Home Repair Program
Application

The City of Houston (City) offers a Home Repair Program administered through the Housing and Community Development Department (HCDD). HCDD offers assistance for minor, moderate, and substantial repairs or reconstruction for detached single-family residences within the city. This program serves low and moderate income households and prioritizes households that have a head or co-head of household that is: 1) employed with minor children, 2) elderly, 3) has a disability, or 4) providing full-time care to a household member with a disability. There are three basic qualifications: 1) you must be the recorded owner and occupy the home as your primary residence; * 2) your property taxes must be current or on an approved payment plan in good standing; and 3) you must meet income qualifications. If you qualify, upon the completion of this application, your home will be inspected to determine the level of repairs your residence is eligible to receive (additional documents may be required).

The owner of the residence and all adult household members aged 18 and over must provide legible copies of the documents listed below. Once your application is completed, signed, and dated by all adult household members, please attach legible copies of the documents for processing.

1. Copy of valid State of Texas Driver’s license, passport, or valid non-driver picture identification card with current address
2. Proof of income from all sources for all adult (18 and older) household members (2 pay stubs or current awards letter or certification of zero income form)

You can return your application and documents by mail, fax, or email.

Mail to:
City of Houston
Housing and Community Development Department
601 Sawyer Street, Suite 400
Houston, Texas 77007
Attention: Home Repair Program

Or
Fax to: 832.395.9660
Please include your address in the subject line

Or
Emailed to: homerepair@houstontx.gov
Please include your address in the subject line

Note: This application replaces any other Home Repair Program application circulating in the community.

* An exception to owner-occupied requirement will be made as provided on page 4 of this application.
**HOME REPAIR PROGRAM APPLICATION**

The City has limited funds to repair homes. By signing below, I acknowledge that I will provide honest and accurate information on this application in order to allow the City to properly evaluate my household eligibility.

APPLICANT SIGNATURE: ________________________  CO-APPLICANT SIGNATURE: ________________________

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## APPLICANT (Head of Household)

<table>
<thead>
<tr>
<th>(Print) Name:</th>
<th>Gender:</th>
<th>☐ Male</th>
<th>☐ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: (City, State, Zip)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Cell No:</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Marital Status:</td>
<td>☐ Single, Never Married</td>
<td>☐ Married</td>
<td>☐ Divorced</td>
</tr>
<tr>
<td>Do you have a disability?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>Source of Income:</td>
<td>☐ Job</td>
<td>☐ Unemployment</td>
<td>☐ Pension</td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer’s Address:</td>
<td>Work Phone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Full-Time</td>
<td>☐ Part-Time</td>
<td>☐ Seasonal</td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

Other Employment: ☐ Full-Time | ☐ Part-Time | ☐ Seasonal | Work Phone Number: |

U. S. Citizen: | ☐ Yes | ☐ No |

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**Below please check the applicable box[s] that best describes your Race and Ethnicity. This information is required; it is being collected to comply with Federal Fair Housing and Equal Opportunity regulations.**

### Race of Head of Household

- ☐ American Indian/Alaska Native & Black African American
- ☐ American Indian/Alaska Native & White
- ☐ Asian
- ☐ Asian & White
- ☐ Black
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other

### Ethnicity of Head of Household

- ☐ Hispanic – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- ☐ Non-Hispanic – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

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## CO-APPLICANT INFORMATION

<table>
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<td>☐ Part-Time</td>
<td>☐ Seasonal</td>
<td>☐ Other</td>
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Other Employment: ☐ Full-Time | ☐ Part-Time | ☐ Seasonal | Work Phone Number: |

U. S. Citizen: | ☐ Yes | ☐ No |

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**What type of repairs are you requesting?** (circle all that apply)

- Air/Heat Condition
- Foundation Repair
- Roofing
- Electrical
- Plumbing
- Sheet Rock/Flooring
- Window/Siding
- Other: (describe) ________________________

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(Internal Use) HOME ADDRESS: ________________________
ELIGIBILITY INFORMATION

1) Is the above listed single-family dwelling your PRIMARY residence?  ☐ Yes  ☐ No
2) Are you the RECORDED owner or surviving spouse of the above listed single-family dwelling?  ☐ Yes  ☐ No
   If No, are you an immediate family member living in the unit rent free?  ☐ Yes  ☐ No
3) Are the property taxes for the above listed single-family dwelling current?  ☐ Yes  ☐ No
   If No, are they deferred?  ☐ Yes  ☐ No  If No, are you on a payment plan?  ☐ Yes  ☐ No
Do you own any other property(s)?  ☐ Yes  ☐ No
   If Yes, is the property(s) rented?  ☐ Yes  ☐ No  If Yes, what is the monthly rental income: $
Have you and/or your property received any assistance from programs funded by the City-Housing and Community Development Department in the past 10 years?  ☐ Yes  ☐ No

HOUSEHOLD COMPOSITION

List everyone living in the home, including any foster children, or live-in attendant.

