Application Guidelines

The Harris County Home Repair Program provides grants to low-income disabled elderly (62 years or older) and in certain Harris County designated revitalization areas deferred loans to low-income homeowners for major property rehabilitation/reconstruction. If qualified, we provide the following:

1) For the low-income disabled elderly (62 years or older) up to $20,000 assistance in the form of a grant for minor home repairs for qualified housing including, but not limited to, roof repair/replacement, handicap accessibility improvements, mechanical, electrical, weatherization, and plumbing improvements;

2) Up to $40,000 funding in the form of a grant or deferred payment loan for the purpose of repairing and/or replacing water wells and septic systems that are not functioning or have received health safety violation citations. To be eligible there is no age limit but all other eligibility requirements must be met; or

3) **In certain designated revitalization areas** up to $80,000 for major rehabilitation or up to $135,000 for reconstruction. The funding assistance is in the form of an interest only loan with the principal deferred and forgivable upon complying with a five/ten year affordability period and major rehabilitation/reconstruction contract terms. Rehabilitation or Reconstruction of a property is determined on the extent, type and cost of repairs and based on the "75% Rule". The 75% rule is that a housing unit is suitable for rehabilitation if the estimated cost of improvements will be less than 75% of the Harris County appraisal value as determined by the Harris County Appraisal District. Housing units with an estimated cost of improvement 75% or greater may be eligible for reconstruction. A housing inspector will inspect the home to determine the cost of the repair.

4) Applicant's housing front end ratio cannot exceed 39% and the Debt-to-Income cannot exceed 42%. Very low income (50% AMI or less) applicants may qualify for no payments and the higher the applicant's income, the more they will have to pay.

5) 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 head of household that demonstrates they are unable to afford the repair(s) needed. (Please review Income Limits on next page.) A feasibility inspection must be performed to determine if a home is eligible for assistance.

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, and 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 is required 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 current two (2) years Federal Income Tax Returns if self-employed, including all schedules for all persons in the household, 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 to include all pages 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)	38,750	44,300	49,850	55,350	59,800	64,250	68,650	73,100

Source: U.S. Department of Housing and Urban Development, June 6, 2016

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.

A PROGRAM OF THE
HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT
8410 LANTERN POINT DRIVE
HOUSTON, TX 77054
(713) 578-2000

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: ☐Gas ☐Electricity ☐City Water ☐Water Well ☐Sewer ☐Septic Tank
Air Conditioning: ☐Central Air ☐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: ☐ 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 contact person not residing with you:

Name:

Address:

City:

State: Zip Code:

Phone:

Relationship (Select One) ☐Neighbor ☐Relative ☐Family Friend ☐Other

III. EMPLOYMENT INFORMATION	
Employed ☐ Yes ☐ No	Employed ☐ Yes ☐ No
Self-Employed ☐ Yes ☐ No	Self-Employed ☐ Yes ☐ No
Retired ☐ Yes ☐ No	Retired ☐ Yes ☐ 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 $

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	Employed (Y/N)
			xxx- xx- __ __ __ __		
			xxx- xx- __ __ __ __		
			xxx- xx- __ __ __ __		
			xxx- xx- __ __ __ __		
			xxx- xx- __ __ __ __		

Do You have a mortgage? If no, proceed to VI. Insurance Information.

☐ Yes ☐ No

V. MORTGAGE INFORMATION		
Name(s) that appears on the title/deed: Additional information may be required for any additional person(s) listed on the deed.		
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? *If property is located within 100-year Flood Plain, you must have flood insurance to receive assistance.*	☐ 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	$
Real Estate Owned	$
Vested Interest in Retirement Fund	$
Other Assets (itemize on separate sheet)	$

VIII. ADDITIONAL APPLICANT INFORMATION
Are there any known judgments against and/or liens on the property? ☐ Yes ☐ No If Yes, please explain: Any negative liens affecting the property may disqualify you for assistance.

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:**
	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.
	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.
	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.
	House Evaluation: I/we understand that Harris County will conduct a feasibility assessment of my/our property for the purposes 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.
	Work Scope Preparation: If approved for assistance after evaluation, 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.
	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.

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(s) must be a U.S. Citizen or permanent resident alien (supporting documentation is required) – no work permits are allowed.

	APPLICANT		SPOUSE or Co-Applicant	
Are you a U.S. Citizen?	☐ Yes	☐ No	☐ Yes	☐ No
If not, are you a permanent resident alien?	☐ Yes	☐ No	☐ Yes	☐ 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	☐ Yes ☐ No
Key Map:		Precinct	
Flood Zone:		Request BFE	
Response Rec'd:		Elevation	
Service Area	☐ Yes ☐ 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	☐ **Hispanic**	☐ **Non-Hispanic**
2) Race	**One Race:**	
	☐ White	
	☐ Black/African American	
	☐ Asian	
	☐ American Indian/Alaskan Native	
	☐ Native Hawaiian/Other Pacific Islander	
	Multi-Racial:	
	☐ Black/African American and White	
	☐ Asian and White	
	☐ American Indian/Alaskan Native and White	
	☐ American Indian/Alaskan Native and Black/African American	
	☐ Other Multi-Racial	