CDBG MINOR REPAIR GRANT APPLICATION

Please Print All Information

***ALL FIELDS MUST BE COMPLETED-If a field does not apply to you, please mark "N/A"**

Applicant:		**Social Security #:**		**DOB:**	
Spouse:		**Social Security #:**		**DOB:**	
Address:				**ZIP Code:**	
Home and Cell Phone:		**Work Phone:**			
Type of Minor assistance requested:					

Please provide the following information to be used by the City of Amarillo, Community Development Office and the U.S. Department of Housing and Urban Development for the purpose of determining eligibility for the Housing Rehabilitation Program

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

Do you own or are you buying this home?	◯ YES ◯ NO	**How many people live at this address?**	
Are you or member of your household an employee of the City of Amarillo? If yes, please provide the employee's name and the City department.	◯ YES ◯ NO	**Are you or a member of your household related to an employee of the City of Amarillo? If yes, please provide the employee's name and the City department.**	◯ YES ◯ NO

List names and ages of all other persons living at the address in addition to the applicant (add additional pages if needed):

NAMES:	SOCIAL SECURITY NUMBERS:	DOB:	RELATIONSHIP:	Benefits
				◯ YES ◯ NO
				◯ YES ◯ NO
				◯ YES ◯ NO

Have you ever received a CDBG Minor repair grant?	◯ YES ◯ NO	**Have you ever received a CDBG rehabilitation grant?**	◯ YES ◯ NO
What is the name of your homeowner insurance company?			
Have you turned this problem into your insurance carrier?	◯ YES ◯ NO	**Date of your last home insurance claim?**	

Applicant's Monthly Income:	$	**Source:**	
Spouse's Monthly Income:	$	**Source:**	
Other Monthly Income:	$	**Source:**	
TANF or Child Support	$	**Source:**	
SNAP or Other Monthly Benefits:	$	**Source:**	

Name of Bank:		**Checking Account Number:**		**Balance:**	
Name of Bank:		**Savings Account Number:**		**Balance:**	

IMPORTANT! READ CAREFULLY BEFORE SIGNING: **TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.** I certify that the above information is a true and correct statement to the best of my knowledge and belief. I also certify that I own and occupy the property as my sole and primary residence. I hereby authorize any business, organization, professional or designated individual to give full information and records about me and my affairs to the City of Amarillo.

Date _____ **Signature of Applicant** _____

Date _____ **Signature of Co-Applicant** _____

FOR CDBG OFFICE USE ONLY

Prior Emergencies or Minor:	**When:**		**Amount:**	$	**Purpose:**
	When:		**Amount:**	$	**Purpose:**
	When:		**Amount:**	$	**Purpose:**
Prior REHAB Grant:	**When:**		**Amount:**	$	**Contractor:**

Income Verification:	**Monthly Income: $**_____	**Annual Income: $** _____	
	Date Verified: _____ **#in Household** _____	**MAXIMUM LIMIT: $**_____	
Type of Ownership:		**Date of Intake:**	
Reason Rejected:		**Female Head:**	◯ YES ◯ NO
Date to Inspector:		**Income:**	◯ 30% ◯ 50%

Ethnicity/Race:	**Ethnicity**: ◯ Hispanic ◯ Non-Hispanic	**Race:** ◯ American Indian/Alaskan Native ◯ Asian ◯ Black/African American ◯ White ◯ Native Hawaiian/Other Pacific Islander ◯ White/American Indian/Alaskan Native ◯ White/Asian ◯ White/Black/African American ◯ Black/American Indian/Native Alaskan ◯ Other Multi Racial

Household:	◯ Elderly ◯ Small Family ◯ Large Family ◯ Disabled	**Program Year:**		**Census Tract:**	

Homeowner Assurances and Conditions

As an applicant for assistance under the City of Amarillo's Minor Repair Grant Program, the undersigned HOMEOWNER understands and agrees to the following assurances and conditions as required under the regulations of the Community Development Block Grant Program. WARNING: **TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.**

1. **HOMEOWNER** is the lawful owner of the property, and is currently living in the dwelling. **HOMEOWNER** certifies the dwelling is an owner-occupied single family dwelling unit.

2. CITY shall inspect the homeowner's residence to determine the hazardous conditions to be corrected. CITY shall seek competitive bids from private contractors and award a contract on behalf of the **HOMEOWNER** to the contractor submitting the lowest, most responsive bid.

3. CITY may grant to eligible homeowners a sum not to exceed a maximum of Four Thousand Five Hundred Dollars ($4,995.00) over any twelve (12) month period to correct hazardous conditions.

