



**CITY OF MISSOURI CITY
HOUSING REHABILITATION PROGRAM APPLICATION
FOR OWNER-OCCUPIED PROPERTIES**

***As part of the U.S. Department of Housing and Urban Development's
Community Development Block Grant Program all work is free of charge to the homeowner***

The following information is being provided to assist you in completing an application to the City of Missouri City's Community Development Block Grant Rehabilitation Assistance program. The applicant must complete the attached application and fulfill all requirements.

Once the initial qualifications are met, a representative from the City's will set up an appointment to assess the repairs and improvements needed and determine the start date for the work. The applicant must be a resident of Missouri City, Texas; must own and reside fulltime in the home; must be low- to moderate-income (see Income Eligibility Sheet).

Listed below are the documents needed in order to process your application:

- Copy of Deed:** Which must show that you are the homeowner.
- Income Verification:** Pay stubs, Social Security, SSI, VA Benefits, AFDC, Retirement, Interest and/or Employment Verifications (*Your total household income must be supplied.*)
- Bank Verification:** Checking accounts, savings accounts, investment accounts.
a. Please supply your most recent monthly statement.
- Mortgage Verification:** Proof of a mortgage on your home must be supplied if your home if a deed of trust has not been issued. Verification must be furnished indicating that all mortgages payments are not in arrears. Last three (3) months Mortgage Statement.
- Homeowner Association:** Proof of a Homeowner Association Verification. All of fees must be paid up to date.
- Tax Certificate:** All of taxes must be paid up to date.
a. Verification must be furnished indicating that all taxes are currently paid.
b. If there is a CONTRACT for DEED, then you must obtain statement from the lien holder that they have no objections to the repairs.
- Copy of Insurance Policy:**
a. Current coverage on your home must be supplied.
b. Minimum coverage required is for fire only. If no insurance is currently in effect then a letter must be provided from an insurance carrier stating that once repairs have been completed they will provide coverage.



CITY OF MISSOURI CITY OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM GUIDELINES
Applicant Eligibility

To be eligible for rehabilitation assistance under this Program, an applicant must meet the following conditions:

- a. The applicant must be the owner (as defined in subsection 4.6 of these guidelines) of a single-family house located within the corporate limits of the City. A HUD-Code manufactured home or a mobile home are ineligible. Title to the property must be in the applicant's name. Title research may be used to verify this requirement.
- b. The applicant must have owned and resided in the property proposed for rehabilitation for at least 12 months prior to the date the applicant submits an application for rehabilitation assistance under this Program. The applicant must occupy the property as his or her primary residence. Acceptable proof that supports that the applicant resides in the property, includes, but is not limited to, utility bills with the applicant's name for the prior 12 months.
- c. An applicant must not be in arrears on mortgage payments. If applicable, the applicant shall provide a copy of the applicant's mortgage statement for the prior three (3) months.
- d. An applicant must not be delinquent in real estate taxes. The applicant shall provide the most current tax certificate or statement. If the applicant owes delinquent taxes and is on a payment plan with the tax assessor-collector, the applicant must provide the payment plan that shows the applicant is current on the payment plan.
- e. The applicant must not be delinquent in the payment of property owners' association assessments. The applicant shall provide the applicant's most current association statement. If the applicant is delinquent in the payment of assessments and is on a payment plan with the association, the applicant must provide the payment plan that shows that the applicant is current on the payment plan.
- f. The applicant must have sufficient insurance that would replace the property if it were destroyed by fire or other means. If the property is within a floodplain area, as identified on the Federal Emergency Management Agency's official flood plain map, the applicant must have flood insurance. The applicant shall provide a copy of the homeowners' insurance, and, if applicable, flood insurance.
- g. The applicant must be classified as low- and moderate-income pursuant to HUD Section 8 income requirements (income may not exceed 80 percent of the area median income). The applicant must submit complete and accurate documentation of the applicant's household composition and the income of all household members, age 18 and older. Income may be established in any reasonable manner, including, but not limited to, IRS tax returns, W-2 forms, employment pay stubs, social security checks, court orders for child support or spousal support, verification of employment, or bank statements.
- h. An applicant must not have received rehabilitation assistance from the City within the past five (5) years, except for emergency assistance where funding is available and subject to CDAC approval.



