



**City of Allen**  
**Planning and Development Department**  
**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	\$43,250	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	\$49,400	
3	\$55,600	
4	\$61,750	
5	\$66,700	
6	\$71,650	
7	\$76,600	
8	\$81,550	

***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;
  - ✓ Be a U. S. citizen or permanent legal resident;
  - ✓ Be named on the filed Warranty Deed or Deed of Trust;
  - ✓ Occupy the property as a primary residence;
  - ✓ Be current on mortgage payments; and
  - ✓ Not have exhausted the \$25,000 cumulative 5-year cap of combined Housing Rehabilitation Programs.

***Project Approval is subject to availability of funds***

**NOTE: Eligibility criteria is subject to change. Applicants are urged to contact the CDBG Planner (214-509-4174) 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 _____,	Allen, Texas	_____ Zip
Street _____		
Mailing Address (if different from above) _____		
Target Area/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:	
<b>Marital Status:</b> ___ Married ___ Single        ___ Divorced ___ Separated    ___ Widowed	<b>Place of Birth (City, State):</b>	<b>Marital Status:</b> ___ Married ___ Single        ___ Divorced ___ Separated    ___ Widowed	<b>Place of Birth (City, State):</b>
Do you currently occupy the property as your primary residence?        ( ) Yes        ( ) No		Do you currently occupy the property as your primary residence?        ( ) Yes        ( ) No	
How long have you lived there?		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	Sex	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 ever submitted an application in the past to this office for rehabilitation assistance? ( ) Yes ( ) No

If so, was a project completed? ( ) Yes ( ) No

If No, 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>
<b>Employer:</b>  <b>Employer's Address:</b>	<b>Employer:</b>  <b>Employer's Address:</b>
<b>Work Phone #</b>	<b>Work Phone #</b>
<b>Position/Title/Type of Business:</b>	<b>Position/Title/Type of Business:</b>
<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 _____
<b>Additional Employment:</b>	
<b>Employer:</b>  <b>Employer's Address:</b>	<b>Employer:</b>  <b>Employer's Address:</b>
<b>Work Phone #</b>	<b>Work Phone #</b>
<b>Position/Title/Type of Business:</b>	<b>Position/Title/Type of Business:</b>
<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 _____
<b>Other Employments/Income if any:</b>	<b>Other Employments/Income if any:</b>
<b>Self Employed</b> <b>Name of Business:</b> _____ <b>Estimate YTD Operating Income/Loss: \$</b> _____	<b>Self Employed</b> <b>Name of Business:</b> _____ <b>Estimate YTD Operating Income/Loss: \$</b> _____

**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.*

<b>Gross Monthly Income</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Household Member:</b>	<b>Household Member:</b>	<b>Total</b>
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:					
<b>TOTAL</b>	\$	\$	\$	\$	\$

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

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

**VI. 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:	<b>X</b>	Printed Name:		Date:	
Other Adult Member:	<b>X</b>	Printed Name:		Date:	
Other Adult Member:	<b>X</b>	Printed Name:		Date:	
Other Adult Member:	<b>X</b>	Printed Name:		Date:	
Other Adult Member:	<b>X</b>	Printed Name:		Date:	
Other Adult Member:	<b>X</b>	Printed Name:		Date:	

**VII. 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 permanent legal resident?				
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 own <u>other</u> real estate property? If so, address: _____ County: _____ Value \$ _____				

Explanation/s:

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**VIII. 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.

<b>X</b> _____	____/____/____	_____
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 Development Department, 2<sup>nd</sup> 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.



#### IV. SUPPORTING DOCUMENTATION

*The following information must be submitted along with your completed application.*

- \_\_\_\_ 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
- \_\_\_\_ Last 2 year's tax returns for every household member (Provide the last 3 years' returns if self-employed)
- \_\_\_\_ 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 (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.***