



HARRIS COUNTY, TEXAS

COMMUNITY SERVICES DEPARTMENT

Office of Housing & Community Development

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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 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 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 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
 - Verification of Assets Disposed
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 of Federal Income Tax Returns, including all schedules for all persons in the household, W-2's, 1099's, etc.
 - Other Income Documentation (provide Copy of Award Letter, etc.):
 - Social Security/SSI
 - Retirement
 - Disability
 - TANF
 - Interests on Savings Accounts/Income Earning Accounts
6. Three (3) most recent Bank Statements – complete statements for each Account
7. Provide copies of the most recent utility statements such as electricity and gas

2012 Median Family Income (MFI) Limits

INCOME LEVELS	HOUSEHOLD SIZE							
	1	2	3	4	5	6	7	8
Low (80% of Median Family Income)	37,450	42,800	48,150	53,500	57,800	62,100	66,350	70,650

Source: U.S. Department of Housing and Urban Development, February 9, 2012.

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 Services Department
HOME REPAIR PROGRAM APPLICATION



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:



**Harris County Community Services Department
HOME REPAIR PROGRAM APPLICATION**



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: YES 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): 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 Address _____	Current Employer 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 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

	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 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"/> 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	