

**Application Cover Sheet**

<b>Applicant Name</b>	
<b>Applicant Address</b>	
<b>Date of Application</b>	

Thank you for applying to the City of Irving’s Emergency Repair Program. To qualify for emergency assistance, the issue must have occurred within two weeks and is detrimental to health or safety. This program is unable to assist with repairs covered under your current homeowner’s insurance policy. To be considered, your household must meet the income guidelines below, and your application must contain all supporting documentation at the time of submittal. Upon submittal, you may be asked to provide additional/clarifying information.

<b>Family Size</b>	<b>Maximum Household Income</b>	<b>Family Size</b>	<b>Maximum Household Income</b>
<b>1</b>	\$46,550	<b>5</b>	\$71,850
<b>2</b>	\$53,200	<b>6</b>	\$77,150
<b>3</b>	\$59,850	<b>7</b>	\$82,500
<b>4</b>	\$66,500	<b>8</b>	\$87,800

At minimum, your application must include:

- Completed Application Form with required signatures
- Valid identification with picture for both the applicant and the co-applicant (Driver’s License, Passport, Resident Alien Card, etc.)
- Proof of Citizenship/Legal Residency for every member of the household (Social Security Cards, Alien cards, Passports)
- Copies of birth certificates for all children under the age of 18 who do not have a valid picture ID
- Copy of last three month’s paycheck stubs for all working member of the household, aged 18 or older
- Verification of any other sources of income for all household members-12 month payment history (Social Security, SSI, Self-Employment, Child Support, Alimony, retirement, rental income, unemployment benefits, etc.)
- Complete copies of your most recent bank statements (six consecutive months of all household checking accounts and two consecutive months of all household savings accounts – all pages)
- Last two years of tax returns, including all attachments, for every working member of the household 18 or older (provide last three years if self-employed)
- Divorce Decree, if applicable
- Copy of Deed of Trust or Release of Lien
- Copy of most recent mortgage statement
- Proof of paid property taxes
- Copy of current Homeowner’s Insurance Declaration Page

<b>Office Use</b>	
<b>Received</b>	



**Applicant Information**

Please submit an application that is COMPLETE and ACCURATE. Failure to provide complete and accurate information may result in denial of assistance. Only complete applications will be accepted.

<b>Applicant Name</b> <i>(Include Jr. or Sr. if applicable)</i>
<b>Social Security Number</b>
<b>Date of Birth</b>
<b>Primary Phone</b>
<b>Alternate Phone</b>
<b>Email Address</b>
<b>Number of Dependents</b>

<b>Co-Applicant Name</b> <i>(Include Jr. or Sr. if Applicable)</i>
<b>Social Security Number</b>
<b>Date of Birth</b>
<b>Primary Phone</b>
<b>Alternate Phone</b>
<b>Email Address</b>
<b>Number of Dependents</b>

Present Address			
<b>Street Address</b>			
<b>City, State</b>		<b>Zip Code</b>	
<input type="checkbox"/> <b>Own?</b>	<b>Number of Years You Have Owned Your Home</b>		
<input type="checkbox"/> <b>Own Solely?</b>	<input type="checkbox"/> <b>Own Jointly?</b>		
<input type="checkbox"/> <b>Rent?</b>	<b>Number of Years You Have Lived in the Home</b>		
<input type="checkbox"/> <b>Mobile Home?</b>	<input type="checkbox"/> <b>One Story?</b>	<input type="checkbox"/> <b>Two Story?</b>	

Please Explain the nature of the emergency			
<b>When did the emergency occur?</b>		<b>Has your insurance company been contacted?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Were you provided a denial letter from the insurance company? If so, please provide a copy of your denial letter</b>		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

### General Information/ Declarations

To be eligible for assistance, you must meet certain criteria. By checking these boxes, you are declaring that you meet these criteria. In some cases, additional information/documentation may be required for eligibility determination.

- The property is your primary residence.
- You have owned and have resided in the property needing repair for at least three consecutive years, and that property is located within the City of Irving.
- You are current on all property taxes.
- The applicant and co-applicant are permanent legal residents or U.S. citizens.
- Your household meets the HUD family gross income limits shown on the prior page
- You have not refinanced in the last year.
- There are no outstanding judgements against you.
- You have not had property foreclosed upon or given title or deed in lieu thereof in the last seven years.
- You have not directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgement.
- You are not presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee. If you have, please provide documentation regarding the delinquency.
- You are not obligated to pay alimony, child support, or separate maintenance. If you are obligated to make these payments, please provide documentation.
- You are not a co-signer or endorser on a note.
- You are not an owner or co-owner on any property other than your primary residence. If you own other property, please provide a copy of the Deed of Trust for that property.
- You do not have a lien, other than mortgage, on the property. If you do, please provide a copy of the deed or contract.

