



**Housing Rehabilitation Program  
Preliminary Tenant Application**  
City of Arlington • 501 W. Sanford Street, Suite 20 • Arlington, Texas 76011



**The purpose of this form is to place your name on the Rehabilitation Waiting List. This form does not qualify your household for participation in this program. This application must be submitted through a non-profit organization.**

**Qualification Criteria:**

- Property must be primary residence;
- The household must be located within the city limits of Arlington, Texas;
- Total household income must be within the U.S. Department of Housing and Urban Development's (HUD) income guidelines outlined below;
- Owner of property must have standard homeowner's and/or flood insurance, if applicable;
- Owner of property 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 tenant;
- 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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Tenant's Name:			Co-Tenant's Name:		
Last	First	MI	Last	First	MI
Address of property to be rehabilitated			City	State	Zip code
Social Security #		Birth Date	Age	Social Security #	
				Birth Date	
		Age			
Is this your primary residence?		How Long?		Is this your primary residence?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		_____ Years   _____ Months		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number		Alternate Number		If you answered No above, what is your primary residence?	
Marital Status:			Relation to Tenant? <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister		
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (widowed, single, or divorced)			<input type="checkbox"/> Mother/Father <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Other		
<input type="checkbox"/> Married but separated					
Are you or does anyone in your household have a physical disability:			Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (widowed, single, or divorced) <input type="checkbox"/> Married but separated		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Employed?	Retired?	Years Retired_____	Employed?	Retired?	Years Retired_____
<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	
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 Tenant? <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister			Relation to Tenant? <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			<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			Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and Address of Employer:			Name and Address of Employer:		
Social Security #		Birth Date	Social Security #		Birth Date
Are you receiving public assistance?			Are you receiving public assistance?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name (of all children under age of 18 living in household)	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	

## 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?


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.

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Tenant'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).