



# Housing Rehabilitation Program Preliminary Application

City of Arlington • 501 W. Sanford Street, Suite 20 • Arlington, Texas 76011



The information collected below will be used to place your name on the Housing Rehabilitation Waiting List. This does not determine whether you qualify for housing rehabilitation assistance provided through the City of Arlington. Information provided will not be disclosed outside the City of Arlington Housing Rehabilitation Program without your consent except to your employer for verification of income and employment and to financial institutions for verification of information, and as required and permitted by law.

### Qualification Criteria:

- Must be a current Arlington homeowner residing within the city limits of Arlington, Texas or be in the process of purchasing a home that has been vacant at least 90 days (contract for deed or land contracts are not considered a means of purchase).
- Must meet the Department of Housing and Urban Development's (HUD) definition of low income based on verified gross household income, based household size.
- Must have standard homeowner's and/or flood insurance, if applicable.
- Must be current on property taxes.
- Must not have more than two eligible liens against the home.
- Must certify that the property is not being offered for sale and is the primary residence of applicant.
- 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) \_\_\_\_\_

### 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

<b>Waiting List Applicant Information</b>	<b>Date:</b>
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Homeowner's Name:			Co-Homeowner's Name:		
Last	First	MI	Last	First	MI
Address of property to be rehabilitated			City	State	Zip code
Do you have Homeowner's Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are your property taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a mortgage or liens on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security #		Birth Date	Age	Social Security #	
				Birth Date	Age
Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Long? ___ Years ___ Months		Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number		Alternate Number		If you answered No above, what is your primary residence?	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (widowed, single, or divorced) <input type="checkbox"/> Married but separated Are you or does anyone in your household have a physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			Relation to Owner? <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Mother/Father <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Other Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (widowed, single, or divorced) <input type="checkbox"/> Married but separated		
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No Years Retired_____		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No Years Retired_____	
Name and Address of Employer:			Name and Address of Employer:		

**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:			Others in household over 18 years old:		
Last	First	MI	Last	First	MI
Relation to Owner? <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Mother/Father <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Other			Relation to Owner? <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Mother/Father <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Other		
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and Address of Employer:			Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and Address of Employer:		
Social Security #		Birth Date	Social Security #		Birth Date
Are you receiving public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you receiving public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Full Name (children under age of 18)	Date of Birth	Relationship	Social Security #	Are you physically disabled?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Reasonable Accommodation Information** The information gathered in this section will help the City of Arlington, Housing Rehabilitation Program better serve the housing needs of persons with physical disabilities. The special features are known as "reasonable accommodation." A reasonable accommodation is a change that can be made to allow a person with physical disabilities to have the same opportunity for housing as any other participant. **You are not required to disclose a physical disability. This information, in part, will be used in determining the order in which your application will be processed.**

I am not requesting reasonable accommodation at this time.

If you are requesting reasonable accommodation, complete the information below:

1. Do you or anyone you live with use any of the following devices? (Check all that apply.)

Wheelchair     Walker     Crutches     Cane     Other specify \_\_\_\_\_

2. What, if any, modifications do you or anyone in household need in your bathroom? (Check all that apply)

Grab bars     Roll in shower     Extendable hand shower     Raised toilet seat     Lower toilet seats  
 Extended handles on faucets     Other (specify) \_\_\_\_\_

3. Do you need flashing warning lights for any of the following?

Smoke-detection     Doorbell     Security purposes

4. What, if any, other modifications do you or anyone in your household need? \_\_\_\_\_

5. How did you hear about our program? \_\_\_\_\_

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 Housing Rehabilitation 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. I understand that any discrepancy or omission in the information I have provided may disqualify me from participation in the Housing Rehabilitation Program. If such discrepancies or omissions are discovered after any loan 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

**Mail Application to:**

City of Arlington  
Attn: Marisa Loera  
Housing Rehabilitation Program  
P.O. Box 90231 MS 28-0100  
Arlington, TX 76004-3231

**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).



## FREQUENTLY ASKED QUESTIONS HOUSING REHABILITATION PROGRAM



### 1. What is the Housing Rehabilitation Program?

The Housing Rehabilitation Program provides a mechanism for homeowners to bring their properties into compliance with local codes and provide safe, decent housing for lower income individuals or families.

### 2. How do I apply for the housing rehabilitation assistance?

You must complete a preliminary application and send it to:

Arlington Housing Authority  
Housing Rehabilitation Program  
Attn: Marisa Loera  
501 W. Sanford St, Suite 20  
Arlington, TX 76011

You can download a copy of the application from our website at [www.arlingtonhousing.us](http://www.arlingtonhousing.us) or you may call (817) 276-6707 and ask for a preliminary application to be sent to you.

### 3. What kind of problems will you fix?

Priority is given to fixing code violations such as electrical, plumbing, air-conditioning, heating, leaky roofs, foundations and peeling paint.

We will also help disabled and elderly people who need assistance due to physical limitations. We can install wheelchair ramps, wheelchair accessible showers, lower light switches and widen doors. A rehabilitation Specialist will work with the elderly/disabled person to determine what type of assistance they need.

### 4. How much will it cost me to have the repairs/modifications done?

There is no cost to have these repairs/modification completed at your home. The program requires you to enter into an agreement where the City loans you up to \$24,500 for 5 years at zero percent interest. The loan is forgiven on a monthly-prorated basis over the five-year period. Should the property change ownership through sale during that period of time, the homeowner must reimburse the City from the sale's proceeds for that prorated portion of the loan that has not yet been forgiven.