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Check here to report an emergency repair need (Leaking roof, failing heating system, etc.) requiring immediate assistance.

Name of Property Owner(s): _____

Property Address: _____

Property Owner Contact Information: Home Phone: _____ Cell/Other Phone: _____

Property Owner Email Address: _____

Have you received rehabilitation assistance from the City within the past five (5) years?
(Check One): Yes No

PROPERTY OWNER HOUSEHOLD INFORMATION

Complete the following chart including **all** residents of the property owner's household, including all relatives.

Name	Age	Legally Disabled (Y or N)	Race	Social Security # (Only last 4 digits)	Source of Income*	Estimated Total Gross Income Last
						\$
						\$
						\$
						\$
						\$
						\$

*Include wages, pensions, social security, unemployment, veterans benefits, child support, workers compensation, alimony, rental income, interest income, etc. for all household members 18 years of age or older. Estimate total income, verification will be required at a later date.

Demographic information is confidential and collected for reporting requirements only. The Housing Rehabilitation Program does business in accordance with the Federal Fair Housing Law and Federal Equal Credit Opportunity Act, and does not discriminate against any person because of race, color, age, religion, sex, marital status, or national origin.

Does any member of the owner(s)' household or immediate family member (spouse, parent, children or siblings) work (whether full or part time) as an employee of or serve as an elected or appointed official (whether paid or unpaid) of either the City of Missouri City, Fort Bend Habitat for Humanity or Santex Construction?
(Check one): Yes No

If yes, please indicate the household or family member name and position held:

Name: _____ Position: _____ Organization: _____

PROPERTY INFORMATION

Year this structure was built: _____

Do you have flood Insurance? Yes No

Complete the following chart for each unit in the property – one line for each unit*. (A single family home = one unit.) The total number of units listed below must match the number of units reported at the top of page 1 of this application.

# Bed- rooms in Unit	Total # of Occupants in Unit (including children)	# of Elderly (60+) Occupants in Unit	# of Children under 6 years of age in Unit	# of Children 6-18 years of age in Unit

*Income information for non-owner/rental units will be required at a later date.

REPAIRS REQUIRED

Please check on the chart below all repairs for which you are seeking assistance from the CITY OF MISSOURI CITY Housing Rehabilitation Program.

(X)	Needed Repair	(X)	Needed Repair	(X)	Needed Repair
	Septic System/Sewer Hookup		Lead or Asbestos Removal		Accessibility (Ramps, etc.)
	Plumbing Repairs		Windows		Wall/Ceiling Structural Damage
	Electrical Repairs		Roof Repairs		Porch/Steps
	Heat/Hot Water		Insulation/Energy Efficiency		Foundation/Structural
	Air Conditioning		City or Code Violations		ADA/Handicap Accommodations
	Structural Floor Damage		Other (Describe):		
	Emergency Repair is Needed				

Please summarize all repairs selected above in detail:



INELIGIBLE REPAIRS

NOT ALL YOUR DESIRED REPAIRS ARE PROGRAM ELIGIBLE. Keep in mind of the following:

- Cosmetic Improvements and Remodeling. We provide neither cosmetic nor remodeling improvements. Cosmetic improvements are defined as higher-than-standard-grade fixtures; items required only for decoration and are aesthetic in nature; replacement of carpet, vinyl or other items which are currently in good condition, etc. Remodeling is defined as improvements, renovations and redesigning or altering living or work space that is made for aesthetic reasons and/or do not improve the safety and security of the occupants, structural integrity of the unit, and/or meet Program goals and objectives.

