



CDBG EMERGENCY REPAIR PROGRAM APPLICATION

Date: _____

Address:	Denison, TX	Zip:
Homeowner #1 Name:		
Homeowner #2 Name:		
Home Phone:	Cell Phone:	
Number of people in household:	Email Address:	
Have you ever received assistance from this program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		

The following information is needed for demographics only, not for eligibility purposes.

1. ETHNICITY: (Select only one) Hispanic/Latino Not Hispanic/Latino

2. RACE: (Select one or more) White Black/African American American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Other

Briefly Describe the Repair(s) Needed:

Household Member Name	Relationship to Head of Household	Date of Birth	Sex	Social Security Number (Homeowner only)	Full Time Student?	Disabled? If yes, type of disability?
	Head of Household					

Household Member Name	Source of Income (include employer name and phone number)	Rate of Pay (if on SSI/Retirement/ Disability, etc. put the monthly amount)	Hours per week	Frequency of Pay (Weekly Monthly, etc.)



Please list all assets in the table below. An asset is defined as a house other than the home listed on this application, stocks, bonds, treasury bills, certificates of deposit, money market accounts, pension funds and cash held in savings and checking accounts, safe deposit boxes, home safe, etc. *** Vehicles do not count as an asset ***

Household Member Name	Type of Asset	Cash Value of Asset	Annual Income from Asset

The City of Denison CDBG Emergency Home Repair Program exists to assist low- and moderate-income homeowners with **emergency home repairs for items that pose an imminent threat**. To qualify, applicants must fall under 80% of the median household income for the area and submit a completed application with supporting documentation. Applicants/households are eligible for one repair per program year.

Because this program is intended to assist homeowners, funding will be treated as a forgivable loan for three years. If the home is sold or transfers ownership within those three years, you, the applicant, will be responsible for paying the City of Denison a prorated amount of the original repair work. (For example, if the house is sold two years after a repair through this program, you will be responsible for reimbursing the city for 1/3 of the cost of the repair.)

1. Have you read and understood the eligibility requirements of the emergency repair program?
2. Do you both own and reside at the address listed on this application?
3. Have you listed all persons who reside at the address listed on this application?
4. Have you provided full and complete information for all household members' income and assets?
5. Are all utilities for the property current and paid for?
6. Is any person living in the applicant's house related to, either by blood or marriage, to a City of Denison Employee? If so, please list the employee:
7. Are all property taxes for the property current and paid for (This will be verified)?
If no, do you have a payment plan with the County Tax Assessor? (Please provide documentation)
8. Do you owe any other debts to the City of Denison (tickets, fines, etc.)?
9. Have you attached supporting documentation as proof for all income sources?

Minimum Documentation Requirements:

1. Copy of a Social Security/disability award letter AND/OR retirement/insurance award letter AND/OR current employment check stubs for the last 3 months,
2. Current 3 years IRS Tax Returns (if filed), AND
3. Current 3 months of bank statements



Have you completed this form in its entirety? (Application will not be processed until complete.)

I certify that the information provided is complete and true to the best of my knowledge. I understand that completing this application does not guarantee that I will be eligible for the Emergency Home Repair Program. I understand and agree to the program requirements listed above. I understand that I am subject to all changes in program guidelines. I understand that the information provided is subject to verification by the City of Denison and the U. S. Government, and I authorize the City of Denison to verify the information provided in this application. I further understand that any willful omission, false statement, or misrepresentation of information is a criminal offence and considered fraud under Section 1001 of Title 18 of the U.S. Code.

X
Homeowner #1 Signature

X
Homeowner #2 Signature

IN CONSIDERATION OF THE CITY OF DENISON APPROVING MY APPLICATION FOR THE CDBG EMERGENCY REPAIR PROGRAM AND COORDINATING QUOTES AND CONTRACTOR SELECTION TO MAKE REPAIRS AT MY REQUEST, I FOR MYSELF AND MY HEIRS, SUCCESSORS, FAMILY MEMBERS AND ASSIGNS, HEREBY RELEASE THE CITY OF DENISON AND ITS EMPLOYEES, OFFICERS, OFFICIALS, AGENTS AND REPRESENTATIVES, FROM ANY AND ALL INJURIES (INCLUDING DEATH), DAMAGES, DEMANDS, INJURY TO PROPERTY, JUDGMENTS, EXECUTIONS, CAUSES OF ACTION, WHETHER SAME BE KNOWN, ANTICIPATED OR UNANTICIPATED, OR CLAIMS SUFFERED BY ME OR ANY OTHER PERSON AS A RESULT OF MY PARTICIPATION IN THE CDBG EMERGENCY REPAIR PROGRAM. I ACKNOWLEDGE THAT THE CITY OF DENISON IS NOT MAKING THE REPAIRS AND DOES NOT GUARANTEE OR WARRANTY THE REPAIR WORK PERFORMED BY A CONTRACTOR. Initials:

I certify this form has been fully explained to me, that I have read it or have had it read to me, that I fully understand its contents and freely and voluntarily sign it. **Initials:**

**Please mail your completed application with all required supporting documents to:
The City of Denison, ATTN: CDBG Coordinator, 300 W. Main, Denison, TX 75020**