



CRITICAL REPAIR PROGRAM

APPLICATION

City of Abilene
Neighborhood Services
PO Box 60
555 Walnut St., Ste. 206
Abilene, TX 79604
Phone: (325) 437-4576
Fax: (325) 437-4577

The Critical Repair Program is designed to assist Single Family owner occupied homes with critical repair problems that are a **detriment to life, safety, or health of occupants**, which require immediate action. These are homes with no water, gas, heat, leaks in roofs, open sewers, or where handicap accessibility is needed. The Critical Repair Program will only correct problems deemed a critical situation. All applications will be taken, and only critical repairs as identified by the program guidelines will be addressed.

To qualify the household income must NOT be above the following maximum income limits: Income is calculated using GROSS amounts.

Income Limits as of: 06/01/2021	
1 person household	\$35,500/yr.
2 person household	\$40,600/yr.
3 person household	\$45,650//yr.
4 person household	\$50,700/yr.
5 person household	\$54,800/yr.
6 person household	\$58,850/yr.
7 person household	\$62,900/yr.
8 person household	\$66,950/yr.

Households must also meet the following criteria:

- Reside in the City of Abilene limits,
- Own the dwelling through Warranty Deed or Deed of Trust, no less than 6 months,
- Must occupy the dwelling unit as current resident,
- Effective 1/1/2008, homeowners may be eligible for only one (1) Critical repair in any twelve (12) month period.
- UNDER THE PROGRAM GUIDELINES "ANY PERSON THAT HAS BEEN PREVIOUSLY ASSISTED WITH THE **SINGLE FAMILY REHAB** PROGRAM IS NOT ELIGIBLE FOR ASSISTANCE FOR ANY OTHER REHAB PROGRAMS, (ADDITIONAL SINGLE FAMILY REHAB OR CRITICAL/LIMITED REPAIR PROGRAMS) PER ADDRESS/PER HOMEOWNER; IT IS THE RESPONSIBILITY OF THE HOMEOWNER TO MAINTAIN THE CONDITION OF THE HOME, ONCE REPAIRS HAVE BEEN COMPLETED."

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.



CHECKLIST REQUIRED DOCUMENTATION:

**Incomplete, partial or missing documentation will not be accepted.
All information must be current.**

- Information regarding all types of **GROSS** income for **3 months current** (Pay stubs, Social Security current Benefits Letter, pension, employment, unemployment benefits, retirement, disability, Temporary Assistance for Needy Families (TANF), child support statement, etc. **W2's and 1099's will NOT be accepted**)
- 3 months** current **complete** banking statements and savings statements with the account numbers and the bank name for **each** household member 18 years and older
- Copy of the Deed of Trust/Warranty Deed to your home; must have owned and occupied no less than **6 months**.
- Copy of your homeowner's insurance policy and flood insurance (**if applicable**). Homeowner may need to seek a commitment letter from an insurance company.
- Income tax return for last year (**ONLY if self-employed**)
- Property Tax Statement from the Central Tax Authority at 1534 South Treadaway, Abilene, Texas. Taxes must be current or proof of payment plan must be submitted.
- Verification of mortgage along with your **most recent** statement.
- Copy of **most recent** utility bills (**water, gas, and electric**).
- Copy of **Valid** State Identification, & Social Security cards for **EVERY MEMBER** of the household.

If you have any question regarding the documentation listed above contact the office at (325) 437-4576.

In order to continue to process your request for repairs, the following application must be completed in its entirety and all of the following information MUST be submitted with your application:



Critical Repair Application

Date:					
Applicant:	Date of Birth:				
Co-Applicant:	Date of Birth:				
Address: (Number) (Street)	(City) (State) (Zip) Abilene Texas				
<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:					
Applicant Social Security #:	Co-Applicant Social Security #:				
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.					
Property Information					
Age of Home:	Number of Rooms:				
Number of Bedrooms:	Number of Bathrooms:				
Insurance Carrier:	Expiration Date/Policy Term:				
Amount of Coverage: \$	How long have owned and lived in this home as your primary residence?				
These Questions Apply to Both Head of Household and Spouse					
	Applicant Yes / No	Co-Applicant Yes / No		Applicant Yes / No	Co-Applicant Yes / No
Have you any outstanding judgments?	_____	_____	Are you a U.S. Citizen or permanent resident alien?	_____	_____
In the last 7 years, have you been declared bankrupt?	_____	_____	Are you obligated to pay alimony, child support or separate maintenance?	_____	_____
Have you had 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 government ?	_____	_____
Are you a party in a lawsuit?	_____	_____			



Please provide a brief description of you critical repair needs:

Empty lines for providing a brief description of critical repair needs.

Income Information

We need to know about the income that each member of your household expects to receive in the next 12 months. Check YES for any type of income a particular household member receives and provide monthly amount.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offence to willfully make false statements or misrepresentations of any material fact involving the use or obtaining of federal funds.

1. Employment

- Wages Yes \$ _____ No
- Salaries Yes \$ _____ No
- Overtime Pay Yes \$ _____ No
- Commissions Yes \$ _____ No
- Fees Yes \$ _____ No
- Tips Yes \$ _____ No
- Bonuses Yes \$ _____ No
- Any other wages Yes \$ _____ No

2. Benefit Payments

- Social Security Yes \$ _____ No
- SSI Yes \$ _____ No
- Worker's Comp Yes \$ _____ No
- Disability Pay Yes \$ _____ No
- Severance Pay Yes \$ _____ No
- Annuities Yes \$ _____ No
- Insurance Pay Yes \$ _____ No
- Pension Yes \$ _____ No
- Retirement Fund Yes \$ _____ No
- Death benefit Yes \$ _____ No
- Any other benefit Yes \$ _____ No

3. TANF Assistance

Yes \$ _____ No

4. Alimony and/or Child Support

Yes \$ _____ No

5. Interest, dividends, and other income from household assets.

- Interest from bank Yes \$ _____ No
- Dividends from stocks Yes \$ _____ No
- Money from rent Yes \$ _____ No
- Any other interest, dividends, or rent Yes \$ _____ No

6. Money or gifts regularly given by a person not living in the unit

Yes \$ _____ No

7. Any other source of Income?

Yes \$ _____ No

If "YES", please specify: _____

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 processing 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.

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

Applicant's Signature

Date

Co-Applicant's Signature

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 interpreters
- 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

Telecommunication for the Deaf is 325-676-6568

