

# HOME REPAIR PROGRAM APPLICATION



Housing and Planning Department (HPD) /  
Austin Housing Finance Corporation (AHFC)  
Mailing Address: P. O. Box 1088, Austin, Texas - 78767  
Delivery Address: 1000 E. 11<sup>th</sup> Street, Suite 200  
Phone: (512) 974-3100 ● Fax (512) 974-3161  
Email: [hpdc@ustintexas.gov](mailto:hpdc@ustintexas.gov)  
Website: [www.austintexas.gov/empower](http://www.austintexas.gov/empower)



To apply for any City of Austin AHFC/HPD Home Repair Program(s), please fill out all attached forms and gather all applicable documentation listed in the attached document checklist. Information in this application is confidential. It is used to establish eligibility for local and federal programs and is only released to persons outside of the program and funding agencies with your written permission. Feel free to contact us with any questions while completing the application. We look forward to working with you!

## Section 1 – Applicant Information

Name: _____		
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
Property Address: _____		
City: _____	State: _____	Zip: _____
Are you the: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter	Year House Was Built: _____	
Are you a: <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident		
Mailing Address (if different): _____		
City: _____	State: _____	Zip: _____
Work Phone: _____	Home Phone: _____	Cell Phone: _____
E-mail _____		
Alternate Contact Name, Phone Number and Email _____		
How did you hear about the Programs? _____		

## Section 2 – Co-Applicant Information N/A

Name: _____		
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
Home Phone: _____	Cell Phone: _____	
E-mail _____		
Are you a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident		
Alternate Contact Name, Phone Number and Email _____		

**Section 3 – Check all the Program(s) you are interested to apply**

- Home Rehabilitation Loan Program (HRLP):** This Loan Program can provide up to \$75,000 for rehabilitation and \$130,000 for reconstruction in a 0% interest, forgivable loan to assist homeowners with a major interior and exterior improvements to bring the home up to code. There are no monthly loan payments required, a lien will be placed against the home for the loan amount for up to a period of 20 years. This lien will be released when the 20-year affordability period is met.  
HRLP Program services include repairs to:  
 Foundation     Roofing     Plumbing     Electric     Heating & AC     Windows
  
- Architectural Barrier Removal Program (ABR):** This Grant program can provide up to \$15,000 grant to assist homeowners and renters with making modifications to living spaces of Elderly and Disabled Individuals so that they can live independently and safely. ABR Program services include:  
 Door Widening & Accessible Hardware     Wheel Chair Ramps & Handrails  
 Restroom Mobility- Showers, Faucets, Toilets, Grab Bars, Tub to Shower conversion  
 Buzzing or flashing devices for the visually or Hearing impaired
  
- General Obligation Bond Repair Program (GO Repair):** This Grant program can provide up to \$20,000 grant to assist homeowners with interior and exterior improvements. GO Repair Program services include repairs to:  
 Roofing     Plumbing     Electric     Heating & AC     Windows
  
- Minor Home Repair Program (MHR):** This Grant program can provide up to \$5,000 grant to assist eligible homeowners with repairs that pose an immediate threat to the health and/or safety of the occupant. (life threatening)
  
- Private Lateral Pipeline Program (P-LAT):** This Grant program is available to Austin Water homeowners, who have received the violation notice from Austin Water to repair or replace the Sewer line. P-LAT Program services include:  
 Repair/ Replacement of private lateral sewer line.

Please elaborate upon these needs below.

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## Section 4 – Household Members

List **all** persons (children and adults) living in the home, along with their gross income. By signing in Section 8, you certify, that you are the owner(s) and/or occupant(s) of the property (identified in Section 1) and that the current gross monthly and annual income of all persons living in the home has been listed below. (Attach additional page(s) if needed)

Total number of persons living in the household: \_\_\_\_\_

Name	Relationship	Age	Gross Income/Pay Period
(Applicant)	Self		
(Co-Applicant)			

## Section 5 – Mortgage Information: Complete this section for Home Rehabilitation Loan Program only.

**If a homeowner:**

Do you have a Mortgage on this property?  Yes  No      Do you have property insurance?  Yes  No

Mortgage Company \_\_\_\_\_

Do you have a Second Mortgage on this property?  Yes  No

Mortgage Company \_\_\_\_\_

**Section 6 – Landlord or Property Manager:** Only complete this section if applicant is a renter

Amount of monthly rent you pay \$ \_\_\_\_\_ Landlord or manager's name: \_\_\_\_\_

Landlord or manager's phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Landlord Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section 7 – Applicant Demographics**

**Ethnic Categories (select one):**

Hispanic or Latino       Not-Hispanic or Latino

**Racial Categories (select one):**

American Indian or Alaska Native       Asian

Black or African-American       White

Native Hawaiian or Other Pacific Islander       Asian AND White

American Indian or Alaskan Native AND White       Black or African-American AND White

American Indian or Alaskan Native AND Black or African-American

Other/Multiracial

**Other Demographics:**

Female Head of household       Disabled household member

Received City of Austin home repair assistance in the past.

