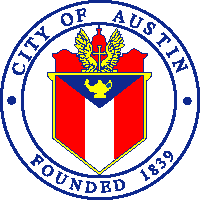
PROGRAM APPLICATION- Home Repair

**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**

*Thank you for your interest in the City of Austin NHCD Home Repair Program. Please fill out all attached forms and gather all applicable documentation listed in attached document checklist. Information in this application is confidential. It is used to establish eligibility for local and federal program and is only released to persons outside of the program and funding agencies with your written permission.*

**Section 1 – Requested Services**

Check all services required.

* Foundation
* Roofing
* Plumbing
* Electric
* Heating & AC
* Lead Paint Removal
* Address Sewage Problem
* Windows
* Mini-Blinds
* Door Widening & Accessible Hardware
* Wheel Chair Ramps & Handrails
* Restroom Mobility- Showers, Faucets, Toilets, Grab Bars
* Solar Panel Installation

Please elaborate upon these needs below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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)** |  |  |  |  |
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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 7 – Demographics**

**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.*

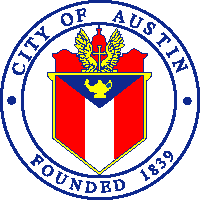
*-Funding for the Holly Good Neighbor Program is provided by the City of Austin’s Austin Energy Department.*

*-Funding for the Private Lateral Program is provided by the City of Austin’s Water Utility Department.*

This publication was created by a grant from the U.S. Department of Housing and Urban Development. The substance and findings of this publication are for public use. NHCD/AHFC are solely responsible for the accuracy of the statements and interpretations contained in this publication. Such interpretations do not necessarily reflect the views of the Government.



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

|  |  |  |
| --- | --- | --- |
| mhtml:file://C:\Documents%20and%20Settings\MunguiaS\Local%20Settings\Temporary%20Internet%20Files\OLK13B\Equal%20Housing%20Language%20Form.mht!https://www.pclender.com/shared/images/equal_housing_big.jpg      **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

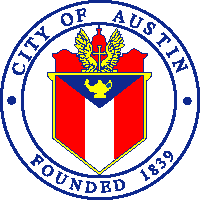
 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***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**

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**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).  **Permanent Residency Card(s) (front & back)** (if applicable) | | * N/A * N/A |
|  | **Picture Identification** for applicant(s).  Texas Driver’s license, Texas Identification Card, or Passport | | * N/A |
|  | **Last 3 consecutive paycheck stub** for all household members, 18+ years old  **Most Recent Profit & Loss Statement (quarterly) & Tax Return** (if self-employed) | | * N/A * 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  **Verification of Assets** for all household members 18+ years old  **(Check all that apply)** | | * N/A * N/A |
| 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**  **Austin Water Utility Letter (if received)** | | * N/A * 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***