



City of Allen
Community Enhancement
Application For
Owner-Occupied Housing Rehabilitation
Programs

Home Repair Program
 Urgent Repair Program
 Property Improvement Program

To apply for assistance, the household must meet the following income criteria:

Household Size	Maximum Income Limits	Types of Income
1	\$54,550	When calculating the maximum household gross income, the following types of income are included: employment, tips, bonuses, child support, Social Security, disability payments (SSI), Worker’s Compensations, retirement benefits, AFDC, cash welfare benefits, Veteran’s benefits, rental property income, stock dividends, income from bank accounts, alimony, unemployment, retirement accounts, and any other source.
2	\$62,350	
3	\$70,150	
4	\$77,900	
5	\$84,150	
6	\$90,400	
7	\$96,600	
8	\$102,850	

Minimum Criteria for Owner Occupied Housing Rehabilitation Programs Eligibility

- In addition to the Maximum Income Limits above, the applicant/s must meet all Program Guidelines, including but not limited to the following:
 - ✓ Have a current homeowner’s insurance policy in effect;
 - ✓ All Household Members must be U. S. citizens or lawful permanent residents (LPR);
 - ✓ Be named on the filed Warranty Deed or Deed of Trust;
 - ✓ Occupy the property as a primary residence for at least a year;
 - ✓ Be current on mortgage payments and taxes;
 - ✓ Not have any property liens;
 - ✓ Applicants shall not exceed the lifetime program cap of \$40,000 including any combination of home repair and urgent repair assistance. Preference shall be given to applicants who have not previously received assistance;
 - ✓ Homes must be over 25 years old to be eligible for the Home Repair Program or the Property Improvement Program.

Project Approval is subject to availability of funds

NOTE: Eligibility criteria is subject to change. Applicants are urged to contact the CDBG Planner at (214-509-4175) prior to completion and submission of this form.

Please complete the application COMPLETELY and ACCURATELY. Ensure all blanks are filled and dates included where appropriate. If an item is not applicable, insert “N/A”. Failure to provide complete and accurate information may result in a loss or denial of assistance. Only complete applications will be accepted.

PROPERTY ADDRESS

Number _____	Street _____	Allen, Texas	Zip _____
Mailing Address (if different from above) _____			
Subdivision _____			

I. APPLICANT INFORMATION

Applicant's Name (include Jr. or Sr. if applicable)		Co-Applicant's Name (include Jr. or Sr. if applicable)	
Social Security #	Date of Birth	Social Security #	Date of Birth
Primary Phone Number:		Primary Phone Number:	
Secondary Phone Number:		Secondary Phone Number:	
E-mail address:		E-mail address:	
Marital Status: ___ Married ___ Single ___ Divorced ___ Separated ___ Widowed	Place of Birth (City, State):	Marital Status: ___ Married ___ Single ___ Divorced ___ Separated ___ Widowed	Place of Birth (City, State):
Do you currently occupy the property as your primary residence? () Yes () No How long have you lived there?		Do you currently occupy the property as your primary residence? () Yes () No How long have you lived there?	
Mortgage Company:			
Other Liens:			
Date of Purchase:		Current Mortgage Balance:	

II. HOUSEHOLD COMPOSITION

*List everyone living in the house EXCLUDING APPLICANT AND CO-APPLICANT. This includes all temporary household residents who do not maintain a regular residence in another location. You will need to provide social security cards for every member of the household **and** photo identification for all household members 18 years or older before eligibility will be determined.*

Legal Name	Relation to Head	Age	Place of Birth	Birth Date	U.S. Citizen/LPR	Social Security #

HANDICAP ACCESSIBILITY:

Please complete the below box if any member of your household has a mental or physical handicap requiring special housing accommodations. (You may need to provide a letter from a physician describing the handicap and prescribing the accommodations needed.) If any member is confined to a wheelchair, write wheelchair under special housing need. Also note any member who needs crutches or a walker, is visually or hearing impaired, or is otherwise mobility impaired.

