

#### **REPAIR AFFAIR PROGRAM**

# Volunteer Assistance for Elderly or Disabled Homeowners in Balch Springs, TX Provides minor exterior housing repairs or yard maintenance

## U.S. Department of Housing and Urban Development 2019 INCOME LIMITS Dallas Metropolitan Statistical Area

Person	Income Limits
1	\$46,550
2	\$53,200
3	\$59,850
4	\$66,500
5	\$71,850
6	\$77,150
7	\$82,500
8	\$88,800

**Effective 4/24/19** 

https://www.huduser.gov/portal/datasets/il/il2019/2019summary.odn



Application Identifier
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## PROGRAM APPLICATION

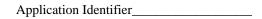
Do not leave blanks. Write N/A for non-applicable sections.

CONTACT INFORMATION		Telephone #:		Alt Phone #:
<b>Current Address:</b>				
City, State, Zip Code:		Email:		Alt Email:
OWNERSHIP HISTORY				
Have you lived in this property more than 5 years? Yes No		Is there a mortgage on this property? Yes No		
Do you currently occupy this prope primary residence? Yes No	erty as your	Year Built		
Head of Household Name:				
Social Security #:		TDL#:		
Age:	Race: (Select On		Ethi	nicity: (Select One Only)
Birth Date:	Race. (Select On	c of worc)		meny. (Select One Omy)
	White			spanic or Latino
Handicap or Disability: ☐ Yes ☐ No	Black or African American Asian American Indian/Ala skan Native		No	t Hispanic or Latino
Citizen: ☐ Yes ☐ No			Maı	rital Status
Permanent Legal Resident:				ingle •
Yes No				Iarried eparated
			🗖 D	vivorced
Full Time Student: ☐ Yes ☐ No			<b>u</b> v	Vidowed/Widower
Spouse Name:				
Social Security #:		TDL#:		
Age:	Race: (Select One or More)		Ethi	nicity: (Select One Only)
Birth Date:	White		Hi	spanic or Latino
Handicap or	Black or African American			t Hispanic or Latino
Disability:  Yes  No	Asian			
Citizen:	American Indian/Alaskan Native			rital Status ingle
Permanent Legal Resident:				Ingle Iarried
☐ Yes ☐ No				eparated
Full Time Student: Yes No				Pivorced Vidowed/Widower
Office Use Only - Received	Complete		_	Decision
	0			



### **DEPENDENTS**

Dependent #1 Name:			
Social Security #: Relationship:			
Age:	Race: (Select One or More)		Ethnicity: (Select One Only)
Birth Date:	White		Hispanic or Latino
Handicap or Disability: ☐ Yes ☐ No	Black or African American Asian American Indian/Alaskan Native		Not Hispanic or Latino
Citizen:			
Permanent Legal Resident:  Yes No			
Full Time Student: Yes No			
Dependent #2 Name:			
Social Security #:	Relationship:		
Age:	Race: (Select One or More)		Ethnicity: (Select One Only)
Birth Date:	White		Hispanic or Latino
Handicap or Disability: ☐ Yes ☐ No	Black or African American Asian American Indian/Alask an Native		Not Hispanic or Latino
Citizen:			
Permanent Legal Resident:  Yes No			
Full Time Student: Yes No			
Dependent #3 Name:			
Social Security #:	Relationship:		
Age:	Race: (Select One or More)		Ethnicity: (Select One Only)
Birth Date:	White Black or African American Asian American Indian/Alaskan Native		Hispanic or Latino
Handicap or Disability: ☐ Yes ☐ No			Not Hispanic or Lat ino
Citizen:			
Permanent Legal Resident:  Yes No			
Full Time Student: Yes No			





#### **INCOME INFORMATION –**

### **Employment Information**

Household Member Name	Employer	Date of Hire	Salary

Other Income & Benefits (i.e. Pensions/Retirement, V.A. Benefits, Soc. Sec., SSI, AFDC, Child Support, Royalties, Rental Income, etc.)

