



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 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

Email to:

homerepair@houstontx.gov (Please include your home 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.

ELIGIBILITY INFORMATION

1) Is the above listed single-family dwelling your PRIMARY residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Are you the RECORDED owner or surviving spouse of the above listed single-family dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , are you an immediate family member living in the unit rent free? <input type="checkbox"/> Yes <input type="checkbox"/> No
3) Are the property taxes for the above listed single-family dwelling current? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , are they deferred? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , are you on a payment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any other property(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , is the property(s) rented? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD COMPOSITION

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

EXCLUDING APPLICANT AND CO-APPLICANT (Please print)

Legal Name	Relationship to the applicant	Sex	Age	Date of Birth	Full-Time Student	Disability Yes/No

Are any of the household members listed above foster children? <input type="checkbox"/> No <input type="checkbox"/> Yes, who? _____
Are any of the household members listed above a live-in attendant? <input type="checkbox"/> No <input type="checkbox"/> 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:

(Internal Use) HOME ADDRESS: _____





Home Repair Program Application Additional Documentation

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 NAME: _____ CO-APPLICANT NAME: _____

APPLICANT SIGNATURE: _____ CO-APPLICANT SIGNATURE: _____

Supporting Documentation for Verification

The owner of the residence and **all adult household members** aged 18 and over including, foster children residing with the owner, must provide legible copies of the documents listed below that will be attached to the completed application.

- Proof of U.S. citizenship (*birth certificate or voter's registration card*)
- Proof of ownership (*recorded warranty deed or affidavit of ownership, Will, Affidavit of Heirship, divorce decree, or death certificate*)
- Proof of principle residency (homestead exemption or utility bill) with homestead exemption
- If you have a bank account, a copy of last four (4) months' bank statements (all pages, including blanks)
- If you are employed, a copy of last four (4) consecutive months' paycheck stubs
- If you receive social security, supplemental security income, or benefits on behalf of minors, a current year benefit award letters
- If you receive unemployment, a current copy of unemployment statement
- If you receive an annuity, 401K, IRA, or CD, the most current investment or retirement account statement
- If you own your own business, an income tax return for the past two (2) years; Schedule C, E, or F
- If you receive alimony or child support, a court order showing amount received
- If you pay a mortgage, the most recent mortgage statement
- If you have homeowners' insurance, proof of current declarations page for hazard, flood, wind
- If you receive rental income, a copy of most recent tax return including Schedule E
- If taxes are not current and you are on a tax payment plan, proof of an approved plan in good standing
- If you are a full-time student, a letter from the institution's Registrar's office (*family members 18 or older*)

NOTE: Homeowners approved for assistance will have a lien and affordability period placed on the repaired home. Affordability periods vary as follows: moderate repairs (5 years); substantial repairs (10 years); reconstruction (20 years).

(Internal Use) HOME ADDRESS: _____

COMBINED MONTHLY INCOME

List all income received from household members. This includes money from employment, tips, bonuses, child support, Social Security, disability payments (SSI), workers' compensation, retirement benefits, TANF, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony, unemployment, retirement accounts, regular family contributions from person(s) not residing in the household, and any other source.

Gross Monthly Income (before deductions)	Head of Household	Co-Head/ Spouse	Other Adult Member	Child or Dependent
Base Employment Income Yes No	\$	\$	\$	\$
Overtime Yes No				
Bonuses/Tips Yes No				
Commissions Yes No				
Child Support/Alimony Yes No				
Salary from 2 nd job Yes No				
Temporary Income Yes No				
Income from Military Yes No				
Business Net Income Yes No				
Worker's Compensation Yes No				
Social Security/Disability Yes No				
Veteran's Benefits Yes No				
Stock/Dividends/Interest Yes No				
AFDC/TANF Yes No				
Family Contributions Yes No				
Rental Income Yes No				
Retirement/Pension Yes No				
Unemployment Benefits Yes No				
Self-Employment Resources Yes No				
Reoccurring Gifts Yes No				
Educational Scholarship/Grant Yes No				
Other				
TOTAL	\$	\$	\$	\$

Note: Please make copies of this page if needed for additional household members.

(Internal Use) HOME ADDRESS: _____

ASSETS

List all checking, savings, certificates of deposit (CD's), 401K, life Insurance, interest from sold property within last six (6) months, etc.

HOUSEHOLD ASSETS - List information for following types of assets, including assets held by dependents under the age of 18.					
Identify All Asset Sources		Cash Value	Asset Income (Interest/ Dividends)	Name of Financial Institution	Account Number
Checking Account	Yes No				
Additional Checking Account(s)	Yes No				
Savings Account	Yes No				
Additional Savings Account(s)	Yes No				
Credit Union Account(s)	Yes No				
Stocks, Bonds, Mutual Funds*	Yes No				
Real Estate or Home	Yes No				
IRA/Keogh Account(s)*	Yes No				
Retirement/Pension Fund(s)*	Yes No				
Trust Fund(s)	Yes No				
Mortgage Note Held	Yes No				
Whole Life Insurance Cash Value*	Yes No				
Real Estate/Land*	Yes No				
Other: _____	Yes No				

*When listing the "cash value" of any asset with an asterisk, indicate the amount you would have if you were to convert it to cash. The amount should not include any penalties for withdrawal, amounts used to pay off a balance, or fees that may be assessed for the conversion.

HOUSING ASSISTANCE – List any assistance received by any household member during disaster and/or flooding events.					
Source		Amount	Date Received	Reason	
FEMA (Federal Emergency Management Agency)	Yes No				
SBA (Small Business Administration)	Yes No				
Section 8 (Housing and Urban Development)	Yes No				
TBRA (Tenant Based Rental Assistance)	Yes No				
Insurance (Homeowner)	Yes No				
Other Explain:	Yes No				

(Internal Use) HOME ADDRESS: _____

DECLARATIONS

If you answer "Yes" to any question 1 through 6, use the blank space below to explain.	Applicant		Co-Applicant	
	YES	NO	YES	NO
1. Are you making payments under a Chapter 13 bankruptcy filing?				
2. Are you in the process of filing bankruptcy?				
3. Do you have a mortgage, homeequity loan, or reverse mortgage?				
4. Are you or any of your immediate family members employed by the City? If yes, please provide the name, department, and position.				
5. Do you currently have a citation or lien from the City for property code violations? If yes, please describe and include any relevant documentation.				

Additional information/explanation:

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