

HOUSING IMPROVEMENT PROGRAM

APPLICATION FOR OWNER-OCCUPIED, MINOR, HOME REPAIR PROJECTS

PLEASE NOTE: Applications will be evaluated on a first come, first serve basis and will be approved or denied in light of the program's requirements and objectives. Please allow up to a 20-business day initial review time before receiving feedback on your application. After an application has been approved, the timing for repairs can vary greatly depending on workload and the number of other approved applications submitted. Please plan on a minimum of six months. Additional documentation may be requested at Staff's discretion after reviewing your application.

To be completed and signed by the homeowner. Do not leave any blanks. The application must be complete for consideration. If a section does not apply, please write N/A.

PROJECT DESCRIPTION

Please describe the type of improvement project for which you are requesting funds. *(List the top three).*

1. APPLICANT INFORMATION

Last Name	First Name	Middle	Date of Birth	Social Security Number
Marital Status		Gender		
Street Address				
City		State	ZIP	
Telephone number		E-mail Address		

2. HOUSEHOLD INFORMATION

In the box below, list all person(s) living in your home, regardless of relation, including yourself. All residents must be listed before eligibility can be determined. This includes all temporary household residents, who do not maintain a regular residence in another location. You will need to provide copies front and back of all residents' social securities or identification cards before eligibility will be determined.

First Name	Last Name	Relationship to homeowner	Birthdate	Gender	Social Security #
		homeowner			

INCOME/ASSETS:

Income information: Income includes all money flowing into the household from all persons 18 years and older, plus benefits received on behalf of minor children. The full amount before any payroll deductions of wages and salaries, overtime pay, commissions, fees, tips, bonuses, and other compensation for personal services, including salaries received from a family owned business; income from operation of a business or profession; interest, dividends and other income of any kind from real or personal property; the full amount of periodic amounts received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts; payments in lieu of earnings, such as unemployment, disability compensation, worker's compensation, and severance pay; welfare assistance; periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling; all regular pay, special pay and allowances of members of the armed forces; recurring monetary contributions or gifts regularly received from persons not living in the unit; relocation payments; and actual income distributed from trust funds that are not revocable by or under the control of any member of the tenant family.

Gross Monthly Income	Applicant	Other Household Members	Total
Base employment income			
Overtime			
Bonuses			
Commissions			
Other			
Total all income			\$

Asset information: The applicant is required to report information about his/her assets. Assets include other real estate properties owned by members in the household, checking and savings accounts, investment accounts, vintage vehicles, money earned from the sale of items or investment accounts or assets disposed of for less than market value within the last two years, and items purchased for investment value, such stamps, coins, firearms, paintings and other collectibles.

Household Member	Type of Asset	Value
Total all asset value		\$

3. INFORMATION ABOUT YOUR HOME

Please complete this section as fully as possible. It is essential for our record keeping and for the type of work that is done to your home.

Year constructed: _____

Number of years you have lived there: _____

Number of bedrooms: _____

Number of bathrooms: _____

Have you ever submitted an application in the past to this office for improvement assistance?

If answer is "yes", was the application approved or denied?

If it was approved:

What year were the repairs made?

What was the cost of the project? _____

Who was the contractor for the project?

MORTGAGE AND OWNERSHIP

1st mortgage original amount: _____ Amount still owed: _____ Monthly payment amount:

Name & address of lender:

2nd mortgage original amount: _____ Amount still owed: _____ Monthly payment amount:

Name & address of lender:

Are there any liens on the property?

Are you a co-maker or endorser on a note?

Are you a party to a lawsuit?

Are you obligated to pay alimony, child support or maintenance?

If you answered "yes" to any of the previous questions please explain below:

If the application for minor home repair is approved AND the structure is found to be in a flood zone, you will be required to acquire and maintain flood insurance for five years, certified annually by the City of Temple. Owners found in non-compliance will be billed the full amount of the cost of the home repair project. Are you willing and able to acquire and maintain flood insurance should it be needed? Yes No

4. ADDITIONAL DOCUMENTS

Please attach the following supporting documentation with your submittal:

- Identification with picture of the applicant (driver's license, passport, resident alien card, etc.)
- Last 6 months of paycheck stubs for each working member of the household, age 18 and older
- Last year's income tax return (Form 1040 with W2's)
- Proof of Social Security or other retirement income, if applicable
- Proof of child support, spousal support, or alimony, if applicable
- Proof of home ownership and a current copy of your homeowner's insurance
- Proof property taxes are current
- Proof that mortgage payments are current
- Proof of occupancy for previous 12 months (water/utility bills)

5. HUD REPORTING REQUIREMENTS

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

Is the homeowner a single Female? () Yes () No

Please indicate the race and ethnicity of the homeowner only.

