Arlington Property Renewal Program
Preliminary Application

Code Compliance Services
101 S. Mesquite St., Suite 720 Arlington, TX 76004-3231
817-459-6271

The information collected below will be used to place your name on the Arlington Property Renewal Program (APRP) waiting list. This does not determine whether you qualify for property renewal assistance provided through the Code Compliance Services. Information provided will not be disclosed outside the Arlington Property Renewal 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.

I. Qualification Criteria and Instructions:

1) The property must be located in the City of Arlington
2) The property must be in violation of the Arlington City Code.
3) The owner(s) must be financially unable to rehabilitate or repair the person's property or premises so that it complies with applicable city ordinances. Financial need will be established by utilizing 125% of the Federal Poverty Guidelines.
4) The owner(s) must file an application with the Arlington Property Renewal Program for the purpose of rehabilitating or repairing the person's property or premises until it complies with the City Code. Any missing required information or documentation may result in the denial of the application.
5) Unless authorized by the APRP administrator, the property owners may not have received funds from the APRP or other housing rehabilitation services that directed or funded by the City within the last six months within the preceding 60 months.
6) Use additional sheets if necessary to answer a question.
7) This application must be signed and notarized by all owners of the property.
8) **Mail Completed Application to:**
   Arlington Property Renewal Program
   Code Compliance Services Attn: Steve Allen
   P. O. Box 90231 MS 63-0700
   Arlington, TX 76004-3231

Date of Application
(Office Stamp Only) _____

II. The following documents, if they apply, MUST be attached to support the application. **The application will not be considered if proper proof is not supplied nor will you be contacted for further information.**

Check the documents to be attached:

1. ☐ Current PAY STUBS or W2 or Income Tax Filings for **all persons working or otherwise receiving income** in the household;

2. ☐ Proof of PUBLIC ASSISTANCE received by anyone in the household:
   - ☐ Housing;
   - ☐ Food Stamps;
   - ☐ TANF;
   - ☐ OTHER: _____

3. ☐ UNEMPLOYMENT PAYMENTS received by anyone in the household;

(*ADD ADDITIONAL SHEETS IF NECESSARY*)

4. ☐ SSI or SSD AWARD LETTER received by anyone in the household;

5. ☐ LETTER FROM EMPLOYER INDICATING LAYOFF OR REDUCTION OF HOURS received by anyone in the household;

III. Application for Assistance from the APRP:

A. **Questions regarding the property**

1) I own the house or property for which assistance is requested. Check one:

   ☐ Yes ☐ No

2) I reside at the house or property for which assistance is requested. Check one:

   ☐ Yes ☐ No

3) This property has been listed with the Tarrant Appraisal District as my homestead. Check one:

   ☐ Yes ☐ No

4) Check one:

   ☐ I am paying a mortgage of $ _____ per month or

   ☐ I do not pay a mortgage.

5) Address of the property where repairs are requested:_____

   _____

6) How is the property in violation of the Arlington City Code? _____

   _____

   _____

   _____

7) Please list any notices of violation or citations received. _____

   _____

8) What repairs are being requested in order to bring the property into compliance with the Arlington City Code? _____

   _____

   _____

   _____

(*ADD ADDITIONAL SHEETS IF NECESSARY*)

B. Total number of people living in the home:_____

C. Total number of adults in the home (include all non-family members) (_____), total number of children (up to age 18) in the home (_____);

D. **For each adult** (include all non-family members) living in the home, complete the following:

1) Applicant _____ Employer _____;Wages: (include SSI/SSD, Unemployment Benefits, Workers' Compensation $_____ per _____. (_____ hours per week).
2) Name _____ Employer _____;Wages: (include SSI/SSD, Unemployment Benefits, Workers' Compensation $_____ per _____. (_____ hours per week); relationship to applicant _____
3) Name _____ Employer _____;Wages: (include SSI/SSD, Unemployment Benefits, Workers' Compensation $_____ per _____. (_____ hours per week); relationship to applicant _____
4) Name _____ Employer _____;Wages: (include SSI/SSD, Unemployment Benefits, Workers' Compensation $_____ per _____. (_____ hours per week); relationship to applicant _____

