



City of Irving

HOMEHelper

**Housing and Human Services Department
Emergency Repair Program Application**

2520 W Irving Blvd, Suite 300
Irving, TX 75061
972.721.4800

Office Use

Received: _____

IDIS Input: _____

Client # _____

Applicant Information

Please complete the application COMPLETELY and ACCURATELY. Failure to provide complete and accurate information may result in denial of assistance. Only complete applications will be accepted.

Applicant Name <i>(include Jr. or Sr. if applicable)</i>

Co-Applicant Name <i>(include Jr. or Sr. if applicable)</i>

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Home Phone

Home Phone

Alternate Phone

Alternate Phone

Email Address

Email Address

Number of Dependents

Number of Dependents

Present Address
<i>Street</i> <i>City, State, Zip</i> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> Own # Years </div> <div style="margin-top: 10px;"> Rent </div>



Housing Conditions

To qualify for emergency assistance, the issue must have occurred within two weeks and is detrimental to health or safety.

What is the nature of your emergency?

When did the emergency occur?

Has your insurance company been contacted?	Yes	No
--	-----	----

Were you provided a denial letter from the insurance company?	Yes	No
---	-----	----

What type of home do you have?	One Story	Two Story	Mobile Home
--------------------------------	--------------	--------------	----------------

Plumbing

How many bathrooms?	1	2	3	4
---------------------	---	---	---	---

Sewer back up or not draining properly?	Yes	No
---	-----	----

Is the toilet installed safe and properly?	Yes	No
--	-----	----

Is the hot water heater working?	Yes	No
----------------------------------	-----	----

Is the bathtub usable?	Yes	No
------------------------	-----	----

Do you have a gas leak?	Yes	No
-------------------------	-----	----

Is the gas on?	Yes	No
----------------	-----	----

Electrical

Does your home have electrical power?	Yes	No
---------------------------------------	-----	----

Did the electric company cut service off?	Yes	No
---	-----	----

<i>Reason</i>

Has a storm or weather caused power loss to the house?	Yes	No
--	-----	----

Are breakers tripping or fuses blowing?	Yes	No
---	-----	----

<i>Location</i>

Are the lights not working?	Yes	No
-----------------------------	-----	----

<i>What rooms?</i>

Do you have exposed electrical wires?	Yes	No
---------------------------------------	-----	----

<i>Location</i>

Housing Conditions

Heating and Air Conditioning

Do you have central heat and air?	Yes	No
-----------------------------------	-----	----

Is your furnace working?	Yes	No
--------------------------	-----	----

Can the windows open if the air conditioning is not working?	Yes	No
--	-----	----

Are there screens on the windows?	Yes	No
-----------------------------------	-----	----

Structure

What type of foundation do you have?	Pier and Beam	Slab	Mobile Home
--------------------------------------	---------------	------	-------------

Has a storm or weather caused structural problems?	Yes	No
--	-----	----

Do you have trees down?	Yes	No
-------------------------	-----	----

Are doors opening and closing properly?	Yes	No
---	-----	----

Are windows opening and closing properly?	Yes	No
---	-----	----

Do you have holes in the floor?	Yes	No
---------------------------------	-----	----

Location

Do you need a ramp due to recent Handicapped Accessibility concerns?	Yes	No
--	-----	----

Do you need other Handicapped Accessibility items?	Yes	No
--	-----	----

Date of disability

Needs:

Please provide any additional information or describe any other needs

General Information

To be eligible for assistance, you must meet the following criteria:

You must reside in the property needing repair

You must reside in Irving

You must be a permanent legal resident or US citizen

You must meet the HUD family income limits shown below

Family Size	Maximum Income
1	\$ 37,850
2	\$ 43,300
3	\$ 48,700
4	\$ 54,100
5	\$ 58,450
6	\$ 62,750
7	\$ 67,100
8	\$ 71,400

To be considered, your application must contain all supporting documentation at the time of submittal:

Last two paycheck stubs for each working member of the household, age 15 or older

Verification of any other sources of income for all family members (Social Security, SSI, Medicaid, Child Support, Alimony, retirement, etc.)

