GARLAND

HOUSING AND COMMUNITY SERVICES

Minor Home Repair Grant Program

800 Main Street-First Floor
Garland, TX 75040

Phone: 972-205-2130
Fax: 972-205-2149

Program Overview

The purpose of the **Minor Home Repair Grant Program** will provide assistance for low-income homeowners to repair their homes. The program addresses repairs of homes, which may have major defects and could endanger the occupants. The Minor Home Repair Grant will not have to be repaid: however, it cannot exceed $5,000. An applicant can re-apply for assistance after the affordability period of five (5) years has ended and if program funds exist. The grant is available for the following repairs:

- Health and Safety issues
  a. HVAC Repairs
  b. Plumbing Repairs
  c. Electrical Hazards
- Replacement of Water Heaters
- Replacement of Gas Lines
- Replacement of Sewer Lines

Applications are accepted on a "first-come, first-serve" basis and must be completed along with all requested documents as a completed package. No incomplete package will be accepted, package will be given back and you will have ten (10) work days to resubmit. In cases where the physical defects are determined to pose an immediate danger to the occupant, the appropriate actions will be initiated immediately to address the situation. All applicants will have an opportunity to speak to a Grant Processor who will administer an assessment to determine situations, which pose an immediate danger. The case will be assigned to an inspector to follow-up and verify the immediate danger. If the inspector determines that the assessment information is correct, the case is processed immediately for services to correct the dangerous situation.

Eligibility Requirements

All program applicants must meet the following criteria in order to participate and all documents must be submitted with the application to be considered:

- Meet 80% of the established **HUD** median income for the City of Garland
- Be a resident of the City of Garland
- Have a **Warranty Deed** establishing ownership of the property
- Have a **current picture ID** and an **original Social Security Card**
- Have lived in the home for at least one (1) year and have established this home as their **principal residence**
- Be at least sixty-two (62) years of age or are **disabled and receiving Social Security Disability Benefits**
- Provide verification of income on all household members 18 or older
- Verify all cash on hand does not exceed the limits of the program
- Provide information on all assets held and their disposition
- Be current on all property taxes

PLEASE READ THIS INFORMATION CAREFULLY

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Provide ALL applicable documents at the time your application is made for participation in MINOR HOME REPAIR GRANT PROGRAM. Failure to do so will delay consideration for participation.

Documentation Required

1. **ID – DRIVERS LICENSE or PHOTO ID** for all people 18 years of age and older living at the residence.
2. **SOCIAL SECURITY CARDS for everyone living at the residence.** (If you do not have a Social Security Card, a Medicare card will be accepted with manager's approval).
3. **SOCIAL SECURITY AWARD LETTER** (must be for the current year).
4. **VERIFICATION OF ALL INCOME FOR ALL RESIDENTS (check stubs, pensions, self-employment income, etc.)**
5. **WARRANTY DEED** for your home.
6. **CURRENT BANK STATEMENTS** for **2** consecutive months (checking and savings). (Complete statements, all pages).

Income Requirements

For Minor Home Repair Grant, income must not exceed 80% of the established **HUD** median income for household size. **NOTE: Income limits are subject to change.** (**Refer to Income Limit Sheet)**

Property Requirements

- All **property taxes** must be **current** or proof of deferment provided from the tax entities.
- Any property that holds a **reverse mortgage is NOT qualified** for grant funds.
- Properties that fall within the **100 year flood plain are NOT eligible** for grant funds.
- Homeowner signs an affidavit included in the Grant Application agreeing **not to sell their home within the affordability period of five (5) years.**
- The **sale, exchange, or conversion** of the use of said property within the five (5) year period, will require the applicant to **reimburse** the City of Garland Housing and Community Services the **full amount of the grant.**

GARLAND

HOUSING & COMMUNITY SERVICES DEPARTMENT

APPLICATION

Please complete this form COMPLETELY and ACCURATELY. Failure to provide complete and accurate information may result in loss or denial of assistance.