**Employment Information**

Applicant
<input type="checkbox"/> Self-Employed?
<input type="checkbox"/> Retired?
<input type="checkbox"/> Unemployed?
Employer Business Name
Type of Business
Position/Title
Employer Street Address
Employer City, State, Zip Code
Employer Phone
Employer Fax
Email Address, if Available
How long have you worked at your present job?

Co-Applicant
<input type="checkbox"/> Self-Employed?
<input type="checkbox"/> Retired?
<input type="checkbox"/> Unemployed?
Employer Business Name
Type of Business
Position/Title
Employer Street Address
Employer City, State, Zip Code
Employer Phone
Employer Fax
Email Address, if Available
How long have you worked at your present job?

If unemployed, please explain any sources of income received.

**Combined Monthly Income**

List all money earned by each person aged 18 or older who is living in the household. This includes money from employment, child support, Social Security, disability payment (SSI or SSDI), Workers' Compensation, retirement benefits, Veteran's benefits, rental property income, stock dividends, income from financial investments, alimony, and any income from other sources.

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

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

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

Banking Institution	Type of Account	Account Number	Current Balance

Combined Monthly Housing Debt	
Mortgage	
Property Taxes	
Property Insurance	
Mortgage Insurance	
<b>Total</b>	

**Household Composition**

List everyone who is living in the house, including applicant and co-applicant.

Legal Name	Sex	Date of Birth	Age	Social Security Number	Relationship to Applicant(s)

**Referral**

How did you hear about our program?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ICTN                    | <input type="checkbox"/> Local Business   | <input type="checkbox"/> City Recreation Center |
| <input type="checkbox"/> Mail                    | <input type="checkbox"/> Neighbor/Friend  | <input type="checkbox"/> City Spectrum          |
| <input type="checkbox"/> Newspaper Ad            | <input type="checkbox"/> Code Enforcement | <input type="checkbox"/> City Library           |
| <input type="checkbox"/> Other (Please Specify): | <input type="checkbox"/> City Website     | <input type="checkbox"/> Special Event:         |

**Race** (Please select the most appropriate racial category for the Applicant)

- |   |   |
|---|---|
| <input type="checkbox"/> White  | <input type="checkbox"/> African American/Black           |
| <input type="checkbox"/> American Indian/Native Alaskan                                     | <input type="checkbox"/> Asian                            |
| <input type="checkbox"/> American Indian/Alaska Native and White                            | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> African American/Black and White                                   | <input type="checkbox"/> Asian and African American/Black |
| <input type="checkbox"/> American Indian/Alaska Native and African American/Black           |   |
| <input type="checkbox"/> Native Hawaiian and African American/Black                         | <input type="checkbox"/> More than 2 Races                |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander and White                         | <input type="checkbox"/> Asian and White                  |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander and American Indian/Alaska Native |   |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander and Asian                         |   |

**Other Demographics** (Please check those that apply)

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> Elderly? (62+) | <input type="checkbox"/> Disabled? | <input type="checkbox"/> Hispanic/Latino? |
|---|------------------------------------|---|

**Housing Conditions**

**Plumbing**

<b>How many bathrooms?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4+
<b>Is the sewer backed up or not draining properly?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Is the toilet installed safe and properly?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Is the hot water heater working?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Is at least one bathtub usable?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Do you have a gas leak?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Is the gas on?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Please describe any other plumbing issues.</b>				

**Electrical**

<b>Does your home have electrical power?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Did the electric company cut your service off? <i>If yes, please provide the reason below</i></b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Has a storm or weather caused power loss to the house?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are the breakers tripping or fuses blowing? <i>If yes, please provide location information below.</i></b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are the lights not working? <i>If they are not working, please provide information about which rooms are affected.</i></b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you have exposed electrical wires? <i>If yes, please provide location information below.</i></b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Please describe any other electrical issues.</b>		



**Heating and Air Conditioning (HVAC)**

Do you have central heat and air?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your furnace working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the windows open if the air conditioning is not working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there screens on the windows?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe any other HVAC issues.		

**Structure**

What type of foundation do you have?	<input type="checkbox"/> Pier and Beam	<input type="checkbox"/> Slab	<input type="checkbox"/> Mobile Home
Has a storm or weather caused structural problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have trees down?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the doors opening and closing properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have holes in the floor? <i>If yes, please provide location information below.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you need a ramp due to a recent Handicapped Accessibility concern?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you need other Handicapped Accessibility items? <i>If so, please provide the information below.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of disability		Needs	
Please describe any other structure issues			

Please provide any additional information or describe any other needs





**Applicant's Certification**

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The undersigned certify the following:

The applicant certifies that all information given and furnished in this application is given for the purpose of obtaining a grant. The applicant also certifies 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.

The applicant fully understands 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, 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 the 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