Household member	Type of Handicap	Special Housing Need
1. _____	_____	_____
2. _____	_____	_____

III. INFORMATION ABOUT YOUR HOME

Year Constructed: _____ # of Bedrooms: _____ # of Bathrooms: _____

Have you submitted an application in the past to this office for rehabilitation assistance? () Yes () No

If Yes and a project was not completed, please explain why not:

If Yes, what year were repairs made? _____ How much of the project cost did you pay? _____

What was the cost of the project? _____ Who was the contractor for the project? _____

Do you have any health, safety, or security concerns regarding your home? If so, please describe: _____

What property conditions motivated you to apply for assistance? _____

Do you currently have a citation or lien from the City of Allen for property code violations? () Yes () No

If Yes, describe and include documentation:

IV. APPLICANT EMPLOYMENT INFORMATION

<i>Applicant</i>	<i>Co-Applicant</i>
Employer: Employer's Address:	Employer: Employer's Address:
Work Phone #	Work Phone #
Position/Title/Type of Business:	Position/Title/Type of Business:
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
Wages: \$ _____ Per _____	Wages: \$ _____ Per _____
Additional Employment:	
Employer: Employer's Address:	Employer: Employer's Address:
Work Phone #	Work Phone #
Position/Title/Type of Business:	Position/Title/Type of Business:
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
Wages: \$ _____ Per _____	Wages: \$ _____ Per _____
Other Employments/Income if any:	Other Employments/Income if any:
Self Employed Name of Business: _____ Estimate YTD Operating Income/Loss: \$ _____	Self Employed Name of Business: _____ Estimate YTD Operating Income/Loss: \$ _____

V. COMBINED MONTHLY INCOME & ASSETS

Income includes all money flowing into the household from all persons 18 years old and older plus benefits received on behalf of minor children.

Gross (Before Taxes & Deductions) Monthly Income	Applicant	Co-Applicant	Household Member:	Household Member:	Total
Base Employment Income	\$	\$	\$	\$	\$
Overtime					
Bonuses					
Commissions					
Child Support					
Alimony					
Social Security					
Disability Benefits					
Veteran's Benefits					
Dividends/Interest					
Section 8					
Food Stamps					
TANF					
Rental Income					
Retirement/Pension					
Unemployment Benefits					
Other:					
Other:					
TOTAL	\$	\$	\$	\$	\$

Assets include the following accounts or items: checking, savings, mutual funds, retirement accounts, stocks, bonds, CD's, real estate, collectibles (cars, coins, firearms), etc.

ASSETS			
Household Member	Asset Type & Bank Name	Account # Last 4	Current Balance/Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Number of Accounts:			\$

VI. COMBINED MONTHLY EXPENSES

Current household expenses:	
Monthly Mortgage Payment	\$
2 nd Lien or Equity Line of Credit	\$
Homeowner Insurance (if not escrow)	\$
Property Tax (if not escrow)	\$
Water	\$
Gas	\$
Electricity	\$
Auto Loans	\$
Auto Insurance	\$
Cell Phone	\$
Childcare	\$
Credit Cards (total of minimum monthly payments)	\$
Student Loans (total of minimum monthly payments)	\$
Medical (prescriptions, co-pays, etc.)	\$
Food (total monthly food expenses – groceries and restaurants)	\$
Auto Expenses (gasoline, toll tag)	\$
Cable	\$
Streaming Services	\$
Home Phone/Internet	\$
Child Support	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Total Monthly Expenses	\$

VII. AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

Your signature on this Authorization to Release Information Form, and the signatures of each member of your household 18 years of age or older, **authorizes the City of Allen to RELEASE AND OBTAIN certain information relative to your eligibility and participation in the programs administered by the City of Allen Planning and Development Department.**

This information is only requested or released with your full knowledge and consent as evidenced by your signature(s) below.

Privacy Act Notice Statement: *The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility for assistance with federal funds. This information will be utilized to establish the level of assistance; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate local, state, and federal agencies when relevant; to civil, criminal, or regulatory investigators; and to prosecutors. Failure to provide information may result in a delay or rejection of your eligibility approval. The City of Allen is authorized to ask for this information by the National Affordable Housing Act of 1990.*

Information Covered: The City of Allen is authorized to release or obtain information about the following items:

	Item		
✓	Income (all sources)	✓	Tax Status
✓	Assets (all sources)	✓	Household Members
✓	Disability/Handicap Status (all sources)	✓	Homeowner's Insurance
✓	Your Principal Residence	✓	Condition of House
✓	Ownership of Real Estate	✓	Credit Report

Authorization: I authorize the City of Allen to release or obtain certain information about me and my household that is pertinent to my eligibility for participation in the programs available through the City of Allen Planning and Development Department, or to obtain other services that might assist my household.

Acknowledgement: I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I have the right to review the file and the information received using this form.
3. I have the right to copy information from the file and to request correction of information I believe to be inaccurate.
4. All adult household members will sign this form and cooperate in this process.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. I verify that the preceding information is true and correct.

