



Community Development  
Block Grant  
Minor Home Repair Program  
Application Packet

Submit Application to:  
Office of Community Development  
Attention: Elizabeth Alvarado  
221 East Main Street  
Round Rock, TX 78664

Phone: 512-341-3328  
[Ealvarado@roundrocktexas.gov](mailto:Ealvarado@roundrocktexas.gov)  
[www.roundrocktexas.gov](http://www.roundrocktexas.gov)



**Community Development Block Grant  
Minor Home Repair Program Application**

**Agreements and Certifications**

Homeowner(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

**Please initial the box next to each of the following statements to indicate that you understand and agree to abide by program requirements if your house is approved for the Community Housing Rehabilitation and Repair Program.**

	I certify that I own and currently live in the home identified in my application for rehabilitation and repair.
	I understand that my house may not be chosen for this program. If it is selected, I understand that there may not be enough funds available to do all of the repairs needed.
	If my house is selected, I will attend a pre-construction meeting to discuss what work is planned and the schedule for repairs.
	I have attached all the required supporting documents with my application and certify that they are accurate.
	I understand that this is a voluntary program and I am not eligible for reimbursement of any relocation expenses and that I am not subject to any provisions of Section 104(d), the Universal Relocation Act.
	I am able and willing to voluntarily relocate at my own expense during the rehab work if it is necessary and that the City of Round Rock will determine if and when it is necessary. I agree to move out a week in advance of the scheduled construction work to allow preparation work to begin. I understand that my possessions must be moved from the work area. I understand that the City of Round Rock will determine what can remain on premise. I understand that anything not moved must be covered and protected during the work at my expense. I will not hold the City of Round Rock or its agents responsible for any damage that occurs to such items.
	I understand that I am responsible for the payment of utility bills that cover the time of construction, even if my family is voluntarily relocated.
	<i>If my property is determined to be in the floodplain as shown on FEMA maps, I agree to purchase flood insurance from the agency of my choice. I understand that the insurance must be in the amount equal to or greater than the cost of the repairs that are made to my home under this program. I understand that this insurance must be renewed each year for a period of five years.</i>

**By signing this form you certify that the information provided is true and correct as of the date of your signature and that you understand that any intentional or careless falsification of the information provided in this application and or any of the supporting documents may result in civil liability or criminal penalties.**

***I certify that I am the owner of the property described in this application or have legal Power of Attorney to sign on behalf of the homeowner.***

\_\_\_\_\_  
Signature of Homeowner or Applicant

\_\_\_\_\_  
Date

*Please provide the following information only if you are not the homeowner but are completing this application on behalf of the homeowner:*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to homeowner

## Application

This application is designed to be completed by the applicant(s) with city assistance. The information collected below will be used to determine eligibility. Information provided in this application will not be disclosed without your consent except as required by law.

I. PROPERTY INFORMATION				
Address of Property (Street, City, State & Zip Code)			Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ How many years?	
Mailing Address (if different from above):				
Have you previously received funding from a State or Federal grant to rehabilitate this property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Date _____ Amount of Funding: _____				
II. APPLICANT INFORMATION				
Applicant		Co-Applicant		
Name:		Name:		
Age:	No. of Dependents:	Age:	No. of Dependents:	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		
Home Phone:		Home Phone:		
Hours available:		Hours Available:		
III. EMPLOYMENT				
Self-Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Self-Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer's Name:		Employer's Name:		
Address:		Address:		
Phone:		Phone:		
Position:		Position:		
Years at job:		Years at job:		
IV. HOUSEHOLD COMPOSITION				
Name of Household Members	Age	Relationship	Social Security #	Sex
1.				
2.				
3.				
4.				
5.				
6.				
7.				
1. Does anyone live with you now that is not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____				
2. Does anyone plan to live with you within the next 12 months who is not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____				

# ALL INCOME & ASSETS MUST BE REVEALED

## V. HOUSEHOLD INCOME & ASSETS

Please check **all** income that applies to your household and the individual over the age of 18 that receives the income.

