

CITY OF EDINBURG

Community Development &
Housing Assistance Department
415 W. University Dr.
Edinburg, Texas 78541
Telephone (956) 388-8206
Fax (956) 292-2140

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) HOUSING ASSISTANCE CHECKLIST

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

_____ 2014 & 2015 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 2016 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 Resident Alien 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 2014- 2015 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

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

CITY OF EDINBURG

HOUSING ASSISTANCE 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 <input type="checkbox"/> NO <input type="checkbox"/>				
ETHNICITY: (select only one) HISPANIC or LATINO <input type="checkbox"/> NOT HISPANIC or LATINO <input type="checkbox"/> RACE: (select only one) AMERICAN INDIAN or ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK or AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/>				
HOUSEHOLD PROFILE LIST ALL INDIVIDUALS LIVING IN THE HOME				
NAME	RELATION	OCCUPATION	AGE	EDUCATION LEVEL
SINGLE PARENT HOUSEHOLD <input type="checkbox"/> ELDERLY HOUSEHOLD <input type="checkbox"/> DISABLED <input type="checkbox"/> VETERAN HOUSEHOLD <input type="checkbox"/>				
PRIOR ASSISTANCE RENDERED? YES <input type="checkbox"/> IF YES → LOAN <input type="checkbox"/> OR GRANT <input type="checkbox"/> WHEN _____ NO <input type="checkbox"/>				
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 _____		
HAVE YOU LIVED IN THE HOME FOR A MINIMUM, OF 3 CONSECUTIVE YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>				



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 3/25/15)

	30% of median	50% of median	80% of median	
1	11,000	18,350	29,350	CHECKING ACCOUNT # _____ AMOUNT IN ACCOUNT \$ _____ NAME OF BANK _____
2	12,600	21,000	33,550	SAVINGS ACCOUNT # _____ AMOUNT IN ACCOUNT \$ _____ NAME OF BANK _____
3	14,150	23,600	37,750	OTHER ASSETS: VALUE \$ _____ \$ _____ \$ _____
4	15,700	26,200	41,900	
5	17,000	28,300	45,300	
6	18,250	30,400	48,650	
7	19,500	32,500	52,000	
8	20,750	34,600	55,350	

<input type="checkbox"/> RESIDENTIAL HOME REHABILITATION	
YEAR HOME BUILT: _____	REMODELED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN? _____
CONSTRUCTION TYPE: BRICK <input type="checkbox"/> FRAME <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> IF YES → DESCRIBE LOCATION _____	
DO YOU HAVE NATURAL GAS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES → DO YOU WANT TO KEEP YOUR NATURAL GAS? YES <input type="checkbox"/> NO <input type="checkbox"/>	

**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: AWhoever, 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.©

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF APPLICANT: _____ 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.

Signature of Owner

Date

Signature of Owner

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 AND HOUSING ASSISTANCE 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

Date

Applicant

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, Community Development and Housing Assistance Department. As part of the process, the Community Development and Housing Assistance Department 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, Community Development and Housing Assistance Department 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, Community Development and Housing Assistance Department 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, Community Development and Housing Assistance Department 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.

Signature

Date

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**



**415 W. University Drive • Suite F • Edinburg, Texas 78541
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THE CITY OF EDINBURG

OPERATIONAL PROCEDURES CERTIFICATION

I / We, _____, certify that on _____
20____, 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.

HOMEOWNER (s):

Date

HOMEOWNER (s):

Date



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THE CITY OF EDINBURG

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.

Homeowner Signature

Date

Homeowner Signature

Date



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To: Owners, and Tenants & Purchasers
of Housing Constructed
before 1978

Notification

Watch Out For Lead-Based Paint Poisoning

This property was constructed before 1978. There is a possibility it contains lead-based paint. Please read the following information concerning lead-based paint poisoning.

Sources of Lead Based Paint

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills, doors and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, window sills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

Hazards of Lead-Based Paint

Lead poisoning is dangerous—especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

Symptoms of Lead-Based Paint Poisoning

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomachaches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the Community

Development or other agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at the your walls, ceilings, doors, door frames and window sills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child:

- (a) Cover all furniture and appliances;
- (b) Dust containing lead can be a health hazard. DO NOT vacuum loose paint. Sweep and damp mop;
- (c) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. DO NOT BURN THEM;
- (d) Do not leave paint chips on the floor in window wells. Damp mop floors and window sills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important, and;
- (e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

Homeowner Maintenance and Treatment of Lead-Based Paint Hazards

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainted with two (2) coats of non-lead-based paint. Instead of scraping and repainting, the surface may be covered with other material such as wallboard, gypsum, or paneling.

Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. **Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.**

Tenant and Homebuyer Responsibilities

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should cooperate with that office's efforts to repair the unit.

I have received a copy of the Notice entitled "Watch Out for Lead Paint Poisoning."

Date

Print Full Name

Signature