



Austin Housing Finance Corporation

P.O. Box 1088, Austin, TX 78767-1088

(512) 974-3100 ♦ Fax (512) 974-3161 ♦ www.cityofaustin.org/ahfc

Thank you for your interest in the Home Rehabilitation Loan Program (HRLP). After reading the enclosed brochure if you are interested in applying for a zero (0%) percent loan then please complete the program application and other enclosed forms and gather up the required documentation from the list below. Once this is done then call Pam Skoglund, Housing Development Specialist, at (512) 974-3199 to set an appointment to meet with her at our office at 1000 East 11th. Mailed or dropped off applications will not be accepted.

We can help make your single family detached home safe and comfortable by providing income-eligible homeowners (with homes currently appraised at \$218,595 or less and within the Full Purpose Austin City Limits) with one of two types of zero percent (0%) loans for their principal place of residence. One is called a Rehabilitation Loan and it provides zero percent (0%) loans so that repairs can be done to bring your home up to code in such areas as foundation repair, roofing, plumbing, HV/AC system, electrical work and other major interior and exterior repairs. If your home repairs are too extensive and there is no current existing mortgage debt owed on your home then qualified income-eligible homeowners may obtain a zero percent (0%) Reconstruction Loan to demolish their existing home and have a comparable new 2 bedroom 2 bath or a 3 bedroom 2 bath home built in its place.

Please call Pam Skoglund at (512) 974-3199 to set the loan appointment. Please bring the following documents/information to the initial loan application meeting at our office at 1000 East 11th

1. The original, completed program application form (enclosed). Be sure the applicant and co-applicant sign and date this form.
2. All pages of the last three years IRS Income Tax Returns from every household member (who is 18 years and older and employed) along with the corresponding W-2's.
3. Three years 1099's from each household member (including minors).
4. The most recent three months consecutive pay stubs from every member of your household who is age 18 or older and employed.
5. The current gross monthly amount received and term (how long will it be received) of Social Security (current Awards Letter from all household members; including minors), Disability and/or Pension Benefits, Military/VA Pension, TEC Form, Trust Fund Benefits, Annuities, etc.
6. Verification of any other income such as child support, welfare assistance, unemployment letter and the net income from the operations of business.
7. All pages of the most current six months checking statement and one month savings accounts statement, equity, 401 K and IRA retirement accounts, pension accounts and whole life insurance.
8. To verify that you have owned the home for two years or more bring all pages of the Warranty Deed for the single family detached home that was recorded when the

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♦ Karen Kennard, General Counsel

The Austin Housing Finance Corporation is committed to compliance with the American with Disabilities Act and will provide reasonable modifications and equal access to communications upon request.

ownership interest in the home was transferred to the applicant's name(s). The ownership of the home must be in the applicant's name and the applicant must have clear title to the property. All who have an ownership interest in the home must live in the home and be qualified for the loan. All probate issues concerning ownership interest in the home must be settled before the time of loan application.

9. The applicants and co-applicants social security cards.
10. The applicants picture identification such as a Texas Driver's license, Texas Identification Card or Passport.
11. The most current home Hazard Property Insurance Policy and/or Flood Insurance (if applicable). If no property and/or flood insurance (if applicable) is currently in effect then a policy with the premium (paid a year in advance) must be purchased and maintained for the life of the loan.
12. The completed Affidavit (enclosed). The form should be completed except for the signature(s). You must wait to sign this form until you are in front of a notary. We can notarize it at our office if you are unable to have it notarized prior to the loan appointment.
13. Copies of the most current monthly mortgage loan statement(s) (listing the current principal balance) for both the first and second mortgage liens on your home. Home Rehabilitation Loans are not allowed if there is a Reverse Mortgage.
14. All pages of each recorded Divorce Decrees and/or Child Support Decrees.
15. All property taxes for the home must be paid with a zero balance owed or deferred.
16. If any other agencies, such as Habitat for Humanity, Urban League etc., are doing repairs on your home please wait until their repair work is finished before setting the loan appointment with our office. Please bring in a copy of all Mechanics Lien Contracts for Improvements that were signed to have the repair work done.

Please contact Pam Skoglund, Housing Development Specialist at (512) 974-3199 in order to set up an appointment to apply for an HRLP loan. She is looking forward to your call.

