



**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
HOUSING ASSISTANCE PROGRAM CHECKLIST**

The following items will be needed to process the Housing Assistance Application:

- 2016 & 2017 Income Tax Returns including W-2's
- Two full months Pay stubs (for every member in the household working)
- Self-Employed or in commissioned, please bring your last two years tax returns and a year -to-date Profit & Loss Statement.
- Retired, disabled or on Social Security, please bring your 2018 Award Letter
- Last six months of Bank or Credit Union Statements on all open accounts
- If divorced, please provide a Divorce Decree.
- If you have declared bankruptcy within the past ten years, please bring a copy of your complete Bankruptcy Papers
- Need ORIGINALS of the following:
- 1) Birth Certificate
 - 2) If you are not a U.S. Citizen, we will need copy of your Permanent Resident Card
 - 3) Valid Drivers License or Identification Card
 - 4) Social Security Card
 - 5) If spouse is deceased, please provide a death certificate
- Need recorded Warranty Deed
- Do you have ownership interest in another property other than your homestead?
___Yes ___No If yes, please bring copy of document
- Need copy of current Mortgage Information if paying on homestead or other property investment.
- Homeowner(s) Mortgage Insurance (If in a Flood Zone, Flood Insurance shall be obtained)
- Need copy of 2016- 2017 Property Tax Statements (Hidalgo County, ECISD and City of Edinburg)
- Have you received Housing Assistance before? ___Yes ___NO
If yes, please bring REHABILITATION or RECONSTRUCTION CONTRACT

NOTE: Family combined income will be updated every (6) six months until contracts are executed/signed. Original signature required at time of submittal of application.

Please call Ms. Veronica Guerrero, Housing Coordinator at (956) 388-8206 to set-up an appointment for an application interview.

CITY OF EDINBURG

HOUSING ASSISTANCE PROGRAM APPLICATION

DATE OF APPLICATION: _____ **APPLICATION NUMBER:** _____

NAME:	SOCIAL SECURITY NUMBER:
ADDRESS:	DATE OF BIRTH:
TELEPHONE NUMBERS: HOME: _____ WORK: _____	BACKUP PHONE NUMBER: NAME: _____ NUMBER: _____
MARITAL STATUS: MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> →	DATE OF SEPARATION:
U.S. CITIZEN: YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, THEN →	RESIDENT ALIEN NUMBER:

DELINQUENT OR IN DEFAULT ON ANY FEDERAL DEBT?: YES NO

ETHNICITY: (select only one) HISPANIC or LATINO NOT HISPANIC or LATINO
RACE:(select only one) AMERICAN INDIAN or ALASKAN NATIVE ASIAN BLACK or AFRICAN AMERICAN
 NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER WHITE

HOUSEHOLD PROFILE LIST ALL INDIVIDUALS LIVING IN THE HOME

NAME	RELATION	OCCUPATION	AGE	EDUCATION LEVEL

Check all that apply:
 FEMALE HEAD OF HOUSEHOLD SINGLE PARENT HOUSEHOLD
 ELDERLY HOUSEHOLD DISABLED How Many _____ VETERAN HOUSEHOLD

PRIOR ASSISTANCE RENDERED? YES IF YES → LOAN OR GRANT
WHEN _____ NO

DELINQUENT CITY/COUNTY TAX YES <input type="checkbox"/> NO <input type="checkbox"/> AMOUNT _____	ARE THERE ANY LIENS ON THE PROPERTY? YES <input type="checkbox"/> NO <input type="checkbox"/> DESCRIBE _____
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HAVE YOU LIVED IN THE HOME FOR A MINIMUM, OF 3 CONSECUTIVE YEARS?
 YES NO



INCOME DETERMINATION
REPORT ALL INCOME EARNED FROM JANUARY 1ST TO THE PRESENT FOR EACH FAMILY MEMBER
(FOR FOOD STAMP OR AFDC BENEFITS, RECORD CASE NUMBER UNDER INCOME SOURCE)

NAME	INCOME SOURCE	MONTHLY INCOME

TOTAL COMBINED HOUSEHOLD INCOME

Monthly \$ _____

Yearly \$ _____

For Office Use Only

Income Calculation

Name: _____

Name: _____

Income Calculation

Name: _____

Name: _____

HUD HOME INCOME GUIDELINES ACCORDING TO FAMILY SIZE
(AS OF 6/1/18)

	30% of median	60% of median	80% of median
1	11,900	23,760	31,650
2	13,600	27,120	36,200
3	15,300	30,540	40,700
4	16,950	33,900	45,200
5	18,350	36,660	48,850
6	19,700	39,360	52,450
7	21,050	42,060	56,050
8	22,400	44,760	59,700

CHECKING ACCOUNT # _____

AMOUNT IN ACCOUNT \$ _____

NAME OF BANK _____

SAVINGS ACCOUNT # _____

AMOUNT IN ACCOUNT \$ _____

NAME OF BANK _____

OTHER ASSETS:

_____	VALUE
	\$ _____
_____	\$ _____

RESIDENTIAL HOME REHABILITATION

YEAR HOME BUILT: _____ REMODELED? YES NO IF YES, WHEN? _____

CONSTRUCTION TYPE: BRICK FRAME MOBILE HOME OTHER _____

DESCRIBE DEFICIENCIES IN THE HOME

Foundation:

Roof:

Exterior:

Interior:

Plumbing:

Electrical:

Doors:

Windows:

Heating/Cooling System:

Other (handicapped accessibility, lead paint etc.):

DO YOU CURRENTLY OR DID YOU PREVIOUSLY HAVE A SEPTIC TANK?