EXCLUDING APPLICANT AND CO-APPLICANT (Please print)

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Relationship to the applicant</th>
<th>Sex</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Full-Time Student</th>
<th>Disability Yes/No</th>
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</thead>
<tbody>
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</table>

Are any of the household members listed above foster children?  ☐ No  ☐ Yes, who? __________________________
Are any of the household members listed above a live-in attendant?  ☐ No  ☐ Yes, who? ______________________

WARNING: PENALTY FOR FALSE OR FRAUDULENT STATEMENT

The applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

APPLICANT(S) CERTIFICATION (by all adult household members)

I/We understand the information provided is to be used to determine if I/We are eligible to receive assistance under the Home Repair Program. I/We certify that all information provided herein is true and correct. I/We understand that by providing a false or fraudulent statement or information is grounds for denial of housing assistance. I/We authorize the City of Houston Housing and Community Development Department and any of its duly authorized representatives to verify all information I/We provided on this application. I/We understand that completing this application does not guarantee or obligates the City to provide home repair assistance.

Applicant Signature: ____________________________  Monthly Income: ____________________________

Co-Applicant Signature: __________________________  Monthly Income: ____________________________

Household Member Signature: __________________________  Monthly Income: ____________________________

Household Member Signature: __________________________  Monthly Income: ____________________________

Household Member Signature: __________________________  Monthly Income: ____________________________
APPLICANT’S CONSENT AND WAIVER

The undersigned, being the Applicant or the authorized agent of the Applicant, in consideration of the home repairs to be made by the City of Houston or its assigned agent hereby represents and agrees on behalf of Applicant as follows:

1. Applicant is the owner (or such owner and occupant’s authorized agent) of the home and property located at __________________________ (“Home”) which is either occupied by Applicant or rent-free by Applicant’s parents, children, or siblings and or their immediate family members.

2. Applicant understands homes requiring repairs over $10,000 may not receive assistance, if such home is not owner occupied.

3. Applicant understands that the home is being considered for repairs to be performed pursuant to the City of Houston ("City") Housing and Community Development Department ("HCDD") Home Repair Program.

   The Applicant understands that the Repairs will be performed without charge to the Applicant, provided that the information provided to the City and HCDD by the Applicant or any adult member of Applicant’s household in connection with his/her request for repairs accurately reflects the following information ("Critical Information") on which eligibility for repairs is based: Applicant’s household income, ownership of the Home and relation to the occupants of the Home. If, within five years following the completion of the Repairs, the City and/or HCDD determine that the Critical Information provided by the Applicant or any adult member of Applicant’s household is materially misleading, Applicant shall, upon demand, reimburse the City for the amount it has paid for such repairs. In the event that the Applicant fails to reimburse the City within 90 days following its demand, the City may seek to exercise its remedies at law and in equity, including seeking court approval to impose an equitable lien on the Home to secure repayment.

4. Applicant represents that the information previously furnished to the City is true and correct. It is understood that the repairs will be performed pursuant to the terms of a Home Repair Contract between the City and the Contractor.

5. Applicant expressly waives all claims and causes of action that Applicant may have, both now and in the future, as a result of or relating to the home repairs, or any injury, whether to person or property, Applicant may sustain through their own actions or the actions of anyone else, including HCDD, the City, or their respective employees, agents, contractors or other parties associated with them in the home repairs.

6. Applicant authorizes HCDD to determine the final scope of the home repairs and to coordinate the performance of the Contractor on the Repairs. Applicant consents to the performance of the Repairs to the Home and agrees to cooperate and provide HCDD, Contractor, and City reasonable access to the Home so that the Repairs can be performed efficiently and without delay. Applicant understands that if Applicant fails to cooperate and provide access to the Home, the performance of the repairs may be suspended or terminated.

7. Applicant and any party signing on behalf of Applicant understand and agree that without this waiver and release HCDD will not commence the repair work/scope of work.

_________________________  _________________  _____________
Applicant Signature        Applicant Name (Print)        Date

_________________________  _________________  _____________
Co-Applicant Signature     Co-Applicant Name (Print)      Date

(Internal Use) HOME ADDRESS: _________________
Home Repair Program
Certification of Income

Applicant: ____________________________ Co-Applicant: ____________________________

Please check all document types submitted to certify household income:

☐ Copy of last two (2) current consecutive months’ paycheck stubs

☐ Current year benefit award letters (social security, supplemental security income, benefits received on behalf of minors)

☐ Current copy of unemployment statement

☐ I hereby certify that my total household annual income from all sources is $______________ and I further understand that additional income documentation may be required based on the level of assistance to verify my household eligibility.

a. Wages from employment (including commissions, tips, bonuses, fees, etc.)

b. Income from the operation of a business

c. Rental income from real or personal property

d. Interest or dividends from assets

e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits

f. Unemployment or disability payments

g. Public assistance payments (other than Food Stamps)

h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household

i. Sales from self-employment resources (Baby Sitting, Avon, Mary Kay, Pampered Chef, Landscaping Services etc.)

j. Any other source not named above

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the disapproval of the owner/applicant application or to pay back the City of Houston, Housing and Community Development Department for the cost of repairs.

Applicant Signature  Print Name  Date

Co-Applicant Signature  Print Name  Date

(Internal Use) HOME ADDRESS: ________________________________