Pam Skoglund NMLS# 256072
Austin Housing Finance Corporation – City of Austin
Physical location- 1000 East 11th Street, Second floor, 78702
Mailing address – PO Box 1088, 78767
Phone - (512) 974-3199
FAX- (512) 974-3161

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HRLP ELIGIBILITY QUESTIONNAIRE

BRING THE "YES" ITEMS TO THE APPLICATION APPOINTMENT

Updated: 4/1/09

If any of the answers are "YES," please attach support documentation. Please also bring a copy of three years tax returns, 1099's and W-2's. See HRLP Application Checklist for more details.

1. Does any member of the household have, or expect to receive in the next 12 months, wages, salaries, overtime pay, commissions, fees, tips, bonuses, or other compensation for personal services?
 Yes No (Three month's (in a row) of the last pay stubs from all over 18 and three years W-2's.)
2. Does any member of the household have checking account(s)?
 Yes No (All pages of the most recent six (6) month's statement(s))
3. Does any member of the household have savings account(s)?
 Yes No (All pages of the most recent (one month) statement(s).)
4. Does any member of the household have, or expect to receive income or gain in the next 12 months from: stocks, bonds, Treasury Bills, CDs, brokerage accounts, or money market accounts?
 Yes No (All pages of the most recent (one month) statement(s).)
5. Do any household members (minors included) receive, or expect to receive in the next 12 months, periodic payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, or similar types of periodic payments?
 Yes No (The awards letter and three years 1099's from all ; including minors)
6. Do any household members included) receive, or expect to receive in the next 12 months, payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, or severance pay?
 Yes No (The awards letter and the deposit statement)
7. Does any member of the household receive, or expect to receive in the next 12 months, Welfare Assistance?
 Yes No (The awards letter and the deposit statement)
8. Does any member of the household receive, or expect to receive in the next 12 months, periodic and determinable allowances (such as child support, spousal support/alimony, or regular contributions or gifts from persons not residing in the household including scholarships, parental gifts for tuition, etc.)?
 Yes No (All recorded divorce decree(s), and child support statement(s))
9. Does any member of the household own, or expect to own in the next 12 months real estate (other than the primary residence) or other capital investments?
 Yes No (The mortgages or deeds of trust)
10. Does any member of the household have 401K, IRA, Keogh, retirement, or pension fund accounts?
 Yes No (All pages of the most recent (one month's) statement)
11. Does any member of the household have life insurance policies available before death (whole or universal life insurance)?
 Yes No (A copy of the policy)
12. Does any member of the household have, or expect to receive in the next 12 months, a revocable trust?
 Yes No (A copy of all pages of the revocable trust)
13. Does any member of the household hold personal property as an investment?
 Yes No (A copy of the mortgages or deeds of trust)
14. Has any member of the household received, or expect to receive in the next 12 months: a lump sum payment or receipt of inheritances, capital gains, lottery winnings, victim's restitution, or insurance settlements?
 Yes No (A copy of the awards letter)
15. Does any member of the household hold mortgages or deeds of trust?
 Yes No (A copy of the mortgages or deeds of trust)
16. Does any member of the household have any interest or receive payments from Indian trust lands?
 Yes No (Proof of and amount of interest in Indian trust lands)
17. Have the Applicant(s) been discharged from Chapter 7 bankruptcy within five years or discharged from Chapter 13 bankruptcy within two years of the date of the application for assistance under the Program? Yes No (Copy of initial & discharge of bankruptcy)

Applicant (original signature)

Date

Co-Applicant (original signature)