Household Member Name	TYPE (Social Security, Child Support, SSI, etc.)	Frequency	AMOUNT

#### Mortgage Liability

MORTGAGE HOLDER	ACCOUNT NO.	MONTHLY PAYMENT	BALANCE

Tax Indebtedness Liabilities (IRS, State, County)

AGENCY (IRS, State of, County of, etc.)	TOTAL DEBT \$	REDUCTION AGREEMENT Payment Per Month \$

Cash Assets (Checking, Savings, Money Market, Brokerage Accounts, etc.)-Not eligible if income exceeds 10,000 in savings

FINANCIAL INSTITUTION	ACCOUNT NUMBER	BALANCE



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Property Assets (residence, rental property, raw land, mobile home owned, etc.)

ADDRESS	VALUE	DELINQUENT PROPERTY TAXES DUE

Previous Housing Assistance from the City

TYPE OF ASSISTANCE (MINOR REPAIR, REHAB, RECONSTRUCTION, DOWN PAYMENT)	AMOUNT OF ASSISTANCE RECEIVED	YEAR ASSISTANCE RECEIVED
	\$	
	\$	

#### ALL INFORMATION WILL BE VERIFIED

riease check an innor nome repairs of which your nome is in need:				
		Exterior Junk / Debris Removal		
Demolition and clearance of	of unsafe shed/shop/carport/othe	er auxiliary structure		
Yard Maintenance	Exterior Painting	Tree Trimming/ Brush Removal		
Other (List Specific Items)				

Please note - all repairs may not be completed by the Neighborhood Services Department due to funding, resources, materials, and/or volunteer limitations. Some work items may be submitted to outside housing repair agencies for consideration.

THE APPLICANT(S) CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS GIVEN FOR THE PURPOSE OF OBTAINING ASSISTANCE UNDER THE REPAIR AFFAIR PROGRAM FROM THE BALCH SPRINGS NEIGHBORHOOD SERVICES DEPARTMENT AND IS TRUE AND COMPLETE TO THE BEST OF THE APPLICANT'S KNOWLEDGE AND BELIEF. ANY MISSTATEMENT OR FALSIFICATION OF INFORMATION SHALL BE GROUNDS FOR REVOCATION OR TERMINATION OF ASSISTANCE. APPLICANT UNDERSTANDS THAT THIS APPLICATION DOES NOT GUARANTEE THAT ANY REQUEST FOR ASSISTANCE WILL BE GRANTED.

Title 18, Section 1001 of the U.S. Code states that any person who knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.



Application Identifier_	
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I hereby authorize the City of Balch Springs Neighborhood Services Department or its designated agents to obtain and receive all records and information pertaining to eligibility for the Repair Affair Program, including employment, income, credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby given the City of Balch Springs Neighborhood Services Department the right to request all information that we and or could obtain from any persons, company, or firm on any matter referenced above. I (WE) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the City of Balch Springs Neighborhood Services Department for purposes of the program. The term of this authorization shall commence on the date of signature and be in force for a period of six (6) months.

Applicant Head of Household Signature	Date	
Applicant Spouse Signature	 Date	
<u>=</u>	ir Affair Documents	
<ol> <li>Driver's License(s) / Photo ID</li> <li>Proof of Ownership and Current property taxes</li> <li>Proof of Income</li> <li>Proof of Homeowners Insurance Coverage</li> </ol>		

Your application will not be processed until all required information is submitted. Thank you for your cooperation.

City of Balch Springs, Neighborhood Services Department 13503 Alexander Road, Balch Springs, Texas 75181 972-286-4477 ext.125

972-280-4477 ext.125

Asunto de la Reparación Necesaria Documentos

- 1. Controlador de licencias / foto ID
- 2. Prueba de propiedad e impuestos actuales a la propiedad
- 3. Comprobante de ingresos
- 4. Prueba de seguro de casa

Su aplicación no se procesará hasta que se presenta toda la información requerida. Gracias por su cooperación.

La ciudad de Balch Springs, Barrio Servicios Departamento 13503 Alexander Road, Balch Springs, Texas 75181 972-286-4477 ext 125