Ethnicity (check only one): () Hispanic or Latino () Not Hispanic or Latino

- Race:
- () White
 - () Black or African American
 - () Black/African American & White
 - () Asian
 - () Asian & White
 - () American Indian/ Alaska Native
 - () American Indian/ Alaska Native & White
 - () American Indian/ Alaska Native & Black African American
 - () Native Hawaiian/Other Pacific Islander
 - () Multi-Racial

APPLICANT RESPONSIBILITIES:

PLEASE RETURN TO: CITY OF TEMPLE, COMMUNITY DEVELOPMENT, 101 NORTH MAIN STREET, TEMPLE, TX 76501, 254-298-5670

Notwithstanding other provisions contained throughout these policies, the Applicant (and subsequently Recipient) shall be responsible for:

- Assuring the accuracy, completeness, and veracity of all declarations and documents of evidence given or provided as proof or verification of qualification requirements.
- **Attend required training classes as deemed appropriate by General Services Staff with emphasis being placed on maintenance, budgeting, banking, credit improvement, and responsibilities of home ownership.**
- Notifying the General Services Department in writing of any changes of ownership status or other legal positions which could cause a change in qualification or 5-year occupancy requirement.
- Complying with all contractual terms and conditions entered into with the City and/or the Subrecipient.

APPLICANT RIGHTS:

Notwithstanding other provisions herein set forth, the Applicant (and thereafter the Recipient) shall have the right to:

- Determine and negotiate for Minor Home Repair items to be completed as allowed by HUD within the limitation of funding for which he/she if found to be eligible.
- Request in writing termination when he/she feels that the Subrecipient and/or their Contractors are in default or remiss in the performance of the contract in any substantial or non-remediable manner, in accordance with the termination provisions contained in the construction contract.
- Appeal in writing to the General Services Department describing the actions of the Subrecipient, Contractor or Staff which he/she feels is adverse to or in violation of provisions of the contract at any time during the course of construction or during the applicable warranty period following the date of the certificate of final inspection.

6. CERTIFICATION

I certify the information provided in this application is complete, true, and correct to the best of my knowledge and I authorize the City of Temple staff to verify the information to approve eligibility, including but not limited to wages pensions, investments, and residency. I understand that 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.

I further certify that this property is not being offered for sale and is my primary residence.

I further certify that if work is completed on my property that I will remain in residency at this location for five years after completion of repair work.

I further consent for Inspection (qualifying, pre-construction, mid-way, and post construction inspections) to be completed at my property.

It is understood that this authorization is granted for the sole purpose of certifying eligibility for the City of Temple Housing Improvement Program and that all information acquired in this regard will remain confidential, to the extent of allowed by the law.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Application Received by:

Name/Title

Date

REQUEST FOR VERIFICATION OF EMPLOYMENT

Employer: _____

Address: _____

City, State, Zip: _____

Phone: _____

The individual named below is an applicant for Owner-Occupied Housing Rehabilitation assistance. Federal regulations require that the City must verify the family's income, expenses and other information related to eligibility. We are required to complete our verification process in a short time period, and would appreciate your prompt response. Please feel free to contact our office. Thank you for your cooperation.

I hereby authorize the release of any information related to my employment.

Name: (please print)		Social Security #:	
Signature:	X	Date:	

TO BE COMPLETED BY AUTHORIZED OFFICIAL OF EMPLOYER

1. Date of Employment _____ Position/Occupation _____
2. Home Address _____
3. Current rate of Regular Pay \$ _____ per _____ (hour, week, month, etc.)
4. Current rate of Overtime Pay \$ _____ per _____ (hour, week, month, etc.)
5. Number of hours per week employee normally works _____
6. ~~Anticipated~~ average amount of overtime per week _____
7. Gross annual earnings ~~ANTICIPATED~~ for this employee for ~~the next twelve months~~ \$ _____
8. ~~Anticipated~~ tips, commissions, bonuses \$ _____
9. Do you anticipate any change in the employee's rate of pay in the near future? Yes No
10. If yes, revised rate _____ Effective Date _____.
11. Do you anticipate any change in the number of hours the employee works? Yes No
 - a. (If yes, explain under item number 12.)

12. If the employee's work is seasonal or sporadic, indicate lay-off periods _____

13. Additional comments _____

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.

Signature:		Date:	
Printed Name:		Title:	
Name of Employer:		Phone:	
Address:			