



Residential Rehabilitation Program Application

Date of application: _____

Please describe the type of rehabilitation for which you are requesting funds:

Section I: Applicant Data

Applicant (Homeowner) Name: _____

Social Security Number: _____ Date of Birth: _____

Home Address (where rehabilitation is needed):

Number of years you have owned the home: _____ Year the house was built: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Total Number of People Residing in Home (related or unrelated): _____

Marital Status: _____

HUD Reporting Requirements: HUD requires that the Town provide demographic, racial and ethnic data on households applying for/receiving federal funds. Please indicate answers for head of household only.

Ethnicity (select only one):

_____ Hispanic/Latino _____ Not Hispanic/Latino

Race (select one or more):

_____ Caucasian _____ Asian
_____ Black or African American _____ American Indian or Alaska Native
_____ Native Hawaiian or other Pacific Islander _____ Other

Head of household: for each residential unit, check one option based on the following definitions.

1. _____ Single/Non-Elderly – One person household in which the person is not elderly.
2. _____ Elderly – One or two person household with a person at least 62 years of age.
3. _____ Related/Single Parent – A single parent household with a dependent child or children (18 years old or younger).
4. _____ Related/Two-Parent – A two-parent household with a dependent child or children (18 years old or younger).
5. _____ Other – Any household not included in the above 4 definitions, including two or more unrelated individuals.

Is the head of household a single female? _____ Yes _____ No

Do you have a disability? _____ Yes _____ No

.....
Co-Applicant (Homeowner) Name (if any): _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____
.....

Others (related or unrelated) residing in the home:

Name: _____

Date of Birth: _____ Relationship to applicant: _____

Name: _____

Date of Birth: _____ Relationship to applicant: _____

Name: _____
Date of Birth: _____ Relationship to applicant: _____

Name: _____
Date of Birth: _____ Relationship to applicant: _____

Name: _____
Date of Birth: _____ Relationship to applicant: _____

Name: _____
Date of Birth: _____ Relationship to applicant: _____

SECTION II: INCOME/ASSETS

Income information: Income includes all money flowing into the household from all persons 18 years and older, plus benefits received on behalf of minor children. The full amount before any payroll deductions of wages and salaries, overtime pay, commissions, fees, tips, bonuses, and other compensation for personal services, including salaries received from a family owned business; income from operation of a business or profession; interest, dividends and other income of any kind from real or personal property; the full amount of periodic amounts received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts; payments in lieu of earnings, such as unemployment, disability compensation, worker’s compensation, and severance pay; welfare assistance; periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling; all regular pay, special pay and allowances of a members of the armed forces; recurring monetary contributions or gifts regularly received from persons not living in the unit; relocation payments; and actual income distributed from trust funds that are not revocable by or under the control of any member of the tenant family.

Gross Monthly Income	Applicant	Co-Applicant	Other Household Members	Total
Base employment income				
Overtime				
Bonuses				
Commissions				
Other				
Total all income				

Asset information: You are also required to report information about assets. Assets include such things as other real estate properties owned by members in the household, checking and savings accounts, investment accounts, vintage vehicles, money earned from the sale of items or investment accounts or assets disposed of for less than market value within the last two years, and items purchased for investment value, such as stamps, coins, firearms, paintings and other collectibles.

Household Member	Type of Asset	Value
Total all asset value		

Please attach the following supporting documentation with your submittal:

- Identification with picture of both the applicant and the co-applicant (driver’s license, passport, resident alien card, etc.)
- Last two months of paycheck stubs for each working member of the household, age 18 or older
- Last year’s income tax return (Form 1040 with W2’s)
- Proof of Social Security or other retirement income, if applicable
- Proof of child support, spousal support, or alimony, if applicable
- Proof of home ownership and a current copy of your homeowner’s insurance
- Proof property taxes are current
- Proof that mortgage payments are current

SECTION III: DECLARATIONS

1. Are there any outstanding judgments against you or liens on or against the Subject Home and property? If yes, please explain.

2. Are you presently delinquent or in default on any Federal debt; or any other loan, mortgage, financial obligation, bond or loan guarantee that may impact your ownership interest in the Subject Home and property? If yes, please explain.

3. Are you a co-signer or endorser on the note for the Subject Home and property? If no, please explain.

4. Are you a United States citizen? _____

5. Are you a permanent resident alien? If yes, please provide your identification number:

6. How do you hold title to the home (solely, jointly with spouse, jointly with another person)?

7. Are you requesting funds for a repair service or item that is eligible under your homeowner's insurance policy? _____

SECTION D: MISCELLANEOUS

The applicant is responsible for approving and accepting the contractor's work. The Town of Flower Mound accepts no responsibility for any work performed by the contractor and/or any charges, costs or expenses in excess of the cost for approved grant-eligible repairs. Any warranty of work performed under or in conjunction with this Program as well as the provision of insurance by the contractor in favor of the applicant shall be a matter solely between the contractor and the applicant and the applicant is responsible to resolve any disputes.

Eligible applicants will be selected on a first-come, first-serve basis. A person has not officially applied until the Application is complete with **all** required supporting documentation, as explained in the program guidelines.

Questions or issues should be directed to Brittni Barnett, Grants and Financial Analyst at 972-874-6040 or Brittni.Barnett@Flower-Mound.com.

SECTION E: APPLICANT CERTIFICATION

The undersigned do hereby certify that the information provided herein is complete, true, and correct to the best of my belief and knowledge and I do hereby authorize the staff of the Town of Flower Mound to verify the information to approve eligibility by whatever means necessary, including but not limited to wages, pensions, investments, and residency. I further certify that this property and the Subject Home is not being offered for sale and is my primary residence.

It is understood that this authorization is granted for the sole purpose of certifying eligibility for the Town of Flower Mound Residential Rehabilitation Program and that all information acquired in this regard will remain confidential, to the extent allowed by law.

Complaints concerning the CDBG Program should first be made to the Budget Officer at 972-874-6040. If unresolved in this manner, the complaint or appeal shall be made in writing and filed with the Town at 2121 Cross Timbers Road, Flower Mound, TX 75028. The Town will then schedule a meeting with the Executive Director of Fiscal & Administrative Services/CFO. The Executive Director of Fiscal & Administrative Services/CFO's written response will be made within fifteen (15) working days. If the applicant is not satisfied with the Executive Director of Fiscal & Administrative Services/CFO's decision, a request for an appeal may be filed with the Town Manager.

If I am not satisfied with the final decision on any appeal, within 60 calendar days from the date of the decision letter, I may appeal the process to the U. S. Department of Housing and Urban Development, Region VI, Community Planning and Development Representative, 307 W. 7th Street, Suite 1000, Fort Worth, Texas 76102, with a copy to the Town of Flower Mound.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Application Taken by:

Name/Title

Date

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 matter within its jurisdiction (Section 1001 of Title 18, United States Code).