



HARRIS COUNTY REHABILITATION APPLICATION

APPLICANT/HOMEOWNER INFORMATION

Driver's License/Photo ID Number*:				Phone Number*:	
Full Name*:					
Date of Birth*:	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other	Marital Status*: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (<i>check appropriate box below too</i>): <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Social Security Number*: XXX-XX-	
Damaged Residence Address*:				Primary Language Spoken*:	
City*:				State*:	
State*: TX				Zip Code*:	
Email Address*:				Are you a veteran? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
Household Size*:				_____	
<small>(# of people that live in home)</small>					

CO-APPLICANT INFORMATION

Full Name*:			Phone Number:		
Driver's License/Photo ID Number*:		Social Security Number*: XXX-XX-			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (<i>check appropriate box below too</i>): <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Date of Birth:		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:				Relationship to Applicant:	

When not specifically indicated, please provide information for the Applicant/Co-Applicant (Spouse)

U.S. Citizenship/Eligible Immigration Status*

Is the Applicant a U.S. Citizen or have an Eligible Immigrant Status? <i>For this program, Eligible Immigrant Status is considered primarily a Permanent U.S. Resident. For special cases, please discuss with your assigned Eligibility Specialist.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If applicable, is the Co-Applicant a U.S. Citizen or have an Eligible Immigrant status?	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMERGENCY CONTACT INFORMATION

Information for a relative or friend who could be contacted if neither you nor the co-applicant can be reached.

Email Address:			Phone Number:
Last Name	First Name	Middle Name	

ELIGIBILITY INFORMATION

Is your home located in Harris County?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you own your home for at least 5 consecutive years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the home your primary residence?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you currently own the home and the land?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your home pending foreclosure, subject to outstanding suits, judgments, or tax liens that will jeopardize ownership?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your home current on taxes or has an approved payment plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you received any other benefits through Harris County?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been denied from other home repair programs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or anyone in the home disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you received a code compliance citation within the past two (2) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your household impacted by Covid-19? If yes, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Homestead exemption? If yes, name under exemption: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a HOA? If yes, Name and contact information of HOA: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Power of Attorney? <i>If yes, proof of documentation must be submitted with application.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Income Information

APPLICANT / HEAD OF HOUSEHOLD*				CO-APPLICANT/SPOUSE		
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed, please indicate source of income:				Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed, please indicate source of income:		
Current Employer:				Current Employer:		
Wage/Salary: \$				Wage/Salary:		
Other Monthly Income: Source: (Secondary employment, child support, benefits etc...)				Other Monthly Income: Source: (Secondary employment, child support, benefits etc...)		
ADDITIONAL HOUSEHOLD INCOME						
Enter Monthly Unearned Income received for any household member(s) leave blank if none.						
SSA/SSI	PENSION	CHILD SUPPORT	PUBLIC ASSISTANCE	SURVIVOR BENEFIT	ALIMONY	OTHER
\$	\$	\$	\$	\$	\$	\$

Household Composition

Please provide the following information on all household members including dependents. Include all dependent(s) that will be living in the NEW home for at least 6 months or more annually, which may include an unborn child.

#	Full Name (Print/Type) *	Relationship *	Date of Birth *	Social Security* (Last 4 digits)	Full-Time Student? (Y/N) *	Employed? (Y/N) *
1		(Self)		XXX-XX- ____		
2				XXX-XX- ____		
3				XXX-XX- ____		
4				XXX-XX- ____		
5				XXX-XX- ____		
6				XXX-XX- ____		
7				XXX-XX- ____		
8				XXX-XX- ____		

Do you anticipate a change in family size in next 12 months? * YES NO

If YES, please explain:

DAMAGED RESIDENCE INFORMATION

Estimated Cost of Damage *: \$	Source of estimated cost or received funds from *: <input type="checkbox"/> FEMA <input type="checkbox"/> Insurance <input type="checkbox"/> 3 rd Party Appraisal <input type="checkbox"/> Self <input type="checkbox"/> Contractor <input type="checkbox"/> SBA <input type="checkbox"/> Other, explain _____
Year your home was built * (estimate, if not known):	
What type of home is it? * <input type="checkbox"/> Single <input type="checkbox"/> Duplex <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Condo/Townhome	
Utilities*: <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> City Water <input type="checkbox"/> Water Well <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Tank	
Air Conditioning *: <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> NONE	
Do you currently have a Contractor hired to work on this home? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide Contractor name and telephone number:	

LIEN AND MORTGAGE INFORMATION

Do you have one or more mortgages on the damaged home? *

YES NO

If YES, for all mortgages and equity lines of credit on your damaged property provide the following information

	Name of Lender	Estimated Payoff Balance	Loan/Account Number
First Mortgage holder			
Second mortgage/equity line of credit			

Have any of the above lien or mortgage holders initiated foreclosure proceedings?

YES NO

DEMOGRAPHIC INFORMATION

The Federal Government requires reporting of the following information that is voluntarily obtained. The law provides that no program may either discriminate on the basis of this information or on whether you choose to furnish it.

However, if you choose not to furnish the information, under federal regulations the Harris County Community Land Trust is required to note race or national origin and sex on the basis of visual observation or surname.