Please indicate the interested program:

- ☐ **First-Time Homebuyer**
- ☐ **HOME Infill**
- ☐ **CASA**
- ☐ **Rehabilitation Deferred Loan**
- ☐ **Minor Emergency Home Repair Grant**
- ☐ **People Helping People Grant**

BORROWER INFORMATION

Borrower's Name (include Jr. or Sr. if applicable)			**Co-Borrower's Name** (include Jr. or Sr. if applicable)		
Social Security Number	**Home Phone** (incl. area code)	**Age**	**Social Security Number**	**Home Phone** (incl. area code)	**Age**
Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed		No. of Dependents	**Marital Status:** ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed		No. of Dependents
Present Address(street, city, state, zip) ☐ **Own** ☐ **Rent** ___**No.Yrs.**			**Present Address**(street, city, state, zip) ☐ **Own** ☐ **Rent** ____**No.Yrs**		

Demographics

Race: ☐ **White** ☐ **Black/African-American** ☐ **American Indian/Alaska Native** ☐ **Asian** ☐ **Native Hawaiian/Other**

Multi Race ☐ **American Indian/Alaska Native & White** ☐ **Asian & White** ☐ **Black/African-American & White** ☐ **American Indian/Alaska Native & Black/African-American**

Ethnicity: ☐ **Hispanic/Latino** ☐ **Not Hispanic Latino**

Elderly: ☐ **Yes** ☐ **No** **Disabled:** ☐ **Yes** ☐ **No**

I. Household Composition: List everyone who will be living in the house.

Legal Name	Sex (m/f)	Date of Birth	Age	Social Security Number	Relation to Borrower's
					Self

EMPLOYMENT INFORMATION

II. Total Household Income: **List all money earned or received by everyone 18 years of age or older, living in the household**. ***(NOTE)** If an adult family member lives with the applicant, all income of that individual will be considered as part of the borrower's income. This includes money from wages, self employment, child support, Social Security, disability payment (SSI), Worker's Compensations, retirement benefits, AFDC, cash welfare benefits, Veteran's benefits, rental property income, stock dividends, income from bank accounts, and alimony.

Borrower		Co-Borrower	
Name and Address of Employer ☐ Self Employed		**Name and Address of Employer** ☐ Self Employed	
Work Phone #:	**Fax #:**	**Work Phone #:**	**Fax #:**
How long have you worked at your present job?		**How long have you worked at your present job?**	
Is your income from: ☐Salary ☐Hourly ☐Commission ☐ Other		**Is your income from:** ☐Salary ☐Hourly ☐Commission ☐ Other	
Gross Monthly Income:**(*Include all income received from above list)**		**Gross Monthly Income**:**(*Include all income received from above list)**	
Do you receive child support: ☐ **YES** ☐**NO** **If YES how much $**_____ ☐ **Weekly** ☐ **Bi-Weekly** ☐ **Monthly**		**Do you receive child support:** ☐ **YES** ☐**NO** **If YES how much $**_____ ☐ **Weekly** ☐ **Bi-Weekly** ☐ **Monthly**	
Other occupant information: **Name of other occupant:** **Other Occupant Gross Monthly Income:**		**Other occupant information:** **Name of other occupant:** **Other Occupant Gross Monthly Income:**	

III. Assets: Does any member of the household have any of the following: (check if applicable)

☐ **Checking** ☐ **Savings** ☐ **Real Estate** ☐ **Stocks** ☐ **Certificate of Deposit**
☐ **Trust** ☐ **Bonds**

Value of Assets: $_____

IV. Current Debt and Amounts: List all debt obligations.

Creditor Name	Type of Note (Ex: car payment, rent, student loan, etc.)	Monthly Payment	Original Balance	Present Balance

V. Income Limits

- Under the First-Time Homebuyer guidelines, eligible homebuyers include families whose income is in the 80% of the area's median income.
- Under the HOME Infill guidelines, eligible homebuyers include families whose annual income is at or below 80% of the area's median income.
- Under CASA guidelines, eligible homebuyers include families whose annual income is no more than 100% of the area's median income.
- Under the Rehabilitation Deferred Loan & Minor Emergency Home Repair Grant guidelines, eligible applicants include families whose income is at or below 80% of the area's median income.

