PROGRAM APPLICATION

Neighborhood Housing and Community Development (NHCD)
Austin Housing Finance Corporation (AHFC)
MAILING ADDRESS: P. O. Box 1088 ● Austin, Texas 78767
DELIVERY ADDRESS: 1000 E. 11th Street, Suite 200
Phone: (512) 974-3100 ● Fax (512) 974-3161

Information in this application is confidential. It is used to establish eligibility for local and federal programs. Your written permission will be obtained before it is released to persons outside of the program and funding agencies.

Documentation requirements are different for each Program. Refer to the attached list to find the documentation to submit for your specific Program. If you have any questions, please contact the NHCD/AHFC office at (512) 974-3100 during the hours of 8:00 am to 5:00 pm (Monday through Friday) Central Standard Time.

PROGRAMS:

☐ GRANT - Architectural Barrier Removal Program (ABR)
☐ GRANT - LeadSmart Program (Lead)
☐ GRANT - Private Lateral Program (PLP)
☐ LOAN - Homeowner Rehabilitation Loan Program (HRLP)
☐ GRANT-LOAN - Holly Good Neighbor Program (Holly)

Section 1- About the Applicant Please complete Section 1-5 for all Programs

Name: _____ Social Security Number: _____
Last *First* *Middle Initial*

Property Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

E-mail _____

Age: _____ Date of Birth: _____ Driver's License Number: _____ Gender: ☐ Male ☐ Female

Are you a: ☐ U.S. Citizen ☐ Permanent Resident Alien -Alien number A: _____
Other (explain)
_____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Is the applicant female head of household? ☐ Yes ☐ No

Alternate Contact Name, Phone Number and Email _____

Are you receiving Medicaid? ☐ Yes ☐ No

How did you hear about the Programs: _____

Section 2 – Co-Applicant Information ☐ N/A

Name: _____ Social Security Number: _____
Last *First* *Middle Initial*

Property Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

E-mail _____

Age: _____ Date of Birth: _____ Driver's License Number: _____ Gender: ☐ Male ☐ Female

Are you a: ☐ U.S. Citizen ☐ Permanent Resident Alien -Alien number A: _____
Other (explain)
_____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Alternate Contact Name, Phone Number and Email _____

Are you receiving Medicaid? ☐ Yes ☐ No

Section 3 – Services requested

What home repairs and/or modifications are you requesting?

Section 4 – List of all Household Members and Their Gross Monthly and Annual Income

You must include a list of all persons (all children and adults) living in the home, along with their current gross monthly and annual income. By signing in Section 9, you certify, that you are the owner(s) and/or occupant(s) of the property (identified in Section 1) and that the current gross monthly and annual income of all persons living in the home has been listed below.

Total number of persons living in the household: _____ List each person below.

(Attach additional page(s) if needed)

Name	Relationship	Age	Current Gross Monthly Income	Current Gross Annual Income
(Applicant)	**Self**			
(Co-Applicant)				
		Total	$ 0	$ 0

Section 5 – Property Information

Do you live at the property address listed in Section 1? ☐ Yes ☐ No Built: _____ (Year)

Type of property: ☐ Single family house ☐ Apartment ☐ Duplex ☐ Townhome ☐ Mobile Home ☐ Condominium

Are you the: ☐ Homeowner ☐ Renter How many years have you lived at this address? _____

Section 6 – Homeownership and Mortgage Information: Complete section for HRLP and Holly

If a homeowner:

Purchase Price $_____ Year House was Purchased _____ Estimated Property Value $_____

Do you have a Mortgage on this property? ☐ Yes ☐ No

Mortgage Company _____

Current Loan Balance $_____ Mortgage Payment $ _____ Do you have property insurance? ☐ Yes ☐ No

Are Taxes and Insurance included in your monthly mortgage payment? ☐ Yes ☐ No

Do you have a Second Mortgage on this property? ☐ Yes ☐ No

Current Second Mortgage Loan Balance $_____ Second Mortgage Payment $ _____

Mortgage Company _____

Section 7 – Landlord or Manager: Complete section for ABR and LeadSmart

If a renter:

Amount of monthly rent you pay $ _____Landlord or manager's name: _____

Landlord or manager's phone number: _____Fax Number_____

Section 8 – Children Information: Complete section for LeadSmart

You are applying with the City of Austin/NHCD's 'Lead Smart – Remove the Danger' Program for lead remediation work to be done on the home listed as the Property Address in Section 1

Name of Child	Date of Birth/Age	Your Relationship to Child

By signing in section 9:

- You certify that the children listed above live in or frequently visit the Property described in Section 1 for six (6) hours or more each week.

- You agree to have each child's blood drawn and tested for lead poisoning by either their health care provider or by a lab approved by NHCD/AHFC. All blood test results must be submitted to and approved by LeadSmart program staff before work can begin on the property.

- You give permission to the City of Austin, Texas 'Lead Program- Remove the Danger' Program supervisors, inspectors, employees and contractors to enter the Property Address, listed in Section 1, to perform lead remediation work under the 'Lead Smart – Remove the Danger Program'.

- You hold the City of Austin, Texas harmless for any legal or financial claims arising from the performance of such work.

Section 9– Applicant(s) Signatures: Complete Section 9 and 10 for all Programs

By signing this application you swear under penalty of perjury that the information provided is true and correct to the best of your knowledge and belief. You understand that any omissions or discrepancies found at any time may disqualify you from the program(s) and also may require your immediate repayment of any funds spent. You authorize NHCD or AHFC and/or its designated agents to contact any source to solicit and/or verify what is necessary for an eligibility or creditworthiness determination.

Signature of Applicant/Guardian	Date
Signature of Co-Applicant	Date

The City of Austin is committed to comply with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended. Reasonable modifications and equal access to communications will be provided upon request. Please call (512) 974-3863 (voice) or (512) 974-3102 (TDD) for assistance. The City of Austin does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs and activities. If you have any questions or complaints regarding your ADA/ Section 504 rights, please call the ADA/Section 504 Coordinator at (512) 974-3256 (voice) or (512)974-2445 (TTY).

Funding Sources:
-Funding for the Architectural Barrier Removal Program, Homeowner Rehabilitation Loan Program and LeadSmart Program is provided by the U.S. Department of Housing and Urban Development (HUD) and City of Austin.
-Funding for the Holly Good Neighbor Program is provided by the City of Austin's Austin Energy Department.
-Funding for the Private Lateral Program is provided by the City of Austin's Water Utility Department.

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Section 10 – Information for Government Monitoring Purposes

OPTIONAL INFORMATION PROVIDED BY APPLICANT
Race/Ethnicity: ☐ Caucasian ☐ African-American ☐ Hispanic ☐ Asian ☐ Native American ☐ Other
OPTIONAL INFORMATION PROVIDED BY CO-APPLICANT
Race/Ethnicity: ☐ Caucasian ☐ African-American ☐ Hispanic ☐ Asian ☐ Native American ☐ Other

EQUAL HOUSING OPPORTUNITY

FOR INTERNAL USE ONLY

Received By: _____

Date:

Application Received _____

Entered Into Database _____

File Created _____

All Documentation Received _____

Transferred to Specialist _____

Date Approved _____

Date Denied _____

Date Canceled _____