

SINGLE-FAMILY HOME REPAIR ELIGIBILITY PROGRAMS (SFHREP) APPLICATION



The City has limited funds to repair homes. By signing below, I acknowledge that I will provide honest and accurate information on this application to allow the City to properly evaluate my household eligibility.

For assistance on completing this application:
**PLEASE CALL
832-394-6200**

You can return your application and documents by mail or drop off in person.

DROP OFF OR MAIL TO:
CITY OF HOUSTON
HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT
2100 TRAVIS STREET, 9TH FLOOR, HOUSTON, TEXAS 77002
ATTENTION: SINGLE FAMILY ELIGIBILITY PROGRAMS

					Application ID #			
Program Selection:	Home Repair Program (HRP)		Disaster Recovery 21 (DR21) Pathway:			Reimbursement:	Repairs:	
	Disaster Recovery 2024 (DR24)		Other:					
Applicant Name:			Co-Applicant Name:					
Home Address		City	State		Zip Code			

The City of Houston's Housing and Community Development Department (HCD) administers multiple Home Repair Programs that provide assistance for minor, moderate, and substantial repairs, or full reconstruction of detached single-family homes within city limits.

These programs serve low- and moderate-income households, with priority given to those that include a head or co-head of household who is employed with minor children, elderly, has a disability, or provides full-time care to a household member with a disability.

To qualify, applicants must:

- 1) Own and occupy the home as their primary residence for at least five consecutive years;
- 2) Have current property taxes or be on an approved payment plan in good standing; and
- 3) Meet income eligibility requirements.

The homeowner and all adult household members (age 18 and older), including foster children residing in the home, must provide clear copies, not originals of the required documents listed below with the completed application.

- ☐ Copy of valid State of Texas Driver's license, passport, or valid non-driver picture identification card with current address
- ☐ Proof of legal status or citizenship ([birth certificate](#), [passport](#), [voter's registration card](#))
- ☐ Birth Certificate, legal documentation of adoption or guardianship ([all household members 17 years or younger](#))
- ☐ Proof of ownership ([recorded warranty deed](#) or [Affidavit of Heirship](#), [divorce decree](#), or [death certificate](#))
- ☐ Proof of principal residency ([homestead exemption](#) or [utility bill](#) if [homestead removed](#); [home not habitable](#))
- ☐ All bank and credit union accounts, a copy of last three (3) month's statements ([all pages, including blanks](#))
- ☐ All savings accounts, a copy of the most current months' statement ([all pages, including blanks](#))

If You Have Any of the Following, Please Provide:

- ☐ Employment income: Last three (3) consecutive months of paycheck stubs
- ☐ Social Security or SSI benefits: Current-year benefit award letters (including benefits received on behalf of minors)
- ☐ Unemployment benefits: Current unemployment statement
- ☐ If unemployed: Texas Workforce Commission Earnings Verification statement
- ☐ Retirement or investment income: Most recent annuity, 401(k), IRA, or CD statement
- ☐ Self-employment income: Past two (2) years of income tax returns (all pages, including Schedules C, E, or F) and profit and loss statements for the last three (3) years
- ☐ Child support: Court-ordered documents, or verification from the Attorney General's Child Support Division for non-court-ordered support (if the household includes children under 18)
- ☐ Mortgage or home equity loan: Most recent mortgage statement
- ☐ Homeowners insurance: Current declarations page for hazard, flood, and wind coverage
- ☐ Rental income: Most recent tax return, including Schedule E
- ☐ If taxes are not current and you are on a tax payment plan, proof of an approved plan in good standing
- ☐ If you are a full-time student, a letter from the institution's Registrar's office ([family members 18 or older](#))

NOTE: Homeowners approved for assistance will have a lien and affordability period placed on the repaired home. Affordability periods can extend up to 10 years and vary across specific programs.

