR BILLING HISTORY

Reliant Energy  
P.O. Box 1700  
Houston, Texas 77251

Attn: Agency Desk  
Fax 713-488-5469

To Whom It May Concern:

Permission is hereby granted to the Harris County Community and Economic Development Department to have access to the meter usage summary of my business/residence for the period \_\_\_\_\_ to \_\_\_\_\_. The person signing on behalf of the referenced account number above maintains that he/she has the authority to sign on behalf of the referenced business/residence.

Authorizing Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

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

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

Account Number: \_\_\_\_\_

Please return the requested information to:

Harris County Community and Economic Development Department  
Diana Lohman, Loan Originator Analyst  
8410 Lantern Point  
Houston, Texas 77054  
713-578-2000  
Fax: 713-578-2196



# HARRIS COUNTY, TEXAS

## COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT

---

**David B. Turkel**  
*Director*

8410 Lantern Point Drive  
Houston, Texas 77054  
Tel (713) 578-2000  
Fax (713) 578-2190

### REQUEST FOR BILLING HISTORY

Centerpoint Energy  
P.O. Box 2628  
Houston, Texas 77252

Attn: Ms. A. Walker  
Fax 713-207-9727

To Whom It May Concern:

I hereby give Reliant Energy - Entex authority to release my past twelve (12) month billing history to the Harris County Community and Economic Development Department.

Authorizing Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

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

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

Account Number: \_\_\_\_\_

Please return the requested information to:

Harris County Community and Economic Development Department  
Diana Lohman, Loan Originator Analyst  
8410 Lantern Point  
Houston, Texas 77054  
713-578-2000  
FAX 713-578-2196