YES NO IF YES → DESCRIBE

LOCATION _____

DO YOU HAVE NATURAL GAS? YES NO

IF YES → DO YOU WANT TO KEEP YOUR NATURAL GAS? YES NO

PAYBACK CAPABILITY
LOAN/GRANT DETERMINATION

LIST ALL HOUSEHOLD MONTHLY DEBTS	MONTHS LEFT TO PAYOFF	AMOUNT
ELECTRICITY BILL	N/A	\$
WATER BILL	N/A	\$
YEARLY PROPERTY TAXES	DIVIDE BY 12	\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL MONTHLY OBLIGATIONS		\$
MONTHLY HOUSEHOLD INCOME		\$

SUBTRACT MONTHLY OBLIGATIONS FROM MONTHLY INCOME *(for office use only)*

_____ - _____ = _____

MULTIPLY MONTHLY HOUSEHOLD INCOME BY 30 PERCENT *(for office use only)*

_____ x 30% = _____

THIS IS THE MAXIMUM ALLOWABLE PAYMENT FOR HOUSING
***NOTE THAT UTILITY AND TAX OBLIGATIONS ARE CONSIDERED A HOUSING EXPENSE**

Section 1001 of Title 18, United States Code provides: Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this Title or imprisoned not more than five years or both.

APPLICANT SIGNATURE: _____ DATE: _____

C/O APPLICANT SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____

CONFLICT OF INTEREST CERTIFICATION

I certify that to the best of my knowledge and belief, no member of the City Council or any person now employed by the City of Edinburg is related to me by blood or marriage.

Applicant Signature

Date

C/O Applicant Signature

Date

WARNING: Title 18 USC 1001, provides in part that whoever knowingly and willfully make or uses a document containing any false, fictitious, or fraudulent statement or entry, in any matter in the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000.00 or imprisoned for not more that (5) years or both.

CITY OF EDINBURG
COMMUNITY DEVELOPMENT/GRANTS MANAGEMENT DEPARTMENT
415 W. University Drive
Edinburg, TX 78541
Telephone (956) 388-8206
Fax (956) 292-2140

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
Housing Assistance Program

General information and instructions for requesting assistance:

- The Community Development Block Grant (CDBG) Housing Assistance Program may assist eligible low to moderate income families on reconstruction or rehabilitation of their home.
- The applicant is seeking federal assistance and is aware that temporary relocation will be on a voluntary basis if needed.
- Once the applicant has been approved by the Housing Assistance Committee and all CDBG requirements are met, the City will notify the applicant that they are eligible to participate in the Community Development Block Grant (CDBG) Housing Assistance Program.
- After the applicant receives notification of approval, the **APPLICANT** is in **AGREEMENT** the bidding process will then commence and the lowest bidder and qualified contractor will be awarded the contract of their new home and/or rehabilitation.
- The contractor will notify the City of Edinburg Housing Assistance Department in writing for disbursement of funds.
- Should you have any questions or require additional information, please feel free to contact Veronica Guerrero, Housing Coordinator at (956) 388-8206.

Applicant Signature

Date

C/O Applicant Signature

Date



AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I have applied for or obtained a loan or grant from the City of Edinburg, Housing Assistance Program. As part of the process, the Housing Assistance Program may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to the City of Edinburg, Housing Assistance Program for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references.
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize the City of Edinburg, Housing Assistance Program to order consumer credit report and verify other information:

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., the City of Edinburg, Community Development and Housing Assistance Department is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to the City of Edinburg, Community Development and Housing Assistance Department without further notice or authorization, but will be disclosed or released by the City of Edinburg, Community Development and Housing Assistance Department to another Government agency or department or used for another purpose without my consent as required or permitted by law.

The information the City of Edinburg, Housing Assistance Program obtains is only to be used in the process of my request for assistance.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Applicant Signature

Date

C/O Applicant Signature

Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection is 0575-0166. The time required to complete this information collection is estimated to average of 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

**City of Edinburg, Community Development and Housing Assistance Department
Is an Equal Opportunity Lender**

OPERATIONAL PROCEDURES CERTIFICATION

I / We, _____, certify that on _____ 2018, the CITY of EDINBURG Housing Assistance Loan/Grant Program Operational Procedures, were explained and reviewed in full detail and to my total understanding by the staff. I / We confirm that I / We have received a copy of the operational procedures and certification form for my records.

Applicant Signature

Date

C/O Applicant Signature

Date

RECEIPT OF LEAD BASED PAINT BROCHURE

I / We, _____, have received the Lead Based Paint Information brochure, and the Renovate Right Important Lead Hazard Information for Families, Child Care Providers and Schools brochure, from the City of Edinburg, Housing Assistance Department.

Applicant Signature

Date

C/O Applicant Signature

Date