VI. Borrower's and Co-Borrower's Certification:

The applicant's hereby swear and attest that all of the information is true and correct to the best of the applicant's knowledge and belief. The applicant's certifies that he/she is not receiving gain or special favor from his/her association with Community Services Department staff or relationship to a city employee.

_____ **DATE:**_____

_____ **DATE**_____

VII. Authorization

I hereby authorize the City of Garland Community Services Division to obtain such information as required to facilitate my loan application. I understand that this information may include such items and verifications as Mortgage status, earnings, deposits, liabilities, and credit report information for the purpose of determining my qualification.

Applicant Certification:

The applicant certifies that all information given and furnished in this application is given for the purpose of obtaining a **Grant**. The applicant also certifies that all information is true and complete to the best of the applicant(s) knowledge and belief. The applicant additionally certifies that he/she is the owner-occupant of the property to be repaired and that the property is his/her principal residence.

Penalty for false or fraudulent statement:

U.S.C. Title 18, Sec. 1001, provides that: "Whoever in any matter within the jurisdiction if any department or agency of the United States knowingly and willfully falsifies... or makes an false fictitious statements or representations, or makes or uses and false writing or documents knowing the same to contain false fictitious or fraudulent statement of entry, shall be fined not more than 10,000.00 or imprisoned not more than 15 years, or both.

_____ DATE:_____

_____ 8/14/2015

EQUAL HOUSING OPPORTUNITY

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (**HUD**) collects information on clients in HUD-assisted home repair programs. The U.S. Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collets on individuals and families. Municipalities operating home repair programs send to HUD information including client income, family composition, etc. This information is transferred to HUD forms used for data collection. The forms may be sent to a Contractor who key-punches the information in preparation for processing by HUD computers.

USE: HUD uses this information for budget development, program evaluation and planning and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements concerning eligibility for home repair and to verify the accuracy and completeness of the income information.

PUBLIC ACCESS: Summaries of client data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State and Local agencies to verify information relevant to program eligibility determinations and when applicable to other civil, criminal or regulatory matters.

The Privacy Act restricts HUD's disclosure information on individuals and families, but does not restrict the municipality from releasing such information. There may be state and local laws or regulations that govern disclosure by a city.

INFORMATION REQUIREMENTS: Giving your Social Security number to HUD or the city is voluntary. HUD uses the Social Security number as an identifier when computer-matching to check the eligibility for home repairs made by the city.

The other information must be provided to HUD so that it may carry out its monitoring data collection responsibilities for Home Repair Programs.

AUTHORITY: HUD is permitted to ask for the information provided by the U.S. Housing Act of 1937 as amended 42 U.S.C., 1937 et seq., the Housing and Community Development Act of 1981, Public Law 97-35, 85 State, 348, 408

I have read this Privacy Act Statement

_____ _____

Owner Date

_____ _____

Owner Date

If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hotline at (800-424-8590). (Within the Washington D.C. Metropolitan Area, call 426-2500).

Addendum 1 to Form HUD-50058 (8/85)

APPLICANT AUTHORIZATION FORM

RE: _____
Applicant Name

_____
Property Address

City of Garland:

Please accept this document, as my authorization for the City of Garland, Texas to obtain such information as required to facilitate my Grant Application. I understand that this information may include such items and verifications: **mortgage status, earnings, deposits, and liabilities, credit information etc.**

I understand that this application is being taken contingent upon fund availability. I further understand that this application is being placed on a waiting list and that all applications are processed chronologically.

Applicant Signature	Social Security Number	Date
Co-Applicant Signature	Social Security Number	Date
Other Occupants Signature	Social Security Number	Date

City of Garland Housing and Community Services

Affidavit

THE STATE OF TEXAS §

COUNTY OF DALLAS §

I/We _____ _____ and homeowner(s) of the property located at _____, being first duly sworn, depose and agrees:

1. Not to sell the home within the affordability period of five (5) years.
2. Property taxes must be current and remain current for the five (5) year period.
3. The sale, exchange or conversion of the use of said property within a five (5) year period will require the applicant to reimburse the City of Garland Housing and Community Services the grant amount in full.

