



The Minor Repair and Rehabilitation Program for the City of Balch Springs is designed to prevent the decline and deterioration of single-family occupied structures by helping to maintain the structure through minor repair and rehabilitation. The program targets low-to-moderate income eligible homeowners only.

Improvements areas may include, but are not limited to replacement/repair of windows/doors, fences, installing/replacing ramps, handrails, smoke alarms, tree trimming, or completing exterior painting. Please see **page 6** of the application for a list of eligible repairs. Cosmetic work such as replacement of carpet or vinyl is not considered an eligible improvement/repair, nor will the construction of swimming pools or air conditioning units be allowed under this program.

The application process includes submission of all required documents to determine eligibility for the program. An interview will be conducted to discuss rights and responsibilities. Upon approval, a review process is conducted which includes a home inspection and post construction photos. A bid process and selection of a licensed contractor (s) may be necessary.

The Minor Repair and Rehabilitation Program will be conducted in accordance with the City of Balch Springs, Ordinance No. 3121-16.

Thank you for your participation.

Neighborhood Services

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



NEIGHBORHOOD SERVICES

MINOR REPAIR AND REHABILITATION PROGRAM

U.S. Department of Housing and Urban Development

2020 INCOME LIMITS

Dallas Metropolitan Statistical Area

Person	Income Limits
1	\$48,300
2	\$55,200
3	\$62,100
4	\$68,950
5	\$74,500
6	\$80,000
7	\$85,500
8	\$91,050

Effective 04/01/2020

<https://www.huduser.gov/portal/datasets/il/il2020/2020summary.odn>



Application Identifier: _____

Minor Repair and Rehabilitation Program Application

PLEASE PROVIDE COPIES OF THE FOLLOWING ITEMS FOR CERTIFICATION PURPOSES:

- 1. TX Driver's License or other Government Issued I.D and SS Cards for all household members**
- 2. Written Verification of ALL household income**
(Includes All Adults Are 18 and older)
 - Last two (2) paycheck stubs, if working.
 - Last year's income tax return (if applicable)
 - Last 2 months bank statements
 - Most recent statements from your savings account, investments or other assets.
 - Social Security Award letter, if applicable
 - Proof of Child Support or Alimony, if applicable.
 - Proof of Retirement income, if applicable
 - Divorce Decree, if applicable
- 3. Proof of Homeownership**
 - Deed or Current Record from Dallas County Appraisal District
 - Mortgage Statement
- 4. Proof of Homeowners Insurance Coverage**
 - Current Declarations Page from insurance policy.
- 5. Proof Property Taxes are current.**
 - Provide mortgage statement if taxes are escrowed,
 - Record or Receipt from Dallas County.
 - If exempt from taxes, provide verification from Dallas County.
- 6. Record of assets (Yearly interest on all assets must be counted as income)**
 - Type: (Stocks, bonds, certificates of deposit, passbook savings, _____ etc.)
 - Written verification of the value of these assets and interest rate at which they are invested.

THIS INFORMATION WILL REMAIN CONFIDENTIAL, AND WILL BE USED SOLELY FOR THE PURPOSE OF ESTABLISHING ELIGIBILITY FOR THIS PROGRAM.

THE PROGRAM SERVES CLIENTS ON A FIRST COME FIRST SERVE BASIS. YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION IS SUBMITTED AND MAY BE DENIED IF INCOMPLETE. A DENIAL LETTER OR CANCELLATION OF WORK MAY BE ISSUED, IF FAILURE TO COMPLY OR RESPOND TO ADMINISTRATOR.

PLEASE REVIEW THE CHECKLIST TO ENSURE YOU HAVE ALL DOCUMENTS THAT APPLY TO YOUR HOUSEHOLD. CALL FOR AN APPOINTMENT and SUBMIT THE COMPLETED APPLICATION TO:

**NEIGHBORHOOD SERVICES DEPARTMENT
13503 ALEXANDER ROAD, BALCH SPRINGS, TEXAS 75181
972-286-4477 EXT. 125**

Office Use Only
Received _____ Complete _____ Decision _____



Application Identifier _____

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

Head of Household Name:		
Social Security #:		TX DL or ID #:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian /Alaskan Native	Ethnicity: (Select One Only) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Marital Status (Select One Only): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed/Widower
Spouse Name:		
Social Security #:		TX DL or ID# :
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian /Alaskan Native	Ethnicity: (Select One Only) Hispanic or Latino Not Hispanic or Latino Marital Status (Select One Only): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed/Widower
CONTACT INFORMATION		Telephone #:
Current Address:		Alt Phone #:
City, State, Zip Code:		Email:
		Alt Email:
OWNERSHIP HISTORY		Is there a mortgage on this property?
Do you currently occupy this property as your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lived in this property more than 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year Built _____