Income	Name of individual (over the age of 18) that receives income
<input type="checkbox"/> Employment <input type="checkbox"/> Bonuses	
<input type="checkbox"/> Social Security	
<input type="checkbox"/> Retirement/Pension Benefits	
<input type="checkbox"/> Retirement Account	
<input type="checkbox"/> Rental Income	
<input type="checkbox"/> AFDC (For Housing)	
<input type="checkbox"/> Commission	
<input type="checkbox"/> Fees <input type="checkbox"/> Tips	
<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support	
<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Unemployment Benefits	
<input type="checkbox"/> Personal Business Income	
Assets	Name of individual over the age of 18 that has any of the following
<input type="checkbox"/> Checking Account	
<input type="checkbox"/> Savings Account	
<input type="checkbox"/> Credit Union Account	
<input type="checkbox"/> Other Land	
<input type="checkbox"/> Stocks / CD's	
<input type="checkbox"/> Life Insurance	
<input type="checkbox"/> Other (List) _____	

## VI. MONTHLY HOUSEHOLD EXPENSES

Expenses	Monthly Payment	Unpaid Principal Balance		
First Mortgage (P&I)			Mortgage Interest Rate:	
Hazard & Flood Insurance			Final Payment Date:	
2 <sup>nd</sup> Mortgage secured by Property (P&I)			Home Value:	
			80%	70%
Real Estate	RRISD		Insurance Company:	
	County		Address:	
	City			
Utilities	Electric/Water		Type of Insurance:	
	Gas			
<b>TOTAL EXPENSES</b>				

**VII. MONTHLY HOUSEHOLD INCOME**

Sources of Income	Monthly Income From Sources			Total Monthly Income from Each Source
	Applicant	Co-Applicant	Other Household Member(s) Who Work	
Base Employment Income				
Overtime Employment				
Bonuses				
Expected Income Increase (in next 12 months)				
Social Security Benefits				
Retirement/Pension Benefits				
Interest/Dividends Income				
Rental Income				
Others (see below*)				
<b>Total Monthly Income per individual</b>				
<b>Total Yearly Income</b>				

\*Categories for "Other Income": AFDC (for shelter/utilities), Commission, Fees, Tips, Alimony, Child Support, Worker's Compensation, Unemployment Benefits, Net Income from Business, etc.

**VIII. HOUSEHOLD ASSETS**

Type	Cash Value	Annual Income from Assets		Bank Name	Account #
		Imputed	Actual		
Checking Account(s)					
Savings Account(s)					
Credit Union Account(s)					
Land				Do you own any other property or land? __ Yes __ No	
Stocks / CD's					
Stocks / CD's					
Stocks / CD's					
Life Insurance				Can you borrow money off your life insurance? __ Yes __ No __ N/A	
Other				Another other income?	
<b>Total</b>					

\*If there is over \$5,000 in actual interest, it must be counted. If there is no actual interest then imputed interest of 2.% must be used.

**IX. OTHER**

Please initial the line next to each of these statements to indicate that, as a potential recipient of housing rehabilitation from the City of Round Rock, you understand and agree to the following:

House Evaluation: I understand that the City of Round Rock will complete a **structural evaluation** of my property for the purpose of determining the level of assistance eligible for my home. I understand that the City of Round Rock has **maximum limits** that can be spent to rehabilitate my home. If my home cannot be rehabilitated to at least the minimum required housing standards within the **maximum dollar-limit** allowance, I understand that **I will not be eligible** for the Home Repair Program. Only the work listed on the final contract will be done. When those repairs are complete **no additional money** can be spent.

Discrimination: In relation to my application for a rehabilitation grant, I hereby acknowledge that I will not discriminate upon the basis of race, color, creed, disability, familial status or national origin in the sale, rental, use or occupancy of my property that is rehabilitated with funds from the City of Round Rock Home Repair Program. Housing and Home Finance Agency regulation issued pursuant to the Title VI of the Civil Rights Act of 1964 (29 F.R. 16280) shall apply.

Bidding Process: I understand that the City of Round Rock will select a contractor for the rehabilitation of my home.

Contractor House Access: I/we agree to allow ALL contractors bidding on the proposed work to have access to my home in order that they may obtain full information about the house and the extent of the repairs needed.

Photo Release: As owner(s) of the property that listed in this application, for rehabilitation, I/we understand and agree that “before” and “after” photographs of my home will be taken. These pictures will be used only by City Personnel as reference material when discussing proposed and completed repairs. They may also be published in reports.

Program Guidelines: I/we have received a copy of the **Home Repair Program Policies and Procedures**.

Protect Your Family From Lead In Your Home: I/we have received a copy of this notice.

Homeowner’s Insurance: I/we understand that I/we must have homeowner’s insurance coverage as required by the program, before rehabilitation can begin on my/our home.

Please initial the line next to each of these statements to indicate that, should your home be chosen for this program, you understand and agree to the following:

       The **value of your property** may increase by a significant amount.

       The increase in property value may cause your **property taxes to increase**.

       The cost on your **homeowner’s insurance may increase**.

       That you will be required to sign revised **contracts** in the event any change orders are done increasing or decreasing the contract total.





