

In addition to the attached documents, the following documents must be submitted with your application before your application can be placed on the waiting list:

1. Proof of property ownership. (Copy of your Warranty Deed showing the property is in your name)
2. Proof that real estate taxes are paid and current (City, County, and School)
3. One utility receipt in applicant's/property owner's name
4. Proof of income (For all adult household members)
 - a. Check stubs
 - b. W-2's and 1040 Income Tax Returns for the past 2 years
 - c. Letter indicating income from Social Security, Veterans Association, or Pensions (including SSI & SSDI for all household members)
 - d. Child support received
5. Copy of your most recent bank statement for all savings and checking accounts for all adult members of the household (6 monthly statements will be required at time of eligibility review).
6. Copy of Social Security Cards for all household members.
7. Any mortgage documents relating to the property.
8. Copy of current driver's license or state issued ID for all adult household members.
9. Copy of Divorce Decree or Death Certificate if your spouse is still listed on the deed to the property but is no longer a member of the household.

You must provide information on any assets that the household may have such as, life insurance policies, recreational vehicles (boats, campers, etc.), stocks, bonds, retirement funds, etc.

If you meet the program guidelines, you will be placed on the waiting list. Being placed on the waiting list does not mean you have been approved for the program. It means you have met the minimum requirements necessary to be on the waiting list.

After a preliminary review, you will be notified of additional documents that may be required.

This program is funded through the US Department of Housing and Urban Development which establishes income limits annually therefore, you may be required to submit income documents annually while on the waiting list.

Housing Rehabilitation staff is available Monday through Friday from 9:00 a.m. to 11:00 a.m. and from 1:30 p.m. to 4:00 p.m. (excluding federal holidays).



Application Date _____

Application No. _____

**CITY OF HARLINGEN - COMMUNITY DEVELOPMENT DEPARTMENT
APPLICATION FOR HOUSING REHABILITATION/RECONSTRUCTION LOAN**

NAME: _____ S.S. NUMBER _____
 SPOUSE NAME: _____ SPOUSE S.S. NUMBER _____
 ADDRESS: _____ PHONE NUMBER: _____

I. HOUSEHOLD OCCUPANTS:

No.	Name	Birthdate	Age	Sex	Occupation	Relation to Head of Household
1.						Head of Household
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Is any household member handicapped or disabled? _____ # _____
 Have you received housing assistance for your home under a CDBG or HOME funded program in the past? _____

II. ASSETS

Do you own any other real estate (property)? _____ Have you disposed of any assets (property) within the past 2 years? _____
 SAVINGS ACCOUNT Number: _____ With Whom? _____
 CHECKING ACCOUNT Number: _____ With Whom? _____
 Other: _____

III. CREDITORS: (List all debts such as car payments, credit card payments, insurance, etc.)

NAME	BALANCE	MONTHLY PAYMENT

MORTGAGE PAYMENT _____

TOTAL MONTHLY EXPENSES \$ _____

IV. INCOME

No.	Type of Income	Annual

TOTAL ANNUAL INCOME: \$ _____



Maximum Annual Income for this size family \$ _____
 (Based on current HUD income guidelines)

V. PROPERTY STATUS:

1. How long have you lived at this address? _____
2. Is the property in your name? _____
3. How many structures are on this lot? _____
4. Are City, School, and County Taxes current? _____
5. Is your home insured? _____ With whom? _____

VI. UNSAFE, UNSANITARY CONDITIONS THAT EXIST:

Please provide information regarding the current condition of your home. Indicate either good/fair/poor for the following.

Component	Good	Fair	Poor
Electrical			
Plumbing			
Roof			
Foundation			
Windows/Doors			
Gas			
Water Heater			
Walls			
Floors			
Exterior Finish (siding/brick)			

Feel free to provide any other information you feel is necessary.

Everything I have stated in this application is correct to the best of my knowledge. I understand that the Community Development Department will retain this application whether or not a loan is approved. You are authorized to check my credit and employment history and to ask questions about my credit experience. I understand that if I should cancel my application after the Community Development Department Staff has obtained a title letter and/or performed Lead Base Paint Testing on my home; I will have to pay the cost of the title letter and lead testing *before* I can submit another application. If I postpone my application, it will be placed at the bottom of the waiting list.