Head of Household:	X	Printed Name:		Date:	
Other Adult Member:	X	Printed Name:		Date:	
Other Adult Member:	X	Printed Name:		Date:	
Other Adult Member:	X	Printed Name:		Date:	
Other Adult Member:	X	Printed Name:		Date:	
Other Adult Member:	X	Printed Name:		Date:	

VIII. DECLARATIONS

If you answer "Yes" to any questions 1 through 8, please use the blank space below for explanation.	Applicant		Co-Applicant	
	YES	NO	YES	NO
1. Are there any outstanding judgments against you?				
2. Have you filed for Chapter 7, 11 or 13 in the past 7 years?				
3. Are you in the process of filing?				
4. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?				
5. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of the lieu of foreclosure, or judgment?				
6. Are you presently delinquent or in default on any federal debt (including income taxes and federal student loans) or any other loan, mortgage, financial obligation, bond, or loan guarantee?				
7. Are you obligated to pay alimony, child support, or separate maintenance? If yes, amount \$_____				
8. Are you a co-maker or endorser on a note?				
9. Are you a U.S. citizen?				
10. Are you a lawful permanent resident? If you answered "YES" to question 9. then answer NO.				
11. Do you occupy the property as your primary residence?				
12. Do you intend to occupy the house as your primary residence?				
13. Do you have a current homeowner's insurance policy? If so, with what company?_____				
14. Do you own <u>other</u> real estate property? If so, address:_____ County:_____ Value \$_____				

Explanation/s:

IX. HUD'S REPORTING REQUIREMENTS

HUD requires that the City provide demographic, racial and ethnic data on households applying for or receiving federal funds.

Is the Head of Household a single Female? () Yes () No

Please indicate the race and ethnicity of the *Head of Household only*.

Ethnic Background (check only one): () Hispanic or Latino () Not Hispanic or Latino

Race (check all that apply):

() White () Native Hawaiian/Other Pacific Islander
 () Black or African American () Hasidic Jew
 () American Indian/Alaska Native () Other Multi-Racial
 () Asian

Elderly (62 or above): () Yes () No

Disabled: () Yes () No

CERTIFICATION:

The section below is to be signed by the head of house and spouse/Co-Applicant. A witness will be needed for any signature made by mark.

Important: *Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matter within its jurisdiction.*

I certify this application has been completed to the best of my knowledge with complete & accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that assistance granted to my household based on fraudulent information must be reimbursed in whole to the City of Allen.

X _____	____/____/____	_____
Head of House/Applicant	Date	Witness (if signed by mark)
_____	____/____/____	_____
Spouse/ Co-Applicant	Date	Witness (if signed by mark)

The City of Allen Planning and Development Department is wheelchair accessible. Handicap parking spaces are available. For the hearing impaired, the office may be reached by TDD through Relay Texas at 1-800-735-2988. Interpretive services are available with an advance notice of 48 hours.

When Completed: Return this application by mail or deliver in person to the Community Enhancement Department, 2nd Floor, City of Allen, 305 Century Parkway, Allen, Texas, 75013. Include copies of all required supporting documentation along with the application. Please call to verify receipt of all mailed documents.

X. SUPPORTING DOCUMENTATION

The following information must be submitted along with your completed application. ALL PAGES of ALL DOCUMENTS.

- ____ Photo identification for the applicant, co-applicant and all household members 18 years or older
(Driver's license, passport, permanent resident cards, etc.)
- ____ Social Security cards of all household members (Social Security card alternatives such as information from the following agencies that display full names and Social Security numbers are allowable: VA, food stamp agencies, school transcripts for children, etc.)
- ____ Last 2 year's tax returns for every household member (Provide the last 3 years' returns if self-employed)
OR Verification of Non-Filing Letters from the IRS if tax returns were not filed for the previous 2 years
- ____ Last 4 paycheck stubs for each working member of the household
- ____ Verification of any other sources of earned and unearned income for all family members
(Social security, SSI, TANF, unemployment, Medicaid, child support, alimony, retirement, food stamps, Section 8, etc.)
- ____ Last 3 complete bank statements (All pages on ALL accounts including: checking, savings, etc.)
- ____ Most current investment account or retirement plan statement (annuity, 401K, IRA, CD, etc.)
- ____ Most recent mortgage statement
- ____ Most recent water bill
- ____ Proof of current homeowner's insurance policy (Declarations page)

If applicable:

- ____ Divorce decree, if divorced since owning the home
- ____ Court ordered child support information and attorney general's statement of payment
- ____ If co-signor for or owner of another real estate property, copy of the current mortgage statement, deed-of-trust, and proof of paid taxes
- ____ If self-employed, copies of company profit and loss statements, bank statements, assets
- ____ Assumed name certificate of business

NOTE: City will verify the following information found in the county records: ownership, deed-of-trust, payment of taxes, property valuation, assumed name of businesses, and any other information supplied above to determine eligibility and approval. If you have more current documentation than is filed with the county records please attach it to this application.