_____
Homeowner Signature

_____
Co-Homeowner Signature

Subscribed and sworn to before me this_____ day of _____ _____

_____
Notary Public, State of Texas

My commission expires: _____

Housing and Community Services

ACKNOWLEDGEMENT

The Minor Home Repair Grant is designed to assist low-income individuals in repairing home defects that have been identified as endangering the occupants and are considered health and safety issues. The role of the Housing and Community services staff is as follows:

Staff will provide technical assistance that will facilitate grant processing, work specifications, bidding and cost estimate documents, assistance in locating general contractors, construction inspection, and document preparation.

I understand that any request on changes on the work to be done on my home or concerns that I have will have to be related to the Housing and Community Services Rehabilitation Specialist. The inspector will then consider the request and make a determination on whether changes on the repairs requested are allowable or feasible under the program.

I hereby agree to allow the Housing and Community Services Inspector to proceed with the processing of the Minor Home Repair Grant Program. I understand that this is a grant that cannot exceed $5000 and that I cannot sell or transfer my property during the affordability period of five (5) years upon completion of the work performed. If I sell or transfer my property, the full amount of the assistance I received will be due and payable to the City of Garland. I understand that all taxes associated with the property must be current and remain current in order to provide assistance I acknowledge that the program has been thoroughly explained to me and I have been allowed to ask additional questions concerning the process for assistance.

Explained to Client by _____ _____

Grant Coordinator's Signature Date

_____ _____

Homeowner Signature Date

_____ _____

Co-Homeowner Signature Date

Assessment Form

Applicant's Profile

Name _____ Age _____ Social Security # _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Co-Applicant's Profile

Name _____ Age _____ Social Security # _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Health and Safety Issues (check or list below which repairs are needed)

- **HVAC Repairs** _____

  _____

- **Plumbing Repairs** _____

  _____

- **Electrical Hazards** _____

  _____

- **Replacement of Water Heater** _____

  _____

- **Replacement of Gas Line** _____

  _____

- **Replacement of Sewer Line** _____

  _____

Prepared by HCS Staff _____ **Date** _____

HOUSING AND COMMUNITY SERVICES APPLICATION APPROVAL

Name, Address and Zip Code of Applicant(s)

_____

_____

Garland, Texas _____

Legal Description: Block #_____ Lot #_____

Sub Division: _____

Source of Income: _____

Social Security (His): _____

Social Security (Hers): _____

Other Income: _____

Total Gross Income: _____

Family Size: _____

Minor Home Repair – 2015

Disabled: Yes _____ No _____ Grantee(s) Age: _____

TOTAL REPAIR GRANT_____	COUNCIL DIST. _____	ETHNICITY_____	INCOME _____

APPLICANT(S) CERTIFICATION: The applicant(s) certify that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a grant and is true and complete to the best of the applicant's knowledge and belief. Verification may be obtained from any source named herein.

GRANT RESTRICTION: The Minor Home Repair Grant will cover only those items in the specifications prepared by the Housing and Community Services and may not exceed a maximum of $5,000. The grant is available to the above named homeowner(s) for repairs to their homestead or stated principal residence. The referenced property must remain the principal residence of the applicant(s) for a minimum period of five years from the date of application. The sale, exchange, or conversion of use of said property within the five-year period will require the applicant(s) to reimburse the City of Garland Housing and Community Services the grant amount in full. If funds are available, applicants may re-apply for services after they complete their five-year affordability period and meet income requirements.

_____ _____
Homeowner Signature Date

_____ _____
Homeowner Signature Date

RECOMMENDATION ON APPLICATION

Review of this application and supporting documentation indicates that the applicant meets all criteria and requirements for a grant under the policy guidelines established by the City of Garland Housing and Community Services. Approval of this application is therefore recommended.

RECOMMENDED **APPROVED**

_____ _____
Grant Coordinator Program Manager

Minor Home Repair – 2015

Applicant: _____ Date: _____

Address: _____

City: _____

This applicant financially qualifies for Housing and Community Services Single Family Home Rehabilitation/Emergency Home Repair Programs.

Processor: _____ Date: _____

Approver: _____ Date: _____

This property qualifies for repairs to be completed under the above programs.

Inspector:_____ Date:_____

Approver: _____ Date:_____