4. CITY shall hold the Minor Repair Grant funds and shall make one lump sum payment to CONTRACTOR after the contracted work has been satisfactorily completed and accepted by both CITY and **HOMEOWNER**. Acceptance will not be unreasonably withheld by **HOMEOWNER**.

5. **HOMEOWNER** agrees to cooperate with the CONTRACTOR to facilitate the performance of the work, including the removal and replacement of rugs, window coverings, and furniture, if necessary. **HOMEOWNER** shall permit the CONTRACTOR to use, at no cost, existing utilities, such as heat, power and water, necessary to carry out the work.

6. **HOMEOWNER** agrees not to permit or make any changes to the work contained in the contract without the prior written consent of the CITY.

7. **It is agreed that the CITY has no responsibility for any defects, faulty, or incomplete work by the CONTRACTOR which is not subject to the specifications, City codes, or work contained in the contract. HOMEOWNER agrees that the CITY has no liability for warranty of any workmanship or materials furnished by the CONTRACTOR under the contract. HOMEOWNER further agrees that latent or hidden conditions in the property which were not included in the original inspection and work write-up are not the responsibility of the CITY. CITY does not accept any responsibility for supervision of the CONTRACTOR.**

8. As part of the consideration and purpose for providing the Minor repair grant, **HOMEOWNER** agrees to maintain and keep the property in good repair after the completion of the rehabilitation work, taking into consideration the ability of the HOMEOWNER to do so.

9. **HOMEOWNER** agrees to comply with Executive Order 11063 regarding Equal Opportunity in Housing which states the **HOMEOWNER** shall not discriminate because of race, color, creed or national origin, handicap, or familial status in the sale of the property.

10. **HOMEOWNER** agrees to comply with the provisions of the "Anti-Kick Back Act" (18 U.S.C. 874) which prohibits any inducement, by any means, to any person employed in the construction, completion or repair of any work paid for by the grant, to give up any part of his compensation to which he is otherwise entitled.

11. **HOMEOWNER** agrees to comply with all federal laws and regulations regarding the Housing and Community Development Act of 1974, as amended, as they may apply to recipients of federal funds for rehabilitation purposes. **HOMEOWNER** further agrees to comply with all reasonable procedures established by the CITY necessary to administer and monitor the Minor Repair Grant Program.

12. **HOMEOWNER** states that to the best of his knowledge no member of the Community Development Department and no other officer, employee or agent of the CITY who exercises any functions or responsibilities in connection with the carrying out of the Minor Repair Grant has any personal interest, direct or indirect, in any contract resulting from the **HOMEOWNER'S** grant under Title 24 Section 92.356.

_____ _____

HOMEOWNER Signature Date

MINOR REPAIR GRANTS APPLICATION CHECKLIST

***ALL FIELDS MUST BE COMPLETED-If a field does not apply to you, please mark "N/A"**

PURPOSE: To repair only those materials or hazardous conditions that threatens the life, health or safety of the homeowner or neighborhood. MRG cannot be approved solely for routine maintenance repairs or intentional damage. Grants may be made to provide accessibility to homeowners with disabilities.

The following checklist will assist us in finding out if other problems exist in your home.

COMMENTS

1. Is gas available for cooking and heat? ◯ Yes ◯ No _____
2. Do you have working heat? ◯ Yes ◯ No _____

   Type: ◯ Central ◯ Floor Furnace _____

   ◯ Open Flame ◯ Wall Furnace _____

   Type of heat in bath _____ _____
3. Do you have electricity? ◯ Yes ◯ No _____
4. Do you have hot and cold water? ◯ Yes ◯ No _____

   Severe plumbing leaks? ◯ Yes ◯ No _____

   If yes, where? _____ _____

   Is hot water heater okay? ◯ Yes ◯ No _____
5. Is tub/shower okay? ◯ Yes ◯ No _____
6. Is sewer line okay? ◯ Yes ◯ No _____

   When was sewer line last rodded? _____ _____

   By whom? _____ _____
7. Does the toilet operate okay? ◯ Yes ◯ No _____

   If no, does it leak? ◯ back-up? ◯ overflow? ◯ _____

   Floor soft or spongy? ◯ does it rock or move? ◯ _____
8. Does the roof leak? ◯ Yes ◯ No _____

   If yes, where? _____ _____
9. Do exterior doors lock? ◯ Yes ◯ No _____
10. Do you or someone in your household have a disability that _____

    limits their movements? ◯ Yes ◯ No _____

    If yes, do you need a ramp into house? ◯ handrails? _____

    ◯ Grab Bars in bathroom? ◯ Wider doors to bathroom? _____

    ◯ Kitchen? ◯ Other rooms? List others: _____
11. When can the house be inspected (morning or afternoon)?_____

    Is it necessary to call someone other than the owner? ◯ Yes ◯ No

    Name _____

    Relationship _____

    Telephone _____

I understand the Minor Repair Grant is not a minor home repair, a weatherization or a paint-up, fix-up program. I understand it is the City's job to determine what repairs will be made to my home and, in fact, if repair or replacement is necessary.