APPLICANT: Check all that apply

Head of Household

Disabled Person

Elderly

U.S. Veteran

ETHNICITY:

Hispanic/Latino

Non-Hispanic/Latino

DISABLED:

Yes No

GENDER:

Male Female

RACE

American Indian/Alaska Native

American Indian/Alaska Native and White

American Indian/Alaska Native and Black-African American

Asian

Asian and White

Black/African American

Black/African American and White

Native Hawaiian/Other Pacific Islander

Other Multi-Racial

White

I do not wish to furnish this information



Equal Housing Opportunity

We do Business in Accordance with the Fair Housing Act

(The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988)

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS (HAVING ONE OR MORE CHILDREN), OR NATIONAL ORIGIN.

Anyone who feels he or she has been discriminated against should send a complaint to: U.S. Department of Housing and Urban Development, Assistant Secretary for Fair Housing and Equal Opportunity, Washington, DC 20410.

APPLICANT CONFLICT OF INTEREST DISCLOSURE

Conflict of Interest: Conflicts of interest can arise when an applicant is an immediate family member or partner to a Harris County Housing Program employee that has an influence on the decision-making process of the Housing program.

I certify that I have read and understand the description of conflict of interest and that **[Check one 1 of the boxes below]**:

- I am an employee of Harris County, an applicant to a HCD Housing Program, and do not have a conflict.
OR
- I do have an actual conflict of interest to a Harris County HCD Housing Program listed below.
OR
- I may have a potential conflict of interest related to a Harris County HCD Housing Program listed below.
OR
- I do not have a conflict.

List all known conflicts below:

	Name	Relationship to Applicant	Address
1.			
2.			
3.			
4.			

Printed Applicant's Name

Applicant Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

Warning: Any Person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C 3729.

I hereby authorize any such companies and/or authorities to release the above-described information to TASFRP or its authorized representative.

Applicant Name:

Applicant Signature: _____

Date: _____

Co-Applicant Name:

Co-Applicant Signature: _____

Date: _____

Other Adult Household Members:

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Required Documents

Program Step	Description	Documents
1. Intake	Intake Application	Intake Application
		Valid Proof of Identification of applicant & co-applicant
		Copy of applicants & co- applicant Social Security Card
		Proof of U.S Citizenship/Birth Cert., Passport, or Green card
2. Eligibility	Applicant Documents <i>(Required)</i>	Paystubs – ALL household members 18+ years with income; 2 most recent months (if employed)
		Checking Account(s) Statements – applicant & co-applicant; 2 most recent months
		Saving Account(s) Statement(s) - applicant & co-applicant; 2 most recent months
		Retirement Fund Statements (401(k), Roth IRA, etc.) - applicant & co-applicant; most recent statement
		If receiving assistance or benefits , a recent award letter confirming amount received (Social Security Benefits, disability, retirement or pension, workers comp, severance pays or unemployment)
		Signed IRS Tax Returns - Copies of two (2) years’ most recent federal tax return for each person in the household 18 years and older.
		SELF-EMPLOYED ONLY: Copies of three (3) years’ federal tax return including Schedule C (i.e., Profit & Loss Worksheet)
		Documentation of Ownership and Statement of Ownership- Warranty Deed, Current Copy of Mortgage Statements, Deed of Trust, Title search
		Documentation of Principle Residency- utility bill in the applicant and co-applicant’s name <i>(if applicable)</i>
		Property Tax- Current tax statement
		School Tax Verification
		Signed letter of authorization to obtain Full Credit Report
		Lien and mortgage information- name of lender, estimated payoff balance and account number of all lien holders
		Insurance (Homeowners, Flood, Wind) information – company name, agent’s name and phone number, policy number, and policy date
	General <i>(If Applicable)</i>	Verification of Disability/Special Needs Documentation <i>(If applicable)</i>
		Power of Attorney <i>(If applicable)</i>
		Marriage Certificate/Divorce Decree- If married, a copy of the marriage certificate; OR, if divorced, a copy of the divorce decree
		Child Support printout <i>(If applicable)</i> - For twelve (12) months

Child Support Affidavit; for all household members 18+ <i>(Program-provided form)</i>
14.27 Verification of Disability/Special Needs <i>(Program-provided form)</i>
Affidavit for Principal Residency <i>(Program-provided form)</i>
Certification of Zero Income – any household member +18 <i>(Program-provided form)</i>
HCAD Printout <i>(Program-provided form)</i>
Homeowner Certification and Agreement to participate <i>(Program-provided form)</i>
Affordability Period/Lean Requirement <i>(Program-provided form)</i>
Duplication of Benefit Acknowledgment Form <i>(Program-provided form)</i>
DOB Documentation <i>(Program-provided form)</i>
Conflict of Interest Form (on Application) <i>(Program-provided form)</i>
Name Affidavit <i>(Program-provided form)</i>
Flood Zone Map <i>(Program-provided form)</i>
Insurance Affidavit <i>(Program-provided form)</i>
Lender Consent to Release Information <i>(Program-provided form)</i>
Self-Certification Statement of Repairs <i>(Program-provided form)</i>
Work Write-Up Cost Estimate <i>(Construction-provided form)</i>
Map indication location of property overlaid w/flood-plan <i>(Program-provided)</i>
Award Calculation Worksheet <i>(Program-provided form)</i>
HUD Part 5 <i>(Program-provided)</i>
Part 5 Excel Workbook <i>(Program-provided)</i>
Scoring Key <i>(Program-provided)</i>
Checklist <i>(Program-provided)</i>
Right-of-Entry Release <i>(Program-provided)</i>

Program Documents
(Required-Provided by Staff)

*Additional documentation may be requested upon review.