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APPLICANT (Head of Household)									
Name:									
Address:					City:		State:		Zip:
Home Phone:				Cell:				Email:	
<i>Below please check the applicable box(es) that best describes your Race and Ethnicity. This information is required; it is being collected to comply with Federal Fair Housing and Equal Opportunity regulations.</i>									
Race of Head of Household									
American Indian/Alaska Native & Black African American					Black or African American				
American Indian/Alaska Native & White					Native Hawaiian or Other Pacific Islander				
Asian					White				
Asian & White					Other				
Black									
Ethnicity of Head of Household (Must Select One)									
Hispanic – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race					Non-Hispanic – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race				

CO-APPLICANT INFORMATION					
Name:				Sex:	
Home Phone:		Cell:		Email:	

Communication Designee (If Applicable)				If you assign a Communication Designee or Alternative Contacts, complete a Communication Designee Form for each designee/alternative contact.			
First Name:		Middle Name:		Last Name:			
Current Address		City:		State:		Zip:	
Home Phone:		Daytime Phone:		Cell Phone:			
Email Address:							
Relationship to Applicant:		Spouse		Parent		Child	
						Other	

What Type Of Repairs Are You Requesting? (Check all that apply)	
Air Conditioning / Heat	Roofing
Electrical	Sheet Rock/Flooring
Foundation Repair	Window/Siding
Plumbing	Other

I'm seeking Reimbursement for the following (Check all that apply)	
Air Conditioning / Heat	Roofing
Electrical	Sheet Rock/Flooring
Foundation Repair	Window/Siding
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ELIGIBILITY INFORMATION			
1.	Is the above listed single-family dwelling your PRIMARY residence?	Yes	No
2.	Are you the RECORDED owner or surviving spouse of the above listed single-family dwelling?	Yes	No
	a. <u>If No</u> , are you an heir in process of obtaining legal ownership?	Yes	No
3.	Are the property taxes for the above listed single-family dwelling current?	Yes	No
	a. <u>If No</u> , are they deferred? Yes No b. <u>If No</u> , are you on a payment plan? Yes No		
4.	Do you own any other property(s)?	Yes	No
	a. <u>If Yes</u> , is the property(s) rented? Yes No b. <u>If Yes</u> , what is the monthly rental income:		
5.	Do you live in a subdivision or community with an HOA or Civic Club?	Yes	No
	a. <u>If Yes</u> , please state the name of the association or club:		
6.	Have you and/or your property received any assistance from programs funded by the City-Housing and Community Development Department in the past 10 years?	Yes	No

HOUSEHOLD COMPOSITION									
Legal Name	Relationship to the Applicant	Marital Status	ADA Modification Needed	Race	Gender	U.S. Citizen	Date of Birth	Veteran	Disability
Are any of the household members listed above foster children?				No	Yes	Who?			
Are any of the household members listed above a live-in attendant?				No	Yes	Who?			

DECLARATIONS				
If you answer "Yes" to any questions 1-5, please explain below.	Applicant		Co-Applicant	
1. Currently making payments under a Chapter 13 bankruptcy?	Yes	No	Yes	No
2. In the process of filing for bankruptcy?	Yes	No	Yes	No
3. Have a mortgage, home equity loan, or reverse mortgage?	Yes	No	Yes	No
4. Sold or transferred assets worth over \$1,000 for less than fair market value in the past two years?	Yes	No	Yes	No
5. Have any active citations or liens from the City for property code violations?	Yes	No	Yes	No

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PENALTY FOR FALSE OR FRAUDULENT STATEMENT

I/We understand that the information provided will be used to determine eligibility for the Home Repair Program and certify that all statements are true and accurate. I/We acknowledge that providing false or misleading information may result in denial of assistance. I/We authorize the City of Houston Housing and Community Development Department and its representatives to verify all information provided. I/We understand that submitting this application does not guarantee approval or obligate the City to provide assistance.

APPLICANT(S) CERTIFICATION

I/We understand the information provided is to be used to determine if I/We are eligible to receive assistance under the Home Repair Program. I/We certify that all information provided herein is true and correct. I/We understand that by providing a false or fraudulent statement or information is grounds for denial of housing assistance. I/We authorize the City of Houston Housing and Community Development Department and any of its duly authorized representatives to verify all information I/We provided on this application. I/We understand that completing this application does not guarantee or obligates the City to provide home repair assistance.

Applicant Signature

Date

Co-Applicant Signature

Date