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_____ _____

Homeowner Signature **Date**

Declaration of Citizenship or Immigration Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return it to the Housing Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I,_____ certify, under penalty of perjury, (note 1)

that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ○ I am a citizen by birth, a naturalized citizen or national of the United States; or
- ○ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (note 2); or
- ○ I have eligible immigration status as checked below (see back of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- ○ Immigrant status under paragraphs 1001(a)(I5) or 101(a)(20) of the INA (note 3); or
- ○ Permanent residence under paragraph 249 of INA (note 4); or
- ○ Refugee, asylum, or conditional entry status under paragraphs 207, 208 or 203 of the INA (note 5); or
- ○ Parole status under paragraph 212(d)(f) of the INA (note 6); or
- ○ Threat to life or freedom under paragraph 243(H) of the INA (note 7); or
- ○ Amnesty under paragraph 245 of the INA (note 8).

_____ _____

(Signature) **(Date)**

○ Check box if signature is of an adult residing in the unit who is responsible for the child named on statement above.

PHA: Enter INS/SAVE Primary Verification#: _____ Date: _____

[See back of this page for notes and instructions]

Notes and Instructions

Instruction to Family Member for Completing Form: On the opposite page, print or type first name, middle initial(s) and last name. Place an "X" or ".√./" in the appropriate boxes. Sign and date at the bottom of the page. Place an "X" or ".√./" in the box below the signature if the signature is by an adult residing in the unit who is responsible for the child named.

1. **Warning**: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner 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.

The following notes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2. Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3. Immigrant status under paragraph l 0l(a)(l 5) or 10I (a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by paragraph 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by paragraph 101(a)(15) of the INA (8 U.S.C. 110l(a)(20) and llOl(a)(IS), respectively *[immigrant status].* This category includes a noncitizen admitted under paragraphs 210 or 210A of the INA (8 U.S.C. 1160 or 1161), *[special agricultural worker status],* who has been granted lawful temporary resident status.

4. Permanent residence under paragraph 249 of INA. A noncitizen who entered the United States before January I, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under paragraph 249 of the INA (8 U.S.C. 1259) *[amnesty granted under INA 249).*

5. Refugee, asylum, or conditional entry status under paragraphs 207, 208 or 203 of INA. A noncitizen who is lawfully present in the United States pursuant to an admission under paragraph 207 of the INA (8 U.S.C. 1157) *[refugee status];* pursuant to the granting of asylum (which has not been "terminated" under paragraph 208 of the INA (8 U.S.C. 1158) *[asylum status];* or as a result of being granted conditional entry under paragraph 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity *[conditional entry status].*

6. Parole status under paragraph 212(d)(S) of INA. A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under paragraph 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) *[parole status].*

7. Threat to life or freedom under paragraph 243(h) of INA. A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under paragraph 243(h) of the INA (8 U.S.C. 1253(h)) *[threat to life or freedom].*

8. Amnesty under paragraph 245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under paragraph 245A of the INA (8 U.S.C. 1255a) *[amnesty granted under INA 245A].*

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the PHA must enter the INS/SAVE Verification Number and date that it was obtained. A PHA signature is not required.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
City of Amarillo 808 S. Buchanan Amarillo, TX 79105	

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or im- proper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

* **HOME City Assistance**
* Minor Repair Program
* HOME/CDBG Owner Rehabilitation

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Data Collection
Community Development and Housing Projects

The Department of Housing and Urban Development (HUD) requires the City of Amarillo to collect statistics about the persons receiving help from the programs funded by the Community Development and Housing Programs.

To help us comply with new reporting procedures, please select the categories that best apply to you by checking a box.

Ethnicity – Please Check One Box

Hispanic	○	Non-Hispanic	○
A person of Mexican, Cuban, Puerto Rican, South or Central American, or Other Spanish Culture or Origin		A person not of Mexican, Cuban, Puerto Rican, South or Central American, or Other Spanish Culture or Origin.	

Race – Please Check One Box

Single Race		
14	American Indian or Alaskan Native	○
13	Asian	○
12	Black / African American	○
15	Native Hawaiian or Other Pacific Islander	○
11	White	○
Multi Race		
16	White & American Indian or Alaskan Native	○
17	White & Asian	○
18	White & Black / African American	○
19	Black & American Indian or Alaskan Native	○
20	Other Multi - Racial	○