E. **For each child (Up to age 18):**

1) Name _____; Age _____; SSI? _____per month; Does the child work? No or Yes, Wages $_____ per _____. (_____ hours per week); relationship to applicant _____.
2) Name _____; Age _____; SSI? _____per month; Does the child work? No or Yes, Wages $_____ per _____. (_____ hours per week); relationship to applicant _____.
3) Name_____; Age _____; SSI? _____per month; Does the child work? No or Yes, Wages $_____ per _____. (_____ hours per week): Relationship to applicant _____.
4) Name_____; Age _____; SSI? _____per month; Does the child work? No or Yes, Wages $_____ per _____. (_____ hours per week): Relationship to applicant _____.

(*ADD ADDITIONAL SHEETS IF NECESSARY*)

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

This information is only being collected to assure compliance with fair housing and equal opportunity rules. This is voluntary information and you may choose not to answer. Do you consider yourself:

☐ Hispanic ☐ African American ☑ Caucasian ☐ Asian ☐ Native American or Alaska Native?

☐ Native Hawaiian or Other Pacific Islander ☐ Multi-Racial ☐ Other:_____

☐ Prefer not to Answer

G. **If you are a STUDENT**:

1) Are you attending a high school, GED program, trade school, college or university? (circle one);
2) Name of school _____
    1) Full or Part Time? (circle one).
    2) Explain how you are paying for tuition, books, and housing:

    _____

    3) List all student loans, grants, and scholarships (including the amount of each, or attach documentation on each):

    _____

H. **Child Support**:

1) Amount of child support received in the home: _____
(Check one: ☐ Monthly ☐ Weekly ☐ Yearly)

2) If child support is paid, attach a copy of the child support record or a pay stub that indicates the deduction.

I. **Public Assistance**: Total amount of -

1) Food Stamps: _____;
2) TANF: _____;
3) SSI: _____;
4) Any other assistance: Describe: _____, Amount: _____.

J. Total Adjusted Gross Income for All Household Members Last Taxable Year: $_____._____.

K. Current Total Amount of Gross Household Income Per month: $_____._____.

L. Additional information for consideration (optional): _____

_____

_____

_____

(*ADD ADDITIONAL SHEETS IF NECESSARY*)

M. **RELEASE AND INDEMNIFICATION**

The applicant understands that there are risks involved in repairing or rehabilitating a building or property. The applicant agrees to the release and indemnification provision as stated below.

