



**City of Irving**  
**HOMEHelper**

**Housing and Human Services Department  
Home Restoration 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
<p><i>Street</i></p>  <p><i>City, State, Zip</i></p>  <p style="text-align: center;">Own                      # Years</p> <p>Rent</p>

In addition to submitting a completed application form and all requested documentation, you must attend a home maintenance/orientation class as part of the application process. Classes are held the in our office, from 6-7:30pm. Please call 972.721.4800 to register and to inquire about class dates.



## 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 current on all property taxes

You must possess Homeowner's Insurance

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)

**The remaining information must be submitted within 10 days of application:**

Last two year's tax returns for every working member of the household age 15 or older (provide last three years if self employed)

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

Divorce decree, if applicable

Mortgage information (copies of payment coupons, mortgage letters, etc.)

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

# Employment Information

## Applicant

Employer Name

Employer Address
<i>Street</i>
<i>City, State, Zip</i>
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
<i>Street</i>
<i>City, State, Zip</i>
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 dividends, income from bank accounts, alimony, and any other sources.

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

### 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	
<b>Total</b>	

# Declarations

Do you occupy the property as your primary residence?	Yes	No	
Are you current on all property taxes?	Yes	No	
Have you refinanced in the last year?	Yes	No	
Are there any outstanding judgments against you?	Yes	No	
Have you declared bankruptcy in the last 7 years?	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	
Have you had a property interest in this property for the last three years?	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                   | Code Enforcement       |
| Mail                   | City Recreation Center |
| Newspaper Ad           | <i>City Spectrum</i>   |
| Local Business         | City Library           |
| Neighbor/Friend        | City Website           |
| Other (please specify) |                        |

# Demographics

Race	White Black/African American Asian	American Indian/Native Alaskan Native Hawaiian/Other
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 No	Disabled Yes No

## Borrower's Certification

The Undersigned certify the following:

I/We are applying for a loan from the City of Irving. In applying for the loan, I/We completed this loan application containing various information concerning the purpose of the loan, employment and income information, and the assets and liabilities of the household. I/We certify that all of the information is true and complete. I/We make no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.

I/We understand and agree that the City of Irving reserves the right to change the loan review processes to a full documentation program. This may include verifying the information provided on the application with the employers, financial institutions, and mortgage holders.

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan, as applicable under the provisions of United States Code, Section 1001, Part I, Chapter 47, Sec. 1001, which 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 that five years..."

---

Applicant's Signature

---

Date

---

Co-Applicant's Signature

---

Date

## Authorization to Release Information

To Whom It May Concern:

I/We have applied for loan from the City of Irving. As part of the application process, the City of Irving and the guaranty insurer (if any), may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

I/We authorize any pertinent third parties to provide to the City of Irving any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns.

The City of Irving may address any questions concerning documentation to the applicable third party.

---

Applicant's Signature

---

Date

---

Co-Applicant's Signature

---

Date

**Credit Report Authorization and Privacy Disclosure Form**

I hereby authorize and instruct the City of Irving to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by the City of Irving. I understand and agree that the City of Irving intends to use the credit report for the purpose of evaluating my financial readiness to obtain a Home Restoration Loan.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to the City of Irving in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

Authorize

Do Not Authorize

The City of Irving to share with potential mortgage lenders and/or counseling agencies my report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying the City of Irving in writing.

\_\_\_\_\_

Client's Name (Print)

\_\_\_\_\_

Client's Signature

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date

\_\_\_\_\_

Client's Name (Print)

\_\_\_\_\_

Client's Signature

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date