

Date:

## **Minimum Property Standards Assistance Application**

The City of Denison Minimum Property Standards Assistance Program exists to assist low to moderate income homeowners with <u>repairs towards violations of the City of Denison Minimum Property Standards</u>. To qualify, applicants must fall under 80% of the median household income for the area and submit a completed application with supporting documentation.

with supporting documentation.  Address:								
· · · · · · · · · · · · · · · · · · ·	Denison, TX	Zip:						
Homeowner #1 Name:	201110011, 171	1						
Homeowner #2 Name:								
Phone Number 1: Phone Number 2:								
Number of people in household:	Email Address:							
Briefly Describe the Repair(s) Needed:								
Will a Contractor Being Completing the Repairs?  Does applicant need assistance locating a contractor?								
Yes No	Yes	No						
Contractor Name/Company:	Dan+**		Contractor Phone:					
**Contractor must be registered with City Building Dept**  **Contractor will be paid up to \$7,500 directly from the City. Costs in excess of \$7,500 will be paid by the applicant**								
If no, the applicant will need to submit an itemized cost estimate of the supplies and materials needed to complete the								
repairs with the application.	cost estimate o	i tiic supp	nes and materials needed to complete the					
HOUSEHOLD NATIVE CONTROL OF								
HOUSEHOLD MEMBER INFORMATION List the Head of Household and all other persons who reside at this address. This includes temporary household								
residents who do not maintain a regular residence in another location.								
l residents who do not maintain a regular residence.		IOH.						
		ı	Approximate Monthly Income Total					
	tionship Da	ate of	Approximate Monthly Income Total					
Household Member Name Rela	tionship Da	ite of	Approximate Monthly Income Total					
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Household Member Name Rela	tionship Da To E neowner	ate of Birth	Approximate Monthly Income Total					
Household Member Name Rela  Hom  Do you both own and reside at the address listed	tionship Da To E neowner	ate of Birth						
Household Member Name Rela  Hom  Do you both own and reside at the address listed Have you listed all persons who reside at the address the address listed and the address listed the address listed and the address listed the address listed all persons who reside at the address listed and light listed all persons who reside at the address listed and light listed all persons who reside at the address listed and light listed all persons who reside at the address listed and light listed and listed and light light listed and light listed and light listed and light listed and listed and light listed and light listed and light listed and listed and light listed and light listed and listed and light listed and list	tionship Da To E neowner	ate of sirth	ation?					
Household Member Name  Rela  Hom  Do you both own and reside at the address listed Have you listed all persons who reside at the add Have you provided full and complete information	tionship Da To E neowner	ate of sirth	ation?					
Household Member Name Rela  Hom  Do you both own and reside at the address listed	tionship Da To E neowner  I on this applicatives listed on the for all househ for?	ate of sirth	ation?					

<ol> <li>2.</li> </ol>	months for all working members of the househol	disability award letter OR embers of the household <b>a</b> d.	current employment check nd last three (3) months ban osts homeowner estimate w	k statements for all working		
Have you completed this form in its entirety? (Application will not be processed until complete.)						
		• • • • • • • • • • • • • • • • • • • •	n <u>with all required supporting</u> Division, 300 W. Main, Deniso	<u>-                                      </u>		
———— Applica	nt Signature		Da	te		
A	ation Desciond Date.	City Office U	Jse Only			
	ation Received Date: ation Reviewed By:					
Applica			Reason for Denial:			

Have you attached supporting documentation as proof for all income sources?