

**2009 - 2010
BRAZORIA COUNTY
COMMUNITY DEVELOPMENT
HOME PROGRAM**

**REHABILITATION/RECONSTRUCTION
APPLICATION**

**APPLICATIONS MUST IN OUR OFFICE OR POSTMARKED BY
SEPTEMBER 30, 2009**

For Staff Use Only:

Date Application Received: _____ Time: _____

Application received by: _____

PLEASE READ THIS SHEET BEFORE COMPLETING APPLICATION

Brazoria County can provide financial assistance for the rehabilitation or reconstruction of your home on your property. To qualify for this assistance, (1) you must have lived on the property and be the owner of record for a period of five years, (2) all property taxes must be current, and (3) the total family income must not exceed the maximum income limits set for the program. After receipt of application, the application will be screened for completeness and all information related to homeownership, taxes, and income must be verified to determine eligibility. The maximum income limits are as follows:

<u>Family Size</u>	<u>Maximum Income Limit</u>
1	\$ 39,950
2	\$ 45,700
3	\$ 51,400
4	\$ 57,100
5	\$ 61,650
6	\$ 66,250
7	\$ 70,800
8 or more	\$ 75,350

The financial assistance will be provided in the form of a forgivable loan that will be forgiven after ten to twenty (10-20) years depending on amount of assistance needed on the home. A lien in the amount of the cost of the rehabilitation or reconstruction of your home will be filed for record against your property in order to enforce the loan requirement.

All applicants will be required to file a complete application before they can be considered. All completed applications must be returned to Jennifer Crainer, Brazoria County Community Development Department which is located at 1524 E. Mulberry, Suite 162, Angleton, Texas, 77515. If you have any questions, please feel free to contact Jennifer at the Brazoria County Community Development Department at (979) 864-1220 during normal work hours between 8:00 a.m. to 5:00 p.m. Monday through Friday.

***THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY
APPLICANT AND SPOUSE***

Please turn in a completed application. If the application is not complete, it will slow the process down for you. You must use the correct legal name for each member of your household as it appears on the Social Security card. All adult members of the household must sign certifying the information pertaining to them.

- Marital status of applicant: Married Separated Unmarried (single, divorced, or widowed)
- Are you and your spouse a US Citizen or permanent resident? Yes No (**provide** copies of social security card, birth certificate, Naturalization certificate, or voter's registration card)

Is anyone in your household disabled or handicapped? Yes No

If yes, list name(s) _____

- Is anyone in your household who is 18 or older a full-time student? Yes No

If yes, list name(s) _____

II. TOTAL HOUSEHOLD INCOME

List below all money earned or received by everyone living in your household. This includes money from *alimony, baby-sitting, cash benefits, child support, pension, rental income, retirement, self-employment, Social Security, SSI, unemployment, Veterans benefits, wages, worker's compensation, and include any income from bank accounts, stocks, dividends, etc.* Please give the person's name who receives the income. If one family member has more than 1 (one) income, please use 2 lines. If you have a bank account, please supply bank's name and address.

Name of Household Member Receiving Income	Income Source (Please specify Wages, Social Security, food stamps, etc)	Amount (Specify if weekly, monthly, or annually)

- Is there any other income not listed above Yes No

If yes, list _____

- Do you or anyone in your household have a checking or savings account? Yes No

If yes, list _____

- Is the head of household or spouse a member of the Armed Services Yes No

If yes, list _____

- Have you or your spouse filed for bankruptcy? Yes No

If yes, when _____

III. ASSETS

Do any family members have or receive income from the list below. Please mark all assets that your family has and list the value. If you do not have any of the items, please write the word **NONE** on the line.

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Real Estate | \$ _____ | <input type="checkbox"/> Trusts | \$ _____ |
| <input type="checkbox"/> Stocks | \$ _____ | <input type="checkbox"/> Bonds | \$ _____ |
| <input type="checkbox"/> Certificates of Deposit | \$ _____ | <input type="checkbox"/> Insurance Settlements | \$ _____ |
| <input type="checkbox"/> Retirement/Pension Fund | \$ _____ | | |

IV. HOUSING EXPENSES

List amounts you pay for each of the following. List **NONE** if you pay nothing.

