



CITY OF ARLINGTON HOUSING

EMERGENCY REPAIR GRANT APPLICATION



The Emergency Repair Program uses Community Development Block Grant (CDBG) funds to provide grants to lower income homeowners requiring repairs for hazardous or life-threatening emergencies in their homes. It affords eligible homeowners a one-time grant up to \$5,000 per three-year period and is based on available funding.

Definition of an Emergency: An emergency is a situation or condition that occurred recently (generally within the last two weeks) without warning, that is detrimental to or a threat to life, health, or safety, and requires immediate action (i.e., three business days). Emergency grants may include, but are not limited to items such as HVAC, electrical, plumbing or gas leaks.

Emergency applications are given priority in the scheduling of property inspections to verify that the problem(s) comply with program guidelines. However, eligibility must be verified by City staff prior to any work and repairs. Please contact 817-276-6707 to schedule an appointment to determine eligibility.

Homeowner's requirements:

- Must be a current Arlington homeowner residing within the city limits of Arlington, Texas
- Must meet the US Department of Housing and Urban Development's (HUD) definition of low income based on verified gross household income and based household size
- Must own and occupy the property
- Must be current on property taxes
- Must have standard homeowner's insurance and/or flood insurance, if applicable
- Must certify that the property is not being offered for sale and is the primary residence of applicant
- Homes must have the market value as listed in the Tarrant Appraisal District (TAD) website of less than the annual FHA 203(b) limit

Date of Application
(Office Stamp Only)

Definition of Low-income: - "Low-income Household" shall mean that all the persons in the household whose total income does not exceed 80% of the area median income, adjusted for household size, as established by HUD.

Household Calculations: The HUD definition of annual income is the gross amount of income of all adult household members that is *anticipated to be received during the coming 12-month period*. Income of all household members aged 18 and over, unless a full-time student, will be included in the household income determination. This includes fulltime and part-time wages, self-employment wages, TANF, alimony, Social Security benefits, pensions, child-support and regular monetary gifts from family, friends, church, or social agency. Money earned from providing services, and interest from bank accounts or investments must be disclosed.

City Verification Procedures: City staff will verify homeownership, current property taxes, and all income through homeowner certification and/or a third-party source. Applicants must authorize the City staff to verify the information provided by any means necessary to determine program eligibility. Applicants will be required to certify that the information provided is true and will be subject to federal prosecution for knowingly making false statements.

Homeowners Income Requirements: The following information is required in order to complete the application for the City of Arlington Emergency Repair Grant:

✓	Valid Photo ID	Copies of Driver's License, passport, INS Card or Official ID.
	Social Security Cards	Copies of cards for every household member.
	Employment (of all in household over 18)	Most current paycheck stubs, last current (6).
	Business	Net income from business.
	All Accounts – Checking, Savings, IRA's, Stock and Bonds Certificates, etc.	Last (6) month's statements for each account, all pages. Copies of documents.
	Income Tax	Copies of last year's income tax with W-2.
	Documents or Award Letters	Social Security/SSI, Unemployment Benefits, and SNAP.
	Records of Assets	Child Support, Retirement, Pensions, 401(k), Stocks, etc.
	Own Rental or Additional Properties	Copy of rental contract and property information.
	Gifts or Contributions	Financial help from family members, church, organization, etc.
	Property Taxes	Current receipt and/or payment agreement.
	Utility Statement	Current utility bill or statement for gas, water, electricity, etc.

THE FOLLOWING INFORMATION IS GATHERED TO COMPLY WITH FEDERAL STANDARDS

<input type="checkbox"/> White	<input type="checkbox"/> Native American or Native Alaskan	<input type="checkbox"/> Native Hawaiian or Pacific Islander and White	Household Race – Race and Ethnicity of Head of Household. The information is being collected to assure compliance with fair housing and equal opportunity rules.
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American or Alaska Native and White	<input type="checkbox"/> Native Hawaiian or Pacific Islander and Black/African American	
<input type="checkbox"/> Black/African American and White	<input type="checkbox"/> Native American or Alaska Native and Black/African American	<input type="checkbox"/> Other-Multi-Racial <input type="checkbox"/> US Veteran	
<input type="checkbox"/> Asian <input type="checkbox"/> Asian and White	<input type="checkbox"/> Native Hawaiian or Pacific Islander	ETHNICITY: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	