DEPENDENTS

Dependent #1 Name:		
Social Security #:		Relationship:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian /Alaskan Native	Ethnicity: (Select One Only) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Dependent #2 Name:		
Social Security #:		Relationship:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian /Alaskan Native	Ethnicity: (Select One Only) Hispanic or Latino Not Hispanic or Latino
Dependent #3 Name:		
Social Security #:		Relationship:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian /Alaskan Native	Ethnicity: (Select One Only) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

Dependent #4 Name:		
Social Security #:		Relationship:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian /Alaskan Native	Ethnicity: (Select One Only) <input type="checkbox"/> Hispanic or Latin o <input type="checkbox"/> Not Hispanic or Latin o
Dependent #5 Name:		
Social Security #:		Relationship:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian /Alaskan Native	Ethnicity: (Select One Only) <input type="checkbox"/> Hispanic or Latin o <input type="checkbox"/> Not Hispanic or Latino
Dependent #6 Name:		
Social Security #:		Relationship:
Age: Birth Date: Handicap or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Legal Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian /Alaskan Native	Ethnicity: (Select One Only) <input type="checkbox"/> Hispanic or Latin o <input type="checkbox"/> Not Hispanic or Latin o
Total # Household Members:	Total # Disabled/Handicapped Household Members:	Total # Household Members over age 62:

INCOME INFORMATION**Employment Information**

Household Member Name	Employer	Date of Hire	Salary		
			Month	Biweekly	Week

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

Household Member Name	Type	Frequency			Amount
		Month	Biweekly	Week	

Mortgage Liability

MORTGAGE HOLDER	ACCOUNT NO.	MONTHLY PAYMENT	BALANCE

Tax Indebtedness Liabilities (IRS, State, County)

AGENCY	TOTAL DEBT \$	REDUCTION AGREEMENT Payment Per Month \$

Cash Assets (Checking, Savings, Money Market, Brokerage Accounts, etc.)

FINANCIAL INSTITUTION	ACCOUNT NUMBER	BALANCE

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

ADDRESS	VALUE	DELINQUENT PROPERTY TAXES DUE & AMOUNT

Other Assets (Automobile(s), Motorcycles, RV's, Boats, ATV's, etc.)

TYPE	AMOUNT/VALUE	ACCOUNT NO.	AGENT/REP.

Previous Housing Assistance from the City: Indicate type, amount and year, if known.

TYPE OF ASSISTANCE (Minor Repair, Rehab, Reconstruction, DP)	AMOUNT OF ASSISTANCE RECEIVED PREVIOUSLY	YEAR ASSISTANCE RECEIVED PREVIOUSLY

ALL INCOME, EMPLOYMENT, AND PRIOR ASSISTANCE INFORMATION WILL BE VERIFIED

Please check all home repairs of which your home is in need:

- Roof Repair (Minor leak)
- Window Repair
- Window Replacement
- Handicap Accessibility (Grab bars, door widening, etc.)
- Handicap Ramps
- Minor Carpentry (cabinets, trim, exterior fascia, window sills)
- Major Carpentry/Renovation (door replacement, exterior siding replacement, rotted/failing floors)
- Minor Plumbing (leaks, faucet repair)
- Electric (repair, rewiring, shorts)
- Heat/Furnace repair
- Interior Paint
- Exterior Paint
- Drywall
- Interior Cleaning
- Exterior Junk Removal
- Demolition and clearance of unsafe shed/shop/carport/other auxiliary structure
- Yard Maintenance
- Tree Trimming/Removal
- Fence demolition/Repair/ Replacement of Parts

(List Specific Items and rooms) _____

Note: Services or assistance are contingent on available funding and not always offered by the Neighborhood Services Department. Some work items may be submitted to outside nonprofit housing repair agencies.

THE APPLICANT(S) CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS GIVEN FOR THE PURPOSE OF OBTAINING MINOR REPAIR AND REHABILITATION ASSISTANCE FROM THE CITY OF 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 Minor Repair and Rehabilitation 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 Comments: _____

Applicant Head of Household Signature

Date

Applicant Spouse Signature

Date



Photograph Authorization and Disclaimer

To Whom It May Concern:

I, _____, authorize The City of Balch Springs, Neighborhood Services to use photographs of my home at _____ for the intent of promoting its Minor Repair and Rehabilitation Program. This includes, but is not limited to outreach programs, public hearings, and newspaper articles, brochures, and the city website or news stations.

Homeowner's Signature

Date

Note: As the homeowner you are not under any obligation to sign this form. Pictures of your home can only be used by The City of Balch Springs with your consent.



To Whom It May Concern:

After receiving housing repair assistance through the City of Balch Springs *Minor Repair and Rehabilitation Program*, I, _____ consent to and authorize the City of Balch Springs to display a program sign on my property at _____ for a minimum of 60 days, for the intent of promoting its *Minor Repair and Rehabilitation Program*. This includes, but is not limited to outreach programs, public hearings, and newspaper articles, city website, social media outlets, or news stations.

I also confirm that I waive all claims arising from such use for any additional compensation, damages, and invasion of privacy.

Signature _____

Date _____