Please explain: \_\_\_\_\_

## Section 8 – Applicant(s) Signatures

By signing this application you swear under penalty of perjury that the information provided is true and correct to the best of your knowledge. You understand that any omissions or discrepancies found at any time may disqualify you from the program(s) and also may require your immediate repayment of any funds spent. You authorize HPD or AHFC to contact any source to solicit and/or verify what is necessary for eligibility and to share and/ or refer you and your information to other organizations or other city departments for additional assistance and/ or to avoid duplication of services.

_____	_____
Signature of Applicant/Guardian	Date
_____	_____
Signature of Co-Applicant	Date

The City of Austin is committed to complying with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended. Reasonable modifications and equal access to communications will be provided upon request. Please call (512) 974-3100 (voice) or route through Relay Texas at 711 for assistance. The City of Austin does not discriminate on the basis of disability in providing admission, access to, treatment, or employment in its programs and activities. For complaints regarding your ADA/ Section 504 rights, please contact Dolores Gonzalez, City of Austin ADA/504 Coordinator at (512) 974-3256 or route through Relay Texas at 711.



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## Program Release

### State of Texas, County of Travis

I, \_\_\_\_\_ residing at \_\_\_\_\_, in consideration of the service and/or equipment provided in my home by the City of Austin/ Austin Housing Finance Corporation under the Architectural Barrier Removal Program, Private Lateral Program, and Homeowner Rehabilitation Loan Program knowingly and voluntarily execute this release for the purpose of and intending to release and hold harmless the Austin Housing Finance Corporation and the City of Austin from any claims arising out of the service or equipment provided.

It is my intention and I understand that I am binding myself, my heirs, executors, administrators, assigns, and successors in interest, and understanding this, so hereby expressly release and discharge the City of Austin Housing Finance Corporation, its successors, administrators, assigns and agents from any claims against the Austin Housing Finance Corporation, as well as the City of Austin, a Texas home rule city, created by or arising out of, or in any way whatsoever related to the service or equipment provided at my residence on this date. I understand that my claims, which may in the future arise out of personal injuries, injuries to the residence or damage to my property of any kind, are hereby waived.

I have read this release and understand its terms. I am entering into it voluntarily and with full knowledge and understanding of its significance and in consideration of the service or equipment provided.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-Applicant Signature

\_\_\_\_\_  
 Date



**We Do Business in Accordance With  
Federal Fair Lending Laws**

**UNDER THE FEDERAL FAIR HOUSING ACT, IT IS ILLEGAL, ON THE BASIS OF RACE,  
COLOR, NATIONAL ORIGIN, RELIGION, SEX, HANDICAP,  
OR FAMILIAL STATUS (HAVING CHILDREN UNDER THE AGE OF 18), TO:**

- Deny a loan for the purpose of purchasing, constructing, improving, repairing or maintaining a dwelling, or deny any loan secured by a dwelling; or
- Discriminate in fixing the amount, interest rate, duration, application procedures or other terms or conditions of such a loan, or in appraising property

**IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU SHOULD SEND A  
COMPLAINT TO:**

Assistant Secretary for Fair Housing and Equal Opportunity Department  
of Housing & Urban Development  
Washington, DC 20410

For processing under the Federal Fair Housing Act

And to:

Division of Compliance and Consumer Affairs  
Federal Deposit Insurance Corporation  
Washington, DC 20429-9990

For processing under FDIC regulations

**UNDER THE EQUAL CREDIT OPPORTUNITY ACT,  
IT IS ILLEGAL TO DISCRIMINATE IN ANY CREDIT TRANSACTION:**

- On the basis of race, color, national origin, religion, sex, marital status, or age,
- Because income is from public assistance, or
- Because a right was exercised under the Consumer Credit Protection Act

**IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST,  
YOU SHOULD SEND A COMPLAINT TO:**

Division of Compliance and Consumer Affairs  
Federal Deposit Insurance Corporation  
Washington, DC 20429-9990

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Applicant Signature

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Date

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Co-Applicant Signature

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Date



# VERIFICATION OF INCOME AND ASSETS For All Household Members 18+ Years Old



Household members over the age of 18 must report all income and assets. By signing below, applicant(s) certify the accuracy of provided information as of the date completed. Applicant(s) acknowledge any inaccuracy and/or misrepresentation provided herein may constitute fraud, which is punishable by law.

**WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**

### HOUSEHOLD MEMBER 1

#### Sources of Income

- Employment Income
- Self-Employment (Includes sales like Avon)
- Social Security
- Disability
- Death Benefits
- Child Support or Spousal Support/Alimony
- Unemployment, Workers Comp or Severance
- Annuity, Retirement, or Pension Payments
- Rental Income (Real or Personal Property)
- Recurring Payments from Outside Household
- Insurance Payments
- Periodic Payments from Inheritance or Trust
- Interest or Dividends from Assets
- Royalties
- Other: \_\_\_\_\_
- I currently have no sources of income**

#### Assets

- Checking Account
- Savings Account
- Certificates of Deposits (CD)
- Money Market Account
- Mutual Funds or Bonds
- Lottery Winnings
- Capital Gains
- Retirement (ex. IRA, 401K, 403B, Keogh)
- Pensions
- Annuities
- Life Insurance (with payout value if canceled)
- Victim's Restitution Insurance Settlements
- Real Estate (Other than Primary Residence)
- Inheritances
- Other: \_\_\_\_\_
- I currently have no assets**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### HOUSEHOLD MEMBER 2 N/A

#### Sources of Income

- Employment Income
- Self-Employment (Includes sales like Avon)
- Social Security
- Disability
- Death Benefits
- Child Support or Spousal Support/Alimony
- Unemployment, Workers Comp or Severance
- Annuity, Retirement, or Pension Payments
- Rental Income (Real or Personal Property)
- Recurring Payments from Outside Household
- Insurance Payments
- Periodic Payments from Inheritance or Trust
- Interest or Dividends from Assets
- Royalties
- Other: \_\_\_\_\_
- I currently have no sources of income**

#### Assets

- Checking Account
- Savings Account
- Certificates of Deposits (CD)
- Money Market Account
- Mutual Funds or Bonds
- Lottery Winnings
- Capital Gains
- Retirement (ex. IRA, 401K, 403B, Keogh)
- Pensions
- Annuities
- Life Insurance (with payout value if canceled)
- Victim's Restitution Insurance Settlements
- Real Estate (Other than Primary Residence)
- Inheritances
- Other: \_\_\_\_\_
- I currently have no assets**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





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## Document Checklist

Please gather all applicable documents listed below and submit this documentation in person, by email, fax, or mail. Feel free to contact us with any questions while gathering this documentation.

### Documents required for all the home repair programs:

- Application** (original) completed & signed  N/A
- Social Security card(s)** for applicant(s)  N/A
- Permanent Residency Card(s) (front & back)** (if applicable)  N/A
- Picture Identification** for applicant(s)  N/A  
Texas Driver's license, Texas Identification Card, or Passport
- Last 2 months' paycheck stub** (for all received by all household members 18+ years old)  N/A
- Most Recent Profit & Loss Statement (quarterly) & Tax Return** (if self-employed)  N/A
- Verification of all other income** (for all 18+ years old)  N/A
  - Social Security
  - Disability
  - Death Benefits
  - Unemployment
  - Royalties
  - Insurance Payments
  - Child Support or Spousal Support/Alimony
  - Worker's Compensation and Severance
  - Annuity, Retirement, or Pension Payments
  - Trust Income
  - Other:
- Most Recent Bank Statements (all pages)** for all accounts for all household members 18+  N/A
- Verification of Assets** (for all household members 18+ years old)  N/A
  - Certificates of Deposits (CD)
  - Money Market Account
  - Mutual Funds or Bonds
  - Lottery winnings
  - Capital gains
  - Inheritances
  - Retirement (ex. IRA, 401K, 403B, Keogh)
  - Pension  Annuity
  - Life Insurance (with payout value if canceled)
  - Victim's restitution Insurance Settlements
  - Real Estate (Other than Primary Residence)
  - Other: \_\_\_\_\_
- Utility Bill**  N/A

### Additional documentation required if you are applying for ABR Program: Grant Program

(Repair related to a disability; Applicant is not 62+ years old, please also provide one of the following)

- Medicare card    SSDI letter    Verification of Disability signed by medical practitioner (provided by org)

### Additional documentation required if you are applying for P-LAT Program: Grant Program

- Austin Water Utility Letter

### Additional documentation required if you are applying for HRLP Program: Loan Program

- Most recent 6 months of checking & 1 month savings account statement(s) (all pages for all accounts held by all 18+)
- Past 2 years of tax returns for all 18+ (or statement from IRS they were not filed by anyone not included on tax return)
- Past 2 years of W2's and/or 1099's (Whichever is applicable)
- Home Insurance Declarations Page    Most Recent Mortgage Statement