APPLICANT INFORMATION

Head of Household's Name:	Date of Birth:	Age	Male <input type="checkbox"/> Female <input type="checkbox"/>	Physically Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse's Name:	Date of Birth:	Age	Male <input type="checkbox"/> Female <input type="checkbox"/>	Physically Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address: (Number) (Street)			(City, State, Zip Code)	
Phone Number:			Alternate Phone Number or Cell Phone:	
Email Address:				
Head of Household's Social Security Number:			Spouse's Social Security Number:	
Marital Status of Head of Household: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (widowed, single, or divorced) <input type="checkbox"/> Married but separated			Relation to Head of Household? <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Mother/Father <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Other	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name, Address and Phone Number of Employer:			Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name, Address, Phone Number of Employer:	
Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No Years Retired: _____			Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No Years Retired: _____	

HOUSEHOLD COMPOSITION (LIST EVERYONE LIVING IN THE HOUSE, EXCLUDING HEAD OF HOUSEHOLD AND SPOUSE)

Legal Name	Sex (M/F)	Date of Birth	Age	Social Security Number	Relation to Applicant	Disabled
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

ANNUAL INCOME (PLEASE USE SEPARATE SHEET OF PAPER TO LIST ADDITIONAL PEOPLE WITH INCOME)

Income	Head of Household	Spouse	Other Household Member 18 years or older	Other Household Member 18 years or older	Other Household Member 18 years or older	Total
Salary including OT & bonuses						
Social Security/SSI						
Retirement/Pension						
Child Support/Alimony						
Net Income from Business						
Net Rental Income						
Commissions/Tips						
Unemployment Benefits						
Workers Compensation, etc.						
TANF						
Interest and/or Dividend						
Other						

ASSETS (PROVIDE COPIES OF EACH AND EVERY ACCOUNT FOR THE PREVIOUS 6 MONTHS FOR EVERYONE IN HOUSEHOLD)

	Account Name	Account Number	Cash Value	Annual Income from Assets
Checking Account(s)				
Savings Account(s)				
Credit Union Account(s)				
Stocks				
Life Insurance				
401(k)/Retirement Savings				
Other				

HOUSEHOLD EXPENSES

Mortgage Name, address, phone number:		Monthly Mortgage Payment:	Balance Owed:
Are you current on your mortgage? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you received a Home Equity Loan or Reverse Mortgage within the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are property taxes and hazard insurance premiums included in your mortgage payment: Yes <input type="checkbox"/> No <input type="checkbox"/>		If taxes are not included, list amounts below: Property Taxes: Hazard Insurance:	
List Monthly Utilities:	Water:	Electric:	Gas:
			Home/Cell Phone:
Car Payment:	Monthly Credit Cards:	Loans:	All Other Household Expenses:

REPAIRS NEEDED (BRIEF DESCRIPTION OF REPAIRS NEEDED)**IMPORTANT: Date of Emergency/Occurrence** / / 20____**CERTIFICATION OF RESIDENCE**I certify that my home is **NOT** offered for sale: Yes ☐ No ☐I certify that the address listed on this application is my primary residence/homestead, as indicated per the Tarrant Appraisal District (TAD) website: Yes ☐ No ☐**SIGNATURES**

Signature		Signature	
Name		Name	
Date		Date	
Signature of City of Arlington Housing Authority Staff:		Date Received:	

PROGRAM INFORMATION

How did you hear about our program? _____

The applicant certifies that all information furnished in this application is given for the purpose of obtaining home repair assistance. The applicant also certifies that all information is true and complete to the best of the applicant's knowledge and belief. The applicant authorizes the City of Arlington and its designated agents to contact any source to solicit and/or verify information necessary for any eligibility determination for the purpose of the Housing Rehabilitation Program. The applicant certifies that he/she is the owner-occupant of the property to be repaired and that the property is his/her principal residence. I understand that any discrepancy or omission in the information I have provided may disqualify me from participation in the Housing Rehabilitation Program. If such discrepancies or omissions are discovered after any loan is approved or granted to me, I understand that any outstanding loan/grant balance may immediately become due and payable.

Please contact Housing Rehabilitation at 817-276-6707
to schedule an appointment to determine eligibility.

WARNING: It is a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matters within its jurisdiction (Section 1001 of Title 18, U.S. Code).