I understand that this information being given is for the receipt of federal funds; that the information on the application may be verified; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

APPLICANT SIGNATURE: _____ DATE _____
 SPOUSE SIGNATURE _____ DATE _____

INTERVIEWED BY: _____

Based on criteria submitted to date:

Applicant is Eligible _____ Ineligible _____

COMMENTS: _____

FOLLOWUP: _____ Date: _____

Based on verification of criteria:

Applicant is Eligible: _____ Ineligible _____

 Community Development Department Staff Signature

Housing Rehabilitation/Reconstruction Program Eligibility Release Form

City of Harlingen – Community Development Department – 502 E. Tyler, Harlingen, Texas 78550

Purpose: Your signature on this Housing Rehabilitation/Reconstruction Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

Housing Rehabilitation/Reconstruction Program

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 in a CDBG/HOME Program and the amount of assistance necessary using CDBG/HOME funds. This information will be used to establish level of benefit on the CDBG/HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a Housing Rehabilitation Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Information Covered: Inquiries may be made about items initiated by applicant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction _____ Full-Time Student _____ Handicap/Disabled _____ Family Member _____ Minor Children		

Authorization: I authorize the City of Harlingen and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the CDBG/HOME Program.

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 (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household – Print Name	Date:	Other Adult Household Member – Print Name	Date:
Signature of Head of Household		Signature of Head of Household	
Other Adult Household Member – Print Name	Date:	Other Adult Household Member – Print Name	Date:
Signature of Household Member		Signature of Household Member	



**CITY OF HARLINGEN HOUSING REHABILITATION LOAN PROGRAM
FINANCIAL PRIVACY NOTICE TO APPLICANTS**

This notice is to advise you that under the Right of Financial Privacy Act of 1978, the Department of Housing and Urban Development (HUD) has a right to access financial records held by any financial institution in connection with the consideration of administration of the Housing Rehabilitation/Reconstruction Program Loan for which you have applied.

Financial records involving your transactions will be available to the Department of HUD during the term of the loan and three years thereafter without further notice or authorization but will not be disclosed or released to another Government agency or department, without your consent except as required or permitted by Law.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT:

U.S. TITLE 18, SEC. 1001 provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies or makes any false fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five (5) years or both."

STATEMENT OF AUTHORIZATION AND CERTIFICATION

The undersigned hereby authorizes the Housing Rehabilitation/Reconstruction Program or any representative of same to enter the Applicants property for the purpose of inspecting dwelling unit and photographing same. It is understood that photographs (before and after) may be used for public presentations.

CONFLICT OF INTEREST STATEMENT

This serves to certify that neither I, nor any of my immediate family are related to any member of the Harlingen City Commission or any employee of the City of Harlingen that has authority over any decision making in the Housing Rehabilitation/Reconstruction Loan Program.

APPLICANT CERTIFICATION:

This to certify that the City of Harlingen Housing Rehabilitation/Reconstruction Staff has informed me/us about the Housing Rehabilitation/Reconstruction Program procedures and requirements under which the application, and all information furnished in support of the application is given for the purpose of obtaining a loan under the above mentioned program. The application information is true and complete to the best of my/our knowledge and belief. I/We hereby also certify that we have been made aware of the penalty for false or fraudulent statement as stated above. I/We hereby authorize the City of Harlingen Housing Rehabilitation/Reconstruction Program, its agents, or employees to verify all income, assets, liabilities for their confidential use in considering my/our application.

Applicant's Signature _____ Date _____

Spouse Signature _____ Date _____

STATE OF TEXAS
COUNTY OF CAMERON

Subscribed and sworn to before me by _____
on this the _____ day of _____ 20____ .

Notary Public



HUD PROGRAM APPLICATION REQUIREMENTS



The U.S. Department of Housing and Urban Development (HUD) requires that the City of Harlingen document the income of persons or families receiving benefit from implementation of federal programs. This form is intended to comply with HUD Community Development Block Grant Requirements.

Section I

Applicant's Name: _____ Phone: _____
Address: _____ Harlingen, Texas 7855 _____

Section II

Indicate the household income that relates to your family size and ethnicity.