THE STATE OF TEXAS           §  
  §  
COUNTY OF WILLIAMSON       §

KNOW ALL MEN BY THESE PRESENTS:

**ACKNOWLEDGEMENT AND RELEASE OF LIABILITY FOR LEAD PAINT TESTING OF PROPERTY BUILT BEFORE 1978**

I am eighteen (18) years of age or over and have, of my own free will, requested to be a participant in the Office of Community Development programs for rehabilitation of buildings. I acknowledge and understand that a prerequisite for potential participation in the programs is that certain laws and regulations concerning lead based paint must be followed. ***It is understood that one of the requirements may be testing for lead based paint in homes built before 1978.***

I acknowledge and appreciate that the results of following the laws and regulations may require reporting the findings of lead based paint testing in perpetuity to future buyers/renters. I expressly, voluntarily assume any such risks and consequences of such requirements including any potential damage to the property value and marketability of the property, and still desire to proceed in the process of applying for funds from the Office of Community Development programs. I also acknowledge that although testing may be done to determine potential costs that the testing does not guarantee participation in the community development programs. I accordingly freely, knowingly, and voluntarily enter into this Release and Indemnification Agreement (the "Agreement").

In consideration of being allowed to apply for participation in the Office of Community Development programs by the City of Round Rock, I hereby execute this Release and Indemnification Agreement with the express intention of effecting the extinguishment of any and all claims and causes of action, of whatsoever nature, which I, my heirs, executors, administrators, successors, or assigns might have or assert, or hereafter have or assert, against the City of Round Rock, its officials, officers, employees, agents, sponsors, and volunteers connected to applying for funds and determining eligibility and costs of participation.

Furthermore, **I AGREE TO INDEMNIFY AND HOLD HARMLESS** the City and/or its officials, officers, employees, agents, successors, sponsors, or volunteers, from any losses, liabilities, or damages that I may suffer as a result of claims, demands, lawsuits, costs, or judgments against the City of Round Rock and/or its officials, officers, employees, agents, successors, sponsors, or volunteers, created by, or arising out of the Agreement herein designated above and from my application or participation in the Office of Community Development programs.

I, the undersigned, have read this Agreement and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

EXECUTED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Homeowner or Applicant Signature

Address:

Printed Name:

Telephone:

**Is your home a child-occupied facility as defined below? Check yes or no.**     Yes     No

**Child-occupied facility** - A building, or part of a building, constructed before 1978 that is visited regularly by the same child, six years of age or younger, on at least two different days in any seven-day period beginning on Sunday and ending on Saturday, if each day's visit lasts at least **three hours**, the combined weekly visits last at least **six hours**, and the combined annual visits last at least **60 hours**. The term may include, but is not limited to, day-care centers, preschools, or kindergarten classrooms.





## Community Development Block Grant Minor Home Repair Program Application

### Checklist of Required Documents to Include with Original Application

Use this checklist to ensure that you have all required documents to submit with your application. This form should be completed and submitted as part of the application.

1. Original application completed and signed by applicant and co-applicant.  Yes  No  N/A
2. Copies of Tax Return for the previous year for every member of your household who is 18 years or older and employed.  Yes  No  N/A
3. Copy of W-2 for the previous year for every member of your household who is 18 years or older and employed.  Yes  No  N/A
4. Wages and Salaries: Four (4) most recent paycheck stubs (must be consecutive and for every member of your household who is 18 years or older and employed).  
NOTE: Copies of bank statements or checks are not acceptable in lieu of paycheck stubs. Paycheck stubs show taxes and other deductions that are reviewed to determine income eligibility.  Yes  No  N/A
5. Verification of Benefits and/or Pensions (most recent Social Security award letter; support/alimony; military or VA pensions; TEC form; Trust Fund benefits; annuities, etc.)  Yes  No  N/A
6. Verification of other income: child support; welfare; net income from operations of business; rental income, etc.  Yes  No  N/A
7. Verification of assets: Last six (6) statements for: checking accounts; savings accounts; retirement, equity, life insurance, pension, etc.  Yes  No  N/A
8. Copy of deed to your property.  Yes  No  N/A
9. Copy of applicant and co-applicant social security cards.  Yes  No  N/A
10. Copy of applicant and co-applicant picture identification. (Texas Drivers License, Texas Identification card, or passport)  Yes  No  N/A
11. Copy of current Mortgage Statement. (if applicable)  Yes  No  N/A
12. Verification of current property taxes.  Yes  No  N/A
13. Copy of current Home Insurance Policy.  Yes  No  N/A
14. Copy of Power of Attorney if application is completed and signed by someone other than the homeowner.  Yes  No  N/A