### 5. What if my house does not need \$24,500 in repairs, can I qualify for a lesser amount?

Yes, the program provides up to \$24,500 in repairs. If your home only needs \$10,000 in repairs then you do not have to spend more than that. However, you may also choose to have additional work completed at your home such as installation of energy efficient windows, attic insulation, storm doors, replacement of kitchen or bathroom cabinets and installation of carpet or vinyl flooring.

**6. Why does the City place a 5 year lien against my property?**

A lien is placed against the property to ensure the homeowner remains in the property to avoid having to pay the loan amount back.

**7. What are the eligibility requirements?**

Eligibility requirements are based on gross income of everyone in the household, verification of the title report, verification of property taxes being current, verification of mortgage being current, proof of hazard insurance on the property and proof of flood insurance, if in a designated flood zone.

**8. What if problems arise after the rehab has been completed?**

If problems occur during the warranty period (one year on labor and materials and two years on roof), contact the contractor that completed the work first, if no response, contact Arlington Housing Authority.

**9. After my 5 years are up, may I apply for another forgivable loan?**

No. The reasoning is to give other Arlington homeowner's a chance to also have improvements completed on their homes.

**10. Why do you need the social security number of everyone in my household?**

Social security numbers must be submitted for everyone in the household, so we may verify that there is no other income or possible fraud.

**11. How long is the waiting list?**

The waiting list is 18 – 24 months depending on your preference and the availability of funds.

**12. Why is the wait so long?**

The waiting list changes weekly due to the receipt of new applicants, which in turn places some applicants further down the list and also the large number of applicants.

**13. What are the different preferences?**

1. Disabled/Elderly, 2. Elderly (62 or older) and 3. No disability, non elderly.

**14. When I complete and submit the application, when will I know if I am eligible?**

The eligibility phase does not begin until the applicant has been scheduled for a housing briefing. The preliminary application is only to place your name on the waiting list.

# HOME Program Eligibility Release Form

ORGANIZATION REQUESTING RELEASE OF INFORMATION:

**CITY OF ARLINGTON**

**PURPOSE:** YOUR SIGNATURE ON THIS HOME PROGRAM ELIGIBILITY RELEASE FORM, AND THE SIGNATURES OF EACH MEMBER OF YOUR HOUSEHOLD WHO IS 18 YEARS OF AGE OR OLDER, AUTHORIZES THE ABOVE-NAMED ORGANIZATION TO OBTAIN INFORMATION FROM A THIRD PARTY RELATIVE TO YOUR ELIGIBILITY AND CONTINUED PARTICIPATION IN THE:

HOME TBRA PROGRAM  
HOME HOMEBUYER PROGRAM  
HOME RENTAL REHABILITATION PROGRAM  
HOME HOMEOWNER REHABILITATION PROGRAM

**PRIVACY ACT NOTICE STATEMENT:** THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THE INFORMATION DERIVED FROM THIS FORM TO DETERMINE AN APPLICANT’S ELIGIBILITY IN A HOME PROGRAM AND THE AMOUNT OF ASSISTANCE NECESSARY USING HOME FUNDS. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT ON THE HOME PROGRAM; TO PROTECT THE GOVERNMENT’S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. THE DEPARTMENT IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

**INSTRUCTIONS:** EACH ADULT MEMBER OF THE HOUSEHOLD MUST SIGN A HOME PROGRAM ELIGIBILITY RELEASE FORM PRIOR TO THE RECEIPT OF BENEFIT AND ON AN ANNUAL BASIS TO ESTABLISH CONTINUED ELIGIBILITY. ADDITIONAL SIGNATURES MUST BE OBTAINED FROM NEW ADULT MEMBERS WHENEVER THEY JOIN THE HOUSEHOLD OR WHENEVER MEMBERS OF THE HOUSEHOLD BECOME 18 YEARS OF AGE.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

**HEAD OF HOUSEHOLD—SIGNATURE, PRINTED NAME, AND DATE:  
FAMILY MEMBER HEAD #1**

X \_\_\_\_\_

OTHER ADULT MEMBER OF THE HOUSEHOLD—SIGNATURE, PRINTED NAME, AND DATE:  
FAMILY MEMBER #3

X \_\_\_\_\_

Revised 12/03/2012

**INFORMATION COVERED:** INQUIRIES MAY BE MADE ABOUT ITEMS INITIALED BY APPLICANT/TENANT.

	VERIFICATION REQUIRED	INITIALS
INCOME (ALL SOURCES)	✓	
ASSETS (ALL SOURCES)	✓	
CHILD CARE EXPENSE		
HANDICAP ASSISTANCE EXPENSE (IF APPLICABLE)		
MEDICAL EXPENSE (IF APPLICABLE)		
OTHER (LIST) <u>ATTORNEY GENERAL</u>	✓	
DEPENDENT DEDUCTION ____ FULL-TIME STUDENT ____ HANDICAP/DISABLED ____ FAMILY MEMBER ____ MINOR CHILDREN		

**AUTHORIZATION:** I AUTHORIZE THE ABOVE-NAMED HOME PARTICIPATING JURISDICTION AND HUD TO OBTAIN INFORMATION ABOUT ME AND MY HOUSEHOLD THAT IS PERTINENT TO ELIGIBILITY FOR PARTICIPATION IN THE HOME PROGRAM.

I ACKNOWLEDGE THAT:

- (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL.
- (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME).
- (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.
- (4) ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE WITH THE OWNER IN THIS PROCESS.

**OTHER ADULT MEMBER OF THE HOUSEHOLD—SIGNATURE, PRINTED NAME, AND DATE: FAMILY MEMBER #2**

X \_\_\_\_\_

OTHER ADULT MEMBER OF THE HOUSEHOLD—SIGNATURE, PRINTED NAME, AND DATE:  
FAMILY MEMBER #4

X \_\_\_\_\_