Identification with picture for both the borrower and the co-borrower (Driver's License, Passport, Resident Alien Card, etc)

Proof of Citizenship/legal residency for every member of the household (copies of birth certificates, alien cards, Social Security cards, passports)

Last two complete bank statements (checking and savings account information)

Divorce decree, if applicable

Deed and title information (copies of deed, release of lien)

Employment Information

Applicant

Employer Name

Employer Address
Street
City, State, Zip
Yes Self Employed?
No

Employer Phone

Employer Fax

Employer Email Address, if available

How long have you worked at your present job?

Position/Title

Type of Business

Gross Monthly Income

Co-Applicant

Employer Name

Employer Address
Street
City, State, Zip
Yes Self Employed?
No

Employer Phone

Employer Fax

Employer Email Address, if available

How long have you worked at your present job?

Position/Title

Type of Business

Gross Monthly Income

Combined Monthly Income

List all money earned by each person 15 years or older, living in the household. This includes money from employment, child support, Social Security, disability payment (SSI), Worker's Compensation, retirement benefits, AFDC, cash welfare benefits, Veteran's benefits, rental property income, stock

Gross Monthly Income	Applicant	Co-Applicant	Other Household Members	Total
Base Employment Income				
Overtime				
Bonuses				
Commissions				
Child Support/Alimony				
Social Security Benefits				
Other				
Total				

Assets

Does any member of the household have any of the following:

(Mark if applicable)

- Checking Account
- Savings
- Real Estate
- Stocks
- Certificates of Deposit
- Trusts
- Retirement Accounts

Banking Institution	Type of Account	Account Number	Current Balance

Combined Housing Debt

Type	Amount
Mortgage	
Property Taxes	
Property Insurance	
Mortgage Insurance	
Total	

Declarations

Do you occupy the property as your primary residence?	Yes	No	
Have you refinanced in the last year?	Yes	No	
Are there any outstanding judgments against you?	Yes	No	
Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	Yes	No	
Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	Yes	No	
Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?	Yes	No	
Are you obligated to pay alimony, child support, or separate maintenance?	Yes	No	
Are you a co-signer or endorser on a note?	Yes	No	
Are you a US citizen?	Yes	No	
Are you a permanent resident alien?	Yes	No	
How do you hold title to the home?	Solely	Jointly With Spouse	Jointly With Another Person

Household Composition

List Everyone who is living in the house

Legal Name	Sex (M/F)	Date of Birth	Age	Social Security Number	Relationship to Applicants

Referral

How did you hear about our program?

- ICTN
- Mail
- Newspaper Ad
- Local Business
- Neighbor/Friend
- Other (please specify)
- Code Enforcement
- City Recreation Center
- City Spectrum
- City Library
- City Website

Demographics

Race	White	American Indian/Native Alaskan
	Black/African American	Native Hawaiian/Other
	Asian	
Multi-Race	American Indian/Alaskan Native & White Asian & White Black/African American & White American Indian/Alaskan Native & Black/African American Asian & Black/African American	
Ethnicity	Hispanic/Latino Not Hispanic/Latino	
Elderly (62+)	Yes	Disabled
	No	Yes
		No

Certification

Applicant Certification:

The applicant certifies that all information given and furnished in this application is given for the purpose of obtaining a grant. The applicant also certified that all information is true and complete to the best of the applicant's knowledge. The applicant additionally certifies that he/she is the owner-occupant of the property to be repaired and that the property is his/her principal residence.

Penalty for False or Fraudulent Statement:

USC Title 18, Part I, Chapter 47, Sec. 1001, provides that: "...whoever, in any matter within the jurisdiction of any department or agency of the Government of the United States, knowingly and willfully falsifies...or makes any fictitious or fraudulent statements or representation, or makes or uses a false writing or document knowing he same to contain false, fictitious, or fraudulent statement or entry, shall be fined under this title, imprisoned not more than five years..."

Applicant's Signature

Date

Co-Applicant's Signature

Date