How many people live in the home? _____

What is the total annual household income for the entire household? \$ _____

What is your race? **(Circle one)**

- WHITE
- BLACK/AFRICAN AMERICAN
- ASIAN
- AMERICAN INDIAN/ALASKAN NATIVE
- NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
- OTHER MULTIRACIAL
- ASIAN & WHITE
- BLACK & WHITE
- AM. INDIAN/ALASKAN NATIVE & BLACK

Is your family of Hispanic origin? (Circle one) **YES** **NO**

Head of Household **(Circle one)** Male Female

Section III

Is applicant receiving any public assistance: _____yes _____no

If yes, what type? (Circle all that apply) AFDC WIC Food Stamps Reduced Lunch
Other _____

Section IV

I understand that I am making an application with the Housing Rehabilitation-Reconstruction Program; I certify that all of the above information is true and correct to the best of my knowledge. I am aware that the service provided is funded by the City of Harlingen Community Development Block Grant and HOME Program, which requires income verification. **I understand that this information being given is for the receipt of federal funds; that the information on the application may be verified; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.**

Applicant signature

Date



AFFIDAVIT OF HOMEOWNER

STATE OF TEXAS
COUNTY OF CAMERON

BEFORE ME, the undersigned authority, appeared the person listed below, who after being on oath states as follows:

“My name is _____. I am over 18 (eighteen) years of age and of sound mind. I have personal knowledge of the facts contained in this affidavit. I am aware of the City of Harlingen Rehabilitation-Reconstruction Program and have submitted my application thereunder for rehabilitation assistance.

I will occupy the home for which rehabilitation assistance is being provided, and claim it as my homestead for the term of the loan. I understand that if the property is sold during the loan term or if I fail to occupy the property as my principal residence, the balance of the loan/and or deferred loan balance will become immediately due and payable.

I have reported all sources of income for all persons who will occupy the structure being rehabilitated. At present, the total annual income for all persons is \$ _____. The total number of persons who will occupy the structure is _____.

I understand that by participating in this program, my name, address, type of loan and loan amount will be considered public information.

Furthermore, I understand that if I knowingly or deliberately make false statements in this affidavit, I may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States code.”

THIS AFFIDAVIT IS MADE, SIGNED, GIVEN AND TAKEN SUBJECT TO THE PAINS AND PENALTIES OF PERJURY.

When the context requires, singular nouns and pronouns include the plural.

Homeowner Signature

STATE OF TEXAS
COUNTY OF CAMERON

Homeowner Signature

This instrument was acknowledged before me by _____
_____ on this the _____ day of _____ 20____.

Signature of Notary Public



CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only if you are reporting NO INCOME)

Housing Rehabilitation/Reconstruction Applicant

Name: _____

Address: _____

I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other source not named above.

I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

I will be using the following sources of funds to pay for rent and other necessities: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of assistance.

Signature of Household Member

Printed Name of Household Member

Date

Relationship to Head of Household



INCOME TAX VERIFICATION



Name: _____

Address: _____

You have applied for housing rehabilitation/reconstruction assistance that is governed by the City of Harlingen’s Housing Rehabilitation/Reconstruction Program funded by the US Department of Housing and Urban Development. As a federal program, we must certify your income and eligibility information as part of determining your household’s eligibility. Program requirements state that we must verify each income source as well as other claims of eligibility to determine eligibility.

This form is required to be completed by each household member over the age of 18 years that does not submit a copy of their tax return for the past two years. (Income tax returns are required documentation to determine eligibility for the program)

I hereby declare the following income information to be true and correct to the best of my knowledge.

I did not file taxes on my income for the year(s) of _____.

Additionally filing information:

- I was not required to file (only Social Security Income, etc.)
- I had unreported cash earnings
- Filed 3rd party prepared tax return with no deductions (H&R Block, etc)
- I have not filed

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the application.

Signature

Date

Printed Name



Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed name of Homeowner

Address

Signature of Homeowner

Date



Confirmación de Recibo de Folleto de Plomo

Yo he recibido una copia del folleto, *Protega Su Familia de Plomo En Su Casa*, informándome de los riesgos potenciales de la exposición al peligro de plomo durante la renovación que se realizará en mi casa. He recibido este folleto antes de que comenzara el trabajo.

Nombre del Propietario

Dirección

Firma del Propietario

Fecha





Date: _____
Application No.: _____

I have received a copy of pamphlet *Renovate Right*, printed by the United States Environmental Protection Agency (EPA), and the U.S. Department of Housing and Urban Development (HUD).

Homeowner

Address



Fecha: _____
No. de Aplicacion: _____

Yo he recibido una copia del folleto, *Remodelar Correctamente*, publicado por el departamento de EPA (Environmental Protection Agency), y el departamento de HUD (U.S. Department of Housing and Urban Development).

Firma del Propietario

Direccion