



**Housing Emergency Repair Grant
Application for Homeowners**
City of Arlington • 501 W. Sanford Street, Suite 20 • Arlington, Texas 76011



Based on available funding, the City of Arlington provides eligible homeowners one grant up to \$5,000 per three year period. The information collected below will be used to determine your eligibility for the Emergency Repair Grant Program. **Please contact 817-276-6707, to schedule an appointment to determine eligibility.**

Definition of Emergency - An emergency is a situation or condition that occurred recently (generally within two weeks) without warning, that is detrimental to or a threat to life, health or safety, and requires immediate action (i.e., 3 business days). Emergency grants may include, but are not limited to, items such as heating, electrical, plumbing systems, or emergency roof repairs/replacements.

Emergency applications are given priority in the scheduling of property inspections to verify that the problem(s) comply with the program guidelines. However, eligibility must be verified by City staff before any work is to be scheduled.

Homeowners must meet the following requirements:

- Current Arlington homeowner residing within the city limits of Arlington, Texas;
- Must own and occupy the property;
- Must meet the Department of Housing and Urban Development’s (HUD) definition of low income based on verified gross household income and household size;
- Must have standard homeowner’s insurance and/or flood insurance, if applicable;
- Must be current on property taxes;
- Must certify that the property is not being offered for sale and is the primary residence;
- Homes must have the market value as listed in the Tarrant Appraisal District (TAD) website of less than the annual FHA 203(b) limit.

Date of Application

(Office Stamp Only)

Definition of Low-Income - “Low-Income Household” shall mean all the persons occupying the housing unit whose total income does not exceed 80% of the area median income, adjusted for household size, as established by HUD.

Household Income Calculations - The HUD definition of annual income is the gross amount of income of all adult household members that is *anticipated to be received during the coming 12-month period*. Income of all household residents aged 18 or over, unless they are a full-time student, will be included in the household income determination. This includes fulltime and part-time wages, self-employment wages, TANF, alimony, Social Security benefits, pensions, child support, and regular gifts of money from friends, family, church, or social agency. Money earned from providing services, and interest from bank accounts or investments must be disclosed.

Homeowners Income Verification Requirements - The following information is required in order to complete your application for the City of Arlington Emergency Repair Program.

PLEASE BRING THE FOLLOWING ORIGINAL DOCUMENTS - THIS INFORMATION WILL REMAIN CONFIDENTIAL, AND WILL BE USED SOLELY FOR THE PURPOSE OF ESTABLISHING YOUR ELIGIBILITY FOR THIS PROGRAM. WRITTEN VERIFICATION OF ALL HOUSEHOLD INCOME IS REQUIRED, WHICH INCLUDES THE FOLLOWING:

- Driver's License or picture identification;
- Social Security Card;
- Last 6 paycheck stubs (if working);
- Last year's income tax return 1040 form with W2's (if self-employed);
- Current last 6 months bank statements;
- Current year Social Security Award letter (if applicable):
- Proof of child support or Alimony (disclosure even if not received):
- Proof of retirement income (if applicable):
- All other income (i.e. contributions, gifts).
- Record of Assets - Yearly interest on all assets (stocks, bonds, certificates of deposits, passbook savings, etc.) must be counted as income. Written verification of the value of these assets and interest rate at which they are invested is necessary to complete you application.

City Verification Procedures - City staff will verify the following information through homeowner certification and/or a third-party source:

- **Home ownership** - Home ownership will be verified through the Tarrant Appraisal District (TAD).
- **Current taxes** - Property taxes must be current and will be verified on the Tarrant County Tax website.
- **All Income**

Applicants must authorize City staff to verify the information provided by any means necessary to determine program eligibility. Applicants will be required to certify that the information provided is true and will be subject to federal prosecution for knowingly making false statements.

Household Race – Race and Ethnicity of Head of Household (Check One):

(This information is being collected to assure compliance with fair housing and equal opportunity rules).

Do you consider yourself Hispanic? Yes No

White Black or African American Asian Native American or Alaska Native

Native Hawaiian or Other Pacific Islander Native American or Alaska Native & White

Black or African American & White Native American or Alaska Native & Black or African American

Asian & White Other Multi-Racial

Emergency Repair Grant Information

Date:

