

Please Print
Name
Address
Phone Number



For Office Use Only Application Number: _____

SINGLE FAMILY REHABILITATION / RECONSTRUCTION

THE APPLICATION & SUPPLEMENTS MUST BE COMPLETED IN THEIR ENTIRETY

The application form asks for basic information concerning you, your household, and your financial and employment situations. All items must be completed. If an item does not apply to you, write "NA" (not applicable).

Some questions pertain to you and your co-applicant and should be completed by both. A co-applicant is someone who would share responsibility for complying with grant requirements (for example, your spouse).

Process:

Verification of all household members' income and employment status is necessary to determine if you are eligible to receive assistance. Once application and required documentation is submitted completely a verification appointment will be scheduled for all household members' 18 years and older.

WHAT IS THE SINGLE FAMILY REHABILITATION/RECONSTRUCTION PROGRAM?

The primary goals of the Single Family Rehab/Reconstruction Programs are to bring the homes up to local building code and locally adopted Housing Quality Standards. The Program is available to any income eligible homeowner within the city limits of Abilene, TX. Repairs include electrical, plumbing, roofing, windows, flooring, HVAC system, interior/exterior painting, and handicap accessibility. This is a grant loan, which is forgiven over the period of affordability, at that time there are certain restrictions that are placed. Office of Neighborhood Services will place a lien on the property stating that the homeowner will maintain and occupy the dwelling, once the affordability period has been satisfied the homeowner will be provided with an original Release of Lien.

WHO IS ELIGIBLE?

A. Property Requirement's:

- Located within the City limits of Abilene;
- Free of delinquent property taxes;
- Exhibiting building code deficiencies;
- Free of nuisance violations such as weeds, junk vehicles and debris;
- Cannot be located in a Flood Zone according to FEMA;
- If property was previously assist through the Single Family Rehabilitation program, the property will no longer be eligible for assistance through any other program offered with the Office of Neighborhood Services.

B. Applicant Requirement's:

- An individual or family who owns or is buying a single family dwelling unit under a Warranty Deed or Deed of Trust (not less than 3 years);
- Must have current utilities (gas, water, & electric);
- Vacate home in its entirety during the rehab process;
- Must be able to make arrangements for alternative housing during rehab period (5 to 6 months estimated);
- If a homeowner was previously assist through the Single Family Rehabilitation program, the homeowner will no longer be eligible for assistance through any other program offered with the Office of Neighborhood Services.

INCOME LIMITS:

1 PERSON HOUSEHOLD	\$35,000
2 PERSON HOUSEHOLD	\$40,000
3 PERSON HOUSEHOLD	\$45,000
4 PERSON HOUSEHOLD	\$50,000
5 PERSON HOUSEHOLD	\$54,000
6 PERSON HOUSEHOLD	\$58,000
7 PERSON HOUSEHOLD	\$62,000
8 PERSON HOUSEHOLD	\$66,000

AFTER THE REHAB, A HOMEOWNER MUST:

- Agree to maintain the dwelling and property to minimum housing and building codes;
- Applicant agrees to annual inspection during the period of affordability;
- Provide Homeowner's insurance coverage with Office of Neighborhood Services listed as lien holder;
- Continue current property taxes;
- Contact Mortgage Company to make agreements for Office of Neighborhood Services to become a secondary lien holder.



INFORMATION CHECKLIST

TO: Homeowner

FAILURE to submit all the necessary information will result in your application not being accepted and cancelled. The following items listed below MUST be submitted with your application.

- All and any information regarding all types of **GROSS** current year income (Social Security benefits, pension, employment, retirement, disability, Temporary Assistance for Needy Families [TANF], child support statement and non- earned income.
- Paycheck stubs for all employment the most current **3 months**.
- All information regarding banking accounts for checking and savings; must provide current **3 months** of statements. You must have all bank and credit union names and account information available.
- Copy of the Deed of Trust or Warranty Deed to the property.
- Copy of your current homeowner's insurance policy (***if applicable***). If unit is not insurable, homeowner must provide a commitment letter from an insurance company.
- Only** if you are self employed, income tax return for last year must be provided.
- You must obtain a tax statement from the Central Tax Appraisal District office located at 1534 South Treadaway, Abilene, Texas. Property taxes must be current.
- Verification of mortgage along with your last mortgage statement
- Copy of all current utilities (gas, water, electric)
- Valid government issued photo ID (driver's license or TX State ID card) and Social Security cards for **every member** of the household.

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the U.S. or the Department of Housing and Urban Development.