OWNERS SIGNATURE OF CERTIFICATION OF ACCURATE INFORMATION

I/We hereby certify that all information provided is accurate to the best of my/our knowledge. I/We authorize the City of Missouri City Housing Rehabilitation Program (HRP) to verify any information relating to this application. I/We certify that I/we are in good standing with the City Tax Collector, and that this property has no outstanding water or sewer liens, nor any state, federal or local tax liens. I/We certify that any mortgages on this property are in good standing and are not in foreclosure, nor is the property affected by bankruptcy proceedings of any kind. No mortgage or promissory note secured by this property is in default. **I/We understand that falsification of any information provided to the Program may result in termination of this application.**

Please note: The U.S. Department of Housing and Urban Development Office of Inspector General (OIG) statutorily established by the IG Act of 1978 goals are prevention and detection of Waste, Fraud and Abuse in HUD's programs and promotion of efficiency and effectiveness in programs and operations. For this purpose the OIG investigates a variety of matters, including allegations of fraud involving grants and contracts and improprieties in the administration of departments' programs and operations. Anyone involved in HUD and/or HUD Programs are subject to an audit and/or investigation. Clients making false claims to receive benefits and/or clients receiving benefits from more than one agency for same claim/need can be reviewed by the OIG. Violators may be subjected to penalties under the law.

All owners on the property deed must sign and date this application below:

Owner: _____ Date: _____

Owner: _____ Date: _____

Please deliver application to: **City of Missouri City**
Development Services Department
Attn: CDBG Housing Rehabilitation Program
1522 Texas Parkway
Missouri City, TX 77489



**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
HOUSING REHABILITATION PROGRAM APPLICATION
VERIFICATION OF INCOME**

The Income Verification Form must be completed for all members of the Household over 17 years of age.

CDBG Applicant Name: _____

Instructions for Employer/Payment Source Representative: This is to certify the income received by the below named individual for purposes of participating in the CDBG program. This information will be used only to determine the eligibility status and level of benefit of the household. **Complete only the selected section below that includes an authorization to release information.**

Please return this form to:

Name & Title: **Chalisa Dixon, Grants Coordinator** Phone: (281) 403-8628
Address: 1522 Texas Parkway Missouri City, TX 77489 Fax: (281) 208-8962
Email: Chalisa.Dixon@missouricitytx.gov

Employment Income

CDBG Applicant Release: I hereby authorize the release of the following employment information.

Employee Signature: _____ Date: _____

Employer representative to complete this section:

The person named above is employed by _____ since _____.
He/she is paid \$ _____ on a _____ basis and is currently working an average of
_____ hours per _____.

Additional compensation please specify (if any): _____

Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date: _____

Name, Title: _____

Address and Phone: _____

Payments and/or Benefit Income (complete one form for each distinct source of income for person named above)

CIRCLE ONE: Social Security/SSI Pension/Retirement Workers Compensation
Public Assistance Unemployment Compensation Child Support Payments
Alimony Payments Foster Care Payments TANF
Armed Forces Income Other (pls. specify): _____

Payment source representative to complete this section:

Payments or benefits in the amount of \$_____ are paid on a _____ basis. The expected duration of the payments or benefits is _____.

Authorized Payment Source Representative Signature: _____ Date: _____

Name, Title: _____

Address and Phone: _____

**Income Verification Form must be completed or supported by a 3rd party entities. Self-Certification are not acceptable under HUD Guidelines. **

CDBG Applicant Release: I hereby authorize the release of the following payment and/or benefit information.

CDBG Applicant Signature: _____ Date: _____



**City of Missouri City
Eligible Incomes for CDBG Beneficiaries
Effective June, 2019**

Per HUD Income Guidelines please indicated Household Income Level.

Household Size	Extremely Low Income* (≤ 30% of Area Median)	Very Low Income* (30.1%-50% of Area Median)	Low Income* (50.1%-80% of Area Median)
1-person	\$16,050	\$26,750	\$42,750
2-person	\$18,350	\$30,550	\$48,850
3-person	\$21,330	\$34,350	\$54,980
4-person	\$25,750	\$38,150	\$61,050
5-person	\$30,170	\$41,250	\$65,950
6-person	\$34,590	\$44,300	\$70,850
7-person	\$39,010	\$47,350	\$75,750
8+-person	\$43,430	\$50,400	\$80,600

Income Levels: Extremely Low Low Moderate Non-Low/Moderate

Over the past couple of years, HUD has begun changing the terminology for income limits for the CDBG program to match that for the public housing programs. You will now find that often “very low income” (<30% of area median) is now called “extremely low income”; “low income” (31-50% AMI) is now called “very low income”; and “moderate income” (51-80% AMI) is now called “low income”. Both the old and new terms are used and interchanged.

Income Limit areas are based on FY 2019 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2019 Fair Market Rent documentation system.