



Office Use Only  
 Decision \_\_\_\_\_  
 Date \_\_\_\_\_

**REPAIR AFFAIR PROGRAM APPLICATION  
 Balch Springs, TX**

**Assistance for Elderly or Disabled Homeowners  
 through volunteers who work on exterior maintenance of homes  
 or projects for the upkeep of public spaces**

**may include grass cutting, planting, debris or brush removal,  
 trimming and hedging, house or fence painting**

**ELIGIBILITY CRITERIA**

- Must Own and Reside in the Home
- Must NOT exceed HUD 80% Income Limits
- Provide Proof of All Household Income
- Provide Proof of Identity

**Dallas Metropolitan Statistical Area**

Person	Income Limits
1	\$54,550
2	\$62,350
3	\$70,150
4	\$77,900
5	\$85,150
6	\$90,400
7	\$96,600
8	\$102,850

U.S. Department of Housing and Urban Development - 2022 INCOME LIMITS - Effective 04/18/2022

Return Application to: City of Balch Springs, Neighborhood Services Department  
 13503 Alexander Road, Balch Springs, Texas 75181  
 972-286-4477 x125



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

APPLICANT		DATE OF BIRTH	
ADDRESS:			
TELEPHONE:		EMAIL:	
RACE:		ETHNICITY:	
SOCIAL SECURITY #:		TEXAS DL/ID #:	
HANDICAP OR DISABILITY: <input type="checkbox"/> YES <input type="checkbox"/> NO		CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW			
PROPERTY INFO			
Have you lived in this property 5 years or more? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the property insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are your property taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, Is there a repayment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you received previous assistance through one of these housing programs? ( Check all that apply)			
<input type="checkbox"/> Repair Affair <input type="checkbox"/> Minor Repair and Rehab <input type="checkbox"/> Amy Young Barrier Removal <input type="checkbox"/> A Brush with Kindness			
Type of Assistance Requested: <input type="checkbox"/> Yard Maintenance <input type="checkbox"/> Minor Repairs <input type="checkbox"/> Exterior Junk/Debris Removal <input type="checkbox"/> Exterior Painting			
<input type="checkbox"/> Tree Trimming/ Brush Removal <input type="checkbox"/> Handicap Ramp Repair <input type="checkbox"/> Demo of shed/carport/other structure <input type="checkbox"/> Other			
ADDITIONAL HOUSEHOLD MEMBERS			
Name:	DOB	Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship to Applicant
Name:	DOB	Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship to Applicant
Name:	DOB	Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship to Applicant
Name:	DOB	Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship to Applicant
Name:	DOB	Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship to Applicant
Name:	DOB	Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship to Applicant
Name:	DOB	Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship to Applicant
Name:	DOB	Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship to Applicant
HOUSEHOLD INCOME			
Household Member	Source of Income	Amount	Frequency

**ALL INFORMATION WILL BE VERIFIED**

*Assistance is subject to available funding, supplies, materials, and volunteers  
Some requests for assistance may require referral to other agencies for consideration.*



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**The applicant(s) certifies that all information in this application is given for the purpose of obtaining assistance under the Rrepair 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.**

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 gives 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 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse Signature**

\_\_\_\_\_  
**Date**