FAMILY INFORMATION

Date:			
Applicant:	Co-Applicant:		
Date of Birth:	Date of Birth:		
Address of property: (Number) (Street)	(City) (State) (Zip)		
Applicant Social Security #:	Co-Applicant Social Security #:		
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widowed)		
Phone Number:	Alternate Phone Number:		
Do you own any other real estate property? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please list address:			
Please list the total number of persons living in the household:			
<i>Please list the names, relationships, social security #s and dates of birth of all other members in the household:</i>			
Name:	Relationship:	Social Security #:	Date of Birth:
1.			
2.			
3.			
4.			
5.			
6.			
Name and Address of Employer for Applicant:		Years employed: _____	
_____		<input type="checkbox"/> Self Employed	

Position/Title :	Type of Business :		
Name and Address of Employer for Co-Applicant:		Years employed: _____	
_____		<input type="checkbox"/> Self Employed	

Position/Title :	Type of Business :		



If employed in current position for less than two years, complete the following:

Previous Employment:

_____ Dates of employment: _____

Other Source of Income: (example child support, other employment, social security, retirement, gifts, etc.)

Source of Income:	Applicant	Co-Applicant	Total:
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

Banking Information

Checking Account:

- Yes
- No

Name of banking institute:

Address:

Savings Account:

- Yes
- No

Name and banking institute:

Address:

Creditor's Name & Address	Account No.	Date Incurred Month/Year	Original Amount	Present Balance	Monthly Payment	Amount Past Due
		/	\$ _____	\$ _____	\$ _____	\$ _____
		/	\$ _____	\$ _____	\$ _____	\$ _____
		/	\$ _____	\$ _____	\$ _____	\$ _____
		/	\$ _____	\$ _____	\$ _____	\$ _____
		/	\$ _____	\$ _____	\$ _____	\$ _____
Total Monthly Obligation →					\$ _____	\$ _____

	Applicant Yes / No	Co-Applicant Yes / No		Applicant Yes / No	Co-Applicant Yes / No
Are you a U.S. Citizen or a permanent resident alien?	_____	_____	Do you have any outstanding judgements?	_____	_____
Are you obligated to pay alimony, child Support or separate maintenance?	_____	_____	In the past 7 years, have you been declared bankrupt?	_____	_____
Have you had a property foreclosed upon or given title or deed in lieu thereof, in the last 7 years?	_____	_____	Do you have any past due obligations owed to or insured by any agency of the Federal, State or Local government?	_____	_____



PROPERTY INFORMATION

Number of Bedrooms:

Number of Bathrooms:

Total number of Rooms:

**Insurance Information
Homeowner's Coverage**

Carrier:

Expiration Date:

Amount: \$

List all repairs you feel are needed for your home:

Important – Applicant Read Before Signing

I/We apply for the grant loan program indicated in this application, which may be secured by a mortgage or Deed of Trust on the property described herein and represent that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and are made for the purpose of obtaining assistance. Verification may be obtained from any source named in this application.

Single Family Rehabilitation/Reconstruction Applicants: I/We understand that the selection of a contractor (from the Office of Neighborhood Services approved list of contractors), acceptance of material used and work performed in my/our responsibility. Neither the City of Abilene nor the Office of Neighborhood Services guarantees the materials or workmanship.

I/We do or do not currently occupy the property as my/our primary residence.

I/We do hereby swear and attest that all of the information above is true and correct. I/We also understand that all changes in household income, as well as any changes in household composition that occur during the process of this application must be reported to the Office of Neighborhood Services in writing immediately. I/We understand that it is a federal crime punished by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts as applicable under the provision of the United States Criminal Code.

Applicant Signature

Date

Co-Applicant

Date



Demographic Information for Head-of-Household

The following information is requested by the Federal Government if this application is related to a dwelling, in order to monitor compliance with equal credit opportunity and housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender/agency may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the below information, please initial below.

<input type="checkbox"/> I do NOT wish to provide this information.	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Elderly (62 or above): <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
To be completed by City Staff: This information was provided: <input type="checkbox"/> In a face-to-face interview <input type="checkbox"/> In a telephone interview <input type="checkbox"/> By the applicant and submitted by fax or email <input type="checkbox"/> By the applicant and submitted via e-mail or the Internet <input type="checkbox"/> By the applicant and in person	
City Staff Signature: _____ Signature Date	



(Interpreters) for the Blind, Deaf, and Language Barriers

1. **Department of Family and Protective Services(Braille)**
 - 3610 Vine St 325-691-8100
 - 4601 S. 1st St.325-795-5755

2. **Disabilities in Action (Deaf Resources)Katherine Ballard**
 - 317 North Willis St. 325-400-5782
 - TTY 325-672-5460
 - a. Visibility Relay service/Videophone
 - b. Fluent in Sign language
 - c. Language interrupters
 - d. Deaf caller
 - e. STAP Program (Specialized Telecommunication Assistance Program)
 - f. Making available communication devices to individuals whose deafness, hard of hearing or other disabilities.

3. **Abilene Health Department Interpretations for Foreign Languages**
 - a. 850 North 6th 325- 692-5600

4. **Telecommunication for the Deaf is 325-676-6568.**

