

Section 2 – Applicant Information

Name: _____
Last *First* *Middle Initial*

Property Address: _____

City: _____ State: _____ Zip: _____

Are you the: Homeowner Renter

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

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

E-mail _____ Gender: Male Female

Marital Status: Single Married Widowed Divorced

Are you a: U.S. Citizen Permanent Resident Alien: Alien number A: _____

Other: _____

Is the applicant female head of household? Yes No

Alternate Contact Name, Phone Number and Email _____

Are you receiving Medicaid? Yes No

Have you ever received City of Austin home repair assistance in the past? Yes No

How did you hear about the Programs? _____

Section 3 – Co-Applicant Information

N/A

Name: _____
Last *First* *Middle Initial*

Work Phone: _____ Cell Phone: _____

E-mail _____ Gender: Male Female

Marital Status: Single Married Widowed Divorced

Are you a: U.S. Citizen Permanent Resident Alien: Alien number A: _____

Other: _____

Alternate Contact Name, Phone Number and Email _____

Are you receiving Medicaid? Yes No

Section 4 – Household Members

List all persons (children and adults) living in the home, along with their gross income. By signing in Section 8, 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. *(Attach additional page(s) if needed)*

Total number of persons living in the household: _____

Name	Relationship	Date of Birth	Age	Gross Income/ Pay Period
(Applicant)	Self			
(Co-Applicant)				

Section 5 – Mortgage Information: Complete this section for HRLP and Holly ONLY

If a homeowner:
 Do you have a Mortgage on this property? Yes No Do you have property insurance? Yes No
 Mortgage Company _____
 Do you have a Second Mortgage on this property? Yes No
 Mortgage Company _____

Section 6 – Landlord or Property Manager

If a renter:
 Amount of monthly rent you pay \$ _____ Landlord or manager’s name: _____
 Landlord or manager’s phone number: _____ Fax Number: _____
 Landlord Contact Address: _____
 City: _____ State: _____ Zip: _____

Ethnic Categories (select one)

Hispanic or Latino Not-Hispanic or Latino

Racial Categories (select all that apply)

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other

Section 8 – Applicant(s) Signatures

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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PROGRAM RELEASE- HOME REPAIR



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
Email: nhcdcs@austintexas.gov
Website: www.ci.austin.tx.us/housing



State of Texas, County of Travis

I, _____ residing at _____, Austin, Travis County, Texas in consideration of the service and/or equipment provided in my home by the City of Austin/ Austin Housing Finance Corporation under the Architectural Barrier Removal Program, Lead-Based Paint Removal Program, Private Lateral Program, Homeowner Rehabilitation Loan Program, and Holly Good Neighbor Program; knowingly and voluntarily execute this release for the purpose of and intending to release and hold harmless the Austin Housing Finance Corporation and the City of Austin from any claims arising out of the service or equipment provided.

It is my intention and I understand that I am binding myself, my heirs, executors, administrators, assigns, and successors in interest, and understanding this, so hereby expressly release and discharge the Austin Housing Finance Corporation, its successors, administrators, assigns and agents from any claims against the Austin Housing Finance Corporation, as well as the City of Austin, a Texas home rule city, created by or arising out of, or in any way whatsoever related to the service or equipment provided at my residence on this date. I understand that my claims, which may in the future arise out of personal injuries, injuries to the residence or injuries to my property of any kind, are hereby waived.

I have read this release and understand its terms. I am entering into it voluntarily and with full knowledge and understanding of its significance and in consideration of the service or equipment provided.

Applicant Signature

Date

Co-Applicant Signature

Date



**We Do Business in Accordance With
Federal Fair Lending Laws**

UNDER THE FEDERAL FAIR HOUSING ACT, IT IS ILLEGAL, ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, HANDICAP, OR FAMILIAL STATUS (HAVING CHILDREN UNDER THE AGE OF 18), TO:

- Deny a loan for the purpose of purchasing, constructing, improving, repairing or maintaining a dwelling, or deny any loan secured by a dwelling; or
- Discriminate in fixing the amount, interest rate, duration, application procedures or other terms or conditions of such a loan, or in appraising property

**IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST,
YOU SHOULD SEND A COMPLAINT TO:**

Assistant Secretary for Fair Housing and Equal Opportunity
Department of Housing & Urban Development
Washington, DC 20410
For processing under the Federal Fair Housing Act

and to:

Division of Compliance and Consumer Affairs
Federal Deposit Insurance Corporation
Washington, DC 20429-9990
For processing under FDIC regulations

**UNDER THE EQUAL CREDIT OPPORTUNITY ACT,
IT IS ILLEGAL TO DISCRIMINATE IN ANY CREDIT TRANSACTION:**

- On the basis of race, color, national origin, religion, sex, marital status, or age,
- Because income is from public assistance, or
- Because a right was exercised under the Consumer Credit Protection Act

**IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST,
YOU SHOULD SEND A COMPLAINT TO:**

Division of Compliance and Consumer Affairs
Federal Deposit Insurance Corporation
Washington, DC 20429-9990

Applicant Signature

Date

Co-Applicant Signature

Date



VERIFICATION OF INCOME AND ASSETS For All Household Members 18+ Years Old



Household members over the age of 18 must report all income and assets. By signing below, applicant(s) certify the accuracy of provided information as of the date completed. Applicant(s) acknowledge any inaccuracy and/or misrepresentation provided herein may constitute fraud, which is punishable by law.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

HOUSEHOLD MEMBER 1

Sources of Income

- Employment Income
- Self-Employment (Includes sales like Avon)
- Social Security
- Disability
- Death Benefits
- Child Support or Spousal Support/Alimony
- Unemployment, Workers Comp or Severance
- Annuity, Retirement, or Pension Payments
- Rental Income (Real or Personal Property)
- Recurring Payments from Outside Household
- Insurance Payments
- Periodic Payments from Inheritance or Trust
- Interest or Dividends from Assets
- Royalties
- Other: _____
- I currently have no sources of income**

Assets

- Checking Account
- Savings Account
- Certificates of Deposits (CD)
- Money Market Account
- Mutual Funds or Bonds
- Lottery Winnings
- Capital Gains
- Retirement (ex. IRA, 401K, 403B, Keogh)
- Pensions
- Annuities
- Life Insurance (Whole Life or Universal)
- Victim's Restitution Insurance Settlements
- Real Estate (Other than Primary Residence)
- Inheritances
- Other: _____
- I currently have no assets**

Name Signature Date

HOUSEHOLD MEMBER 2 N/A

Sources of Income

- Employment Income
- Self-Employment (Includes sales like Avon)
- Social Security
- Disability
- Death Benefits
- Child Support or Spousal Support/Alimony
- Unemployment, Workers Comp or Severance
- Annuity, Retirement, or Pension Payments
- Rental Income (Real or Personal Property)
- Recurring Payments from Outside Household
- Insurance Payments
- Periodic Payments from Inheritance or Trust
- Interest or Dividends from Assets
- Royalties
- Other: _____
- I currently have no sources of income**

Assets

- Checking Account
- Savings Account
- Certificates of Deposits (CD)
- Money Market Account
- Mutual Funds or Bonds
- Lottery Winnings
- Capital Gains
- Retirement (ex. IRA, 401K, 403B, Keogh)
- Pensions
- Annuities
- Life Insurance (Whole Life or Universal)
- Victim's Restitution Insurance Settlements
- Real Estate (Other than Primary Residence)
- Inheritances
- Other: _____
- I currently have no assets**

Name Signature Date



APPLICATION CHECKLIST- Home Repair



**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

Email: nhcdcs@austintexas.gov

Website: www.ci.austin.tx.us/housing

Please fill out all attached forms and gather all applicable documents listed below. Feel free to contact us with any questions during the process. When you have completed these steps, you may submit your application in person, by email, fax, or mail. We look forward to working with you!

- Application** (original) completed & signed. N/A
- Social Security card(s)** for applicant(s). N/A
- Permanent Residency Card(s) (front & back)** (if applicable) N/A
- Picture Identification** for applicant(s). N/A
Texas Driver's license, Texas Identification Card, or Passport
- Last 3 consecutive paycheck stub** for all household members, 18+ years old N/A
- Most Recent Profit & Loss Statement (quarterly) & Tax Return** (if self-employed) N/A
- Verification of other income (Check all that apply)** N/A
 - Social Security Award Letter
 - Disability Award Letter
 - Death Benefits
 - Unemployment
 - Royalties
 - Insurance Payments
 - Child Support or Spousal Support/Alimony
 - Worker's Compensation and Severance Pay
 - Annuity, Retirement, or Pension Payments
 - Trust Income
 - Other: _____
- Most Recent Bank Statements** for all accounts for all household members 18+ years old N/A
- Verification of Assets** for all household members 18+ years old N/A
(Check all that apply)
 - Certificates of Deposits (CD)
 - Money Market Account
 - Mutual Funds or Bonds
 - Lottery winnings
 - Capital gains
 - Inheritances
 - Retirement (ex. IRA, 401K, 403B, Keogh)
 - Pension Annuity
 - Life Insurance (Whole Life or Universal)
 - Victim's restitution Insurance Settlements
 - Real Estate (Other than Primary Residence)
 - Other: _____
- Utility Bill** N/A
- Austin Water Utility Letter (if received)** N/A

PLEASE NOTE:

Up to 3 years tax returns, 6 months bank statements, and 3 months paystubs are required for certain programs. For the Lead program, we require a birth certificate of a child under 6 who lives in or visits the house 6+ hrs/ wk