



## Residential Rehabilitation Program Application

Date of application: \_\_\_\_\_

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

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### **Section I: Applicant Data**

Applicant (Homeowner) Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_ \_\_\_\_\_

Home Address (where rehabilitation is needed):

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Number of years you have owned the home: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Total Number of Dependents Residing in Home: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**HUD Reporting Requirements:** HUD requires that the city 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.



Co-Applicant (Homeowner) Name (if any): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



Others (specifically including dependents) 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.

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

**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
<b>Total all asset value</b>		

**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 three months of paycheck stubs for each working member of the household, age 18 or older
- Last two year’s income tax return (Form 1040 with W2’s)
- Last six three bank statements if applicable
- 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.

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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.

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

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4. Are you a United States citizen? \_\_\_\_\_

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

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

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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 City of Longview 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 Adam Bell, Community Development Specialist, at 903-237-1204 or [abell@longviewtexas.gov](mailto:abell@longviewtexas.gov)

**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 City of Longview 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 City of Longview Residential Rehabilitation Program and that all information acquired in this regard will remain confidential, to the extent allowed by law.

\_\_\_\_\_  
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).