BY SIGNING THIS APPLICATION, AND IN CONSIDERATION OF RECEIVING BUILDING REHABILITATION ASSISTANCE FROM THE CITY OF ARLINGTON ("CITY"), I FOR MYSELF, MY HEIRS, EXECUTORS, REPRESENTATIVES, ADMINISTRATORS, AND ASSIGNS, DOES HEREBY COVENANT AND AGREE TO WAIVE ALL CLAIMS, RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY AND ALL OF ITS OFFICIALS, OFFICERS, AGENTS, AND EMPLOYEES, IN BOTH THEIR PUBLIC AND PRIVATE CAPACITIES, FROM ANY AND ALL LIABILITY, CLAIMS, SUITS, DEMANDS OR CAUSES OF ACTION WHICH MAY ARISE BY REASON OF INJURY TO PROPERTY OR PERSONS OCCASIONED BY ERROR, OMISSION, OR NEGLIGENT ACT OF APPLICANT, ITS OFFICERS, AGENTS, EMPLOYEES, INVITEES OR OTHER PERSONS, ARISING OUT OF OR IN CONNECTION WITH THIS APPLICATION OR ANY AND ALL ACTIVITY OR USE PURSUANT TO THIS APPLICATION, OR ON OR ABOUT THE PREMISES AND USER WILL, AT ITS OWN COST AND EXPENSE, DEFEND AND PROTECT CITY FROM ANY AND ALL SUCH CLAIMS AND DEMANDS. ALSO, LICENSEE AGREES TO AND SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS CITY AND ALL OF ITS OFFICIALS, OFFICERS, AGENTS AND EMPLOYEES, FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, SUITS AND LIABILITY OF EVERY KIND, INCLUDING ALL EXPENSES OF LITIGATION, COURT COSTS AND ATTORNEY FEES FOR INJURY TO OR DEATH OF ANY PERSON OR FOR DAMAGE TO ANY PROPERTY ARISING OUT OF OR IN CONNECTION WITH THIS APPLICATION OR ANY AND ALL ACTIVITY OR USE PURSUANT TO THIS APPLICATION ON OR ABOUT THE PREMISES. SUCH INDEMNITY SHALL APPLY WHETHER THE CLAIMS, SUITS, LOSSES, DAMAGES, CAUSES OF ACTION OR LIABILITY ARISE IN WHOLE OR IN PART FROM THE NEGLIGENCE OF USER OR ANY OF ITS OFFICERS, OFFICIALS, AGENTS, EMPLOYEES OR INVITEES, AND IS INTENDED TO INDEMNIFY AND PROTECT CITY FROM ANY AND ALL LIABILITY, CLAIMS, SUITS, LOSSES, DAMAGES OR CAUSES OF ACTION ARISING OUT OF JOINT NEGLIGENCE BETWEEN THE CITY AND APPLICANT, ITS OFFICERS, OFFICIALS, AGENTS, EMPLOYEES OR INVITEES.

N. **Acknowledgment, Affidavit, and Signature**:

The applicant does hereby acknowledge to have read and understand all the information contained on this application, and to have approved all releases, permits, indemnifications, and waivers contained herein. 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 Arlington Property Renewal Program**. THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT ANY INFORMATION CONTAINED IN THIS APPLICATION MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS.** 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. The applicant understands that any discrepancy or omission in the information I have provided may disqualify me from participation in the Arlington Property Renewal Program. **FURTHERMORE, THE APPLICANT**

(*ADD ADDITIONAL SHEETS IF NECESSARY*)

UNDERSTANDS THAT THE CITY OF ARLINGTON MAY PURSUE ANY AVAILABLE LEGAL REMEDIES TO RECOVER ANY FUNDS IF THERE IS ANY FALSE INFORMATION PROVIDED BY THE APPLICANT.

WARNING

IT IS A CRIMINAL OFFENSE UNDER SECTION 37.10 OF THE TEXAS PENAL CODE TO KNOWINGLY MAKE A FALSE ENTRY IN A GOVERNMENTAL RECORD OR MAKE, PRESENT, OR USE ANY RECORD, DOCUMENT, OR THING WITH KNOWLEDGE OF ITS FALSITY AND WITH INTENT THAT IT BE TAKEN AS A GENUINE GOVERNMENTAL RECORD.

Affidavit of Applicant

THE STATE OF TEXAS
COUNTY OF TARRANT

Before me, the undersigned authority, personally appeared _____, who, being by me duly sworn, deposed as follows:

My name is _____, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I swear that the information provided in this application is true and correct to the best of my knowledge. By signing below, I hereby acknowledge that I have read and I understand all the information contained on this application, verified the information provided in the application, and to have approved all releases, permits, indemnifications, and waivers contained herein.

_____ _____

Applicant's Signature Date

SUBSCRIBED AND SWORN TO BEFORE ME the undersigned authority, on this day personally appeared _____ , who was proved to me through_____ to be the person whose name is subscribed to this affidavit and, being by me first duly sworn, upon oath, declared that the statements therein contained are true and correct on this the _____ day of _____, 20____.

_____

Notary Public In and For The State of Texas

_____

Notary's Printed Name

_____

My Commission Expires:

(*ADD ADDITIONAL SHEETS IF NECESSARY*)