Homeowner's Name: Last _____ First _____ MI _____			Co-Homeowner's Name: Last _____ First _____ MI _____		
Address of property to be repaired			City	State	Zip code
Is either homeowner a student? _____ Yes _____ No			If yes, were you claimed by parents last year? _____ Yes _____ No		
Social Security #	Birth Date	Age	Social Security #	Birth Date	Age
Is this your primary residence? _____ Yes _____ No		How Long? _____ Yrs _____ Mo		Is this your primary residence? _____ Yes _____ No	
Telephone Number		Alternate Number		If you answered No above, what is your primary residence?	
Marital Status: Married _____ Unmarried _____ (widowed, single, or divorced) Married but separated _____ Are you or does anyone in your household have a physical disability: _____ Yes _____ No			Relation to Owner: ____ Spouse ____ Child ____ Brother/Sister ____ Mother/Father ____ Boyfriend/Girlfriend ____ Other Marital Status: Married _____ Unmarried _____ (widowed, single, or divorced) Married but separated _____		
Employed? Yes _____ No _____	Retired? Yes _____ No _____ Yr Retired _____		Employed? Yes _____ No _____	Retired? Yes _____ No _____ Yr Retired _____	
Name, Address and phone of Employer(s): (Attach last 6 pay stubs).			Name, Address and phone of Employer(s): (Attach last 6 pay stubs).		

Household Composition: (List all members not already listed above who live in your home. Please use a separate sheet for additional people in the household not listed above or below.)

Others in household over 18 years old: Last _____ First _____ MI _____			Others in household over 18 years old: Last _____ First _____ MI _____		
Relation to Owner? ____ Spouse ____ Child ____ Brother/Sister ____ Mother/Father ____ Boyfriend/Girlfriend ____ Other			Relation to Owner? ____ Spouse ____ Child ____ Brother/Sister ____ Mother/Father ____ Boyfriend/Girlfriend ____ Other		
Are you employed? _____ Yes _____ No Name and Address of Employer:			Are you employed? _____ Yes _____ No Name and Address of Employer:		

Social Security #	Birth Date	Social Security #	Birth Date
Are you receiving public assistance? _____ Yes _____ No _____ Amount		Are you receiving public assistance? _____ Yes _____ No _____ Amount	
Full Name (children under age of 18)	Date of Birth	Relationship	Social Security #
			_____ Yes _____ No
			_____ Yes _____ No
			_____ Yes _____ No
			_____ Yes _____ No
			_____ Yes _____ No

Annual Income: Please use a separate sheet of paper to list additional people with income.

	Applicant	Co-Applicant	Other Household Member 18 or Older	Other Household Member 18 or Older	Total
Salary including O/T & Bonuses					
Commissions					
Tips					
Interest and or dividends					
Net Income from Business					
Net Rental Income					
Retirement/Pension					
Social Security					
Unemployment Benefits					
Workers Compensation, etc.					
Alimony, Child Support					
TANF					
Other					
				TOTAL	

Assets: Provide copies of each and every account for the previous 6 months for everyone in household.

	Bank Name	Account Number	Cash Value	Annual Income from Assets
Checking Account(s)				
Saving Account(s)				
Credit Union Account(s)				
Stocks				
Life Insurance				
Other(i.e. rental property)				
Total Value				

Expenses:			
Are you current on your mortgage? _____ Yes _____ No		Monthly Mortgage Payment: _____ Balance Owed: _____	
Provide name, address and phone number of your mortgage company:		Have you received a Home Equity Loan or a Reverse Mortgage within the last three years? _____ Yes _____ No If so, when and how much? _____	
Are property taxes and hazard insurance premiums included in the above payment? _____ Yes _____ No		If taxes and insurance not included, list below: Property taxes _____ Hazard Insurance _____	
List monthly utilities:			
Electric: _____	Gas: _____	Water: _____	Phone: _____
Car Payment: _____	Credit Cards: _____	Loans: _____	Other household expenses: _____

Repairs Needed :
Please give a brief description of the repairs needed and the date that you first noticed the problem. _____ / _____ / _____

Certification of Residence:
I certify that my home is NOT being offered for sale. Yes <input type="checkbox"/> No <input type="checkbox"/>
I certify that the address listed is my primary residence/homestead, as indicated per the Tarrant Appraisal District (TAD) property tax exemption.. Yes <input type="checkbox"/> No <input type="checkbox"/>

The applicant certifies that all information furnished in this application is given for the purpose of obtaining home repair assistance. The applicant also certifies that all information is true and complete to the best of the applicant's knowledge and belief. The applicant authorizes the City of Arlington and its designated agents to contact any source to solicit and/or verify information necessary for any eligibility determination for the purpose of the Emergency Repair Program. The applicant certifies that he/she is the owner-occupant of the property to be repaired and that the property is his/her principal residence and is not being offered for sale. I understand that any discrepancy or omission in the information I have provided may disqualify me from participation in the Emergency Repair Grant Program. If such discrepancies or omissions are discovered after any application is approved or granted to me, I understand that any outstanding loan/grant balance may immediately become due and payable.

_____	_____
Homeowner's Signature	Date
_____	_____
Co-Homeowner's Signature	Date
_____	_____
Community Services Staff	Date Received

How did you hear about our program? _____

WARNING: It is a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matters within its jurisdiction (Section 1001 of Title 18, U.S. Code).