Date



HRLP APPLICATION CHECK LIST

Updated: 3/17/10 **BRING THESE ITEMS TO THE APPLICATION APPOINTMENT:**

- Original application form** completed and signed by applicant and co-applicant.
- Copies of all pages of Tax Returns** for the previous 3 years with original signatures from every household member.
- Copies of all W2's and 1099's** for the past 3 years from every household member.
- Wages & salaries** N/A
Three (3) months (in a row) of the most recent pay stubs (Three month's consecutive pay stubs must be provided for every member of your household who is age 18 or older and employed) or other documentation of wages & salaries.) We do not accept bank statements or copy of checks in lieu of pay stubs.
- Verification of Benefits and/or Pensions** N/A
Proof of monthly amount received and the length of time all household members (including minors) will receive Social Security (Awards Letter) and three years 1099's, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic payment.
- Verification of other income** N/A
Proof of payments in lieu of earnings and the length of time it will be received, such as unemployment and disability compensation, worker's compensation and severance pay. Net income from the operations of business. Proof of amount of periodic and determinable allowances, such as child support payments, spousal support/alimony payments, and regular contributions or gifts received from persons not residing in the dwelling.
- Verification of assets** N/A
All pages of the last six (6) month's checking account statements. All pages of one month's savings accounts statement, equity, retirement and pension accounts, life insurance stocks, bonds, Treasury Bills, certificates of deposits or money market accounts. Inventory of Real Estate owned indicating address, value, equity percentage and proof of indebtedness, if any. Copies of the most recent 401K, IRA, Keogh, retirement, and pension fund account statements. Copies of life insurance policies whose funds are available to household member before death (e.g. surrender value or a whole life or universal life policy). Indicate which household member is the beneficiary. Proof of cash value of revocable trusts available to applicant. Value of personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc. Value of lump sum or one time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments. Copies of mortgages or deeds of trust held by the applicant. Proof of and amount of interest in Indian trust lands.; or other accounts.
- Copy of all pages of every **divorce decree(s)**. N/A
- Copy of **Warranty Deed** of your property. **The home's ownership interest is to be in the applicant and co-applicant's name only.**
- Copy of the **social security card** for the applicant and co-applicant.
- Copy of **picture identification** for the applicant and co-applicant. (Texas Driver's license or Texas Identification Card or Passport).
- Copy of Declarations page and paid invoice of the **Home Insurance Policy**
- Original and notarized **Affidavit** (attached). (It can be notarized at our office).
- Last **mortgage statement(s)** for first and second lien(s) on the home. N/A



**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 20420-9990*

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 20420-9990*

X _____
Signature Date

X _____
Signature Date





**CERTIFICATION/APPLICATION
AFFIDAVIT
Homeowner Rehabilitation Loan Program**



ATTACHMENT A

I (We) hereby submit the information contained in the attached Homeowner Rehabilitation Loan Program application, tax returns, and other furnished documents to be considered for the Austin Housing Finance Corporation's *Homeowner Rehabilitation Loan Program*. Under penalty of law, I certify the home being repaired is located at _____, Austin, Texas, Zip _____. The information contained in all required and signed program-related documents being submitted, is true and correct. I further certify that:

1. The house I (we) am repairing is not a duplex or mobile home
2. The house I (we) am repairing is located within the Austin city limits
3. The house I (we) am repairing will by my (our) primary place of residence
4. The following is a list of all persons who will be occupying the home after closing:

Name	Age	Relationship	Gross Mo. Income
			\$
			\$
			\$
			\$
			\$
			\$

The undersigned agrees to release whatever information the State Attorney General determines to be publicly available. The undersigned agrees to allow the City and/or its designee, financial institutions, and other appropriate institutions to share information contained in this or their file for the purpose of Homeowner Rehabilitation Loan Program eligibility and related business. I understand that any discrepancy or omissions later found may disqualify me. If such a discrepancy or omission is discovered after closing, I understand that any financial assistance provided by the City of Austin may become due and payable.

PLEASE NOTE: SIGNATURE(S) MUST BE NOTARIZED. SIGN ONLY IN FRONT OF A NOTARY.

Applicant (original signature)

Date

Co-Applicant (original signature)

Date

Race/National Origin:

American Indian Asian/Pacific Islander
 Black, Non-Hispanic Hispanic
 Anglo American Indian/Alaskan Native
Gender: Male Female
Disabled: Yes No

Race/National Origin:

American Indian Asian/ Pacific Islander
 Black, Non-Hispanic Hispanic
 Anglo American Indian/Alaskan Native
Gender: Male Female
Disabled: Yes No

STATE OF TEXAS
COUNTY OF TRAVIS

This instrument was acknowledged before me on _____ of _____ 20____, by

_____.

Notary Public, State of Texas

My commission expires: _____

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.