Monthly Mortgage Payment \$ _____ (If applicable, you must include a copy of your latest mortgage statement with the application)

Mortgage Company Name and Address _____

Does mortgage include property taxes? Yes No

Does mortgage payment include homeowner's insurance? Yes No

Do you have Homeowner's insurance? Yes No If no, why not? _____

Do you owe any taxes to the Brazoria County? Yes No If yes,

Do you have a current payment arrangement with Brazoria County Tax Assessor? Yes No

V. GENERAL INFORMATION

This is a very important section. Please complete each question. If you do not have any write the word NONE.

Does any member of your household have any special housing needs? If so, please describe below:

Have you suffered any of the following hardships?

- Is there a death of a spouse within the last two (2) years?
Name of spouse and date died. _____
- Are you paying more than 30% of your income towards your housing expenses?
- Family medical expenses in excess of 7.5% of your household income within the last year.
Amount of medical expenses spent. \$ _____ (This amount must be reported on your income tax statement to be considered. Please supply a copy of your income tax statement with the application.)
- Has home suffered damage from fire or natural disaster (hurricane, flood) within the

last two (2) years?

Date: _____ Type of disaster: _____

(If yes, you may be eligible for another grant program.)

Did you apply with FEMA? Yes No If yes, how much did you receive? \$ _____

Was this used for repairs? Yes No Why not? _____

Please provide any additional information on hardships you checked that you wish us to consider in evaluation your application for assistance. Use additional pages if needed.

Have you ever received any other type of federal financial assistance for home improvements before?

Yes No If yes, When? _____ What type? _____

VI. ITEMS TO BE RETURNED WITH THIS APPLICATION (These items must accompany this application to be considered complete. If any information is missing, it will delay the application process.)

1. 2008 Income Tax Return and copies of all W-2's for 2008,
2. Income Documentation (last two paycheck stubs, award letters, etc.),
3. Tax receipt showing all taxes paid. Do not submit appraised value documentation,
4. Property Deed or other document showing property ownership in applicant's name,
5. Copies of proof of citizenship of all persons living in the home (social security card, birth certificate, etc),
6. Copy of most current electric or water bill,
7. Copies of last two months Bank Statements for all checking and savings accounts,
8. Proof of Homeowner's Insurance.

Applicant's Certification

I hereby certify that the information and statements made on this application and all information furnished in support of this application are true and correct to the best of my belief and knowledge and that I understand that giving false or fraudulent information in connection with this application is prohibited by law. I also understand that the County will obtain the necessary verification and documents required to consider this application and will duly give my authorization for such verification. I agree that the property repaired under this program will be used as my principal residence, and that temporary subleases will not be allowed. I also agree that I will not hold any representatives, agents, officials, or employees of Brazoria County, liable for any acts, other than illegal acts, in connection with the administration and implementation of the County's HOME Program.

Applicant's Signature

Date

Spouse's Signature

Date

Penalty for False or Fraudulent Statement: U.S. C., Title 18, 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or make any false writing or documentation knowing the same to contain any false, fictitious statement or entry shall be fined not more than \$10,000.00 or imprisoned not more than 5 years, or both."

WHAT AND WHAT NOT TO EXPECT FROM THE HOME PROGRAM

Things that Homeowner's Do in the HOME Program

1. Homeowners should point out problems during the inspection so that these problems can be addressed.
2. Homeowners will be asked to sign an agreement with the Construction Contractor.
3. Homeowners will be asked to approve work performed by the Contractor.
4. Homeowners will be asked to approve payments to the Contractor.
5. Homeowners will attempt to work with Contractors to settle disagreements during the job.
6. Homeowners call/write their Contractor to ask them to correct problems covered by Contractor warranties during the first year after the job has been completed.
7. Homeowners will be required to execute a Promissory Note and Deed of Trust for the work. A lien will be recorded against the property for a period of ten years for rehabilitation work and twenty years for the reconstruction of the home if it is not feasible to rehabilitate. After this period, the deferred loan will be forgiven and the lien will be released.

Things Homeowners should think about before participating in the HOME Program

1. Not all the work that homeowners want done can always be done. Limited funds are available for each project. If the cost of the work exceeds the funds available, no work can be done at all unless the homeowner pays the difference or the scope of work can be reduced.
2. Unless your home is reconstructed, repairs will correct **some** of your home's problems, but will probably not solve **all** problems.
3. Unless your home is reconstructed, **do not** expect your house to be completely new when work is done.
4. Unless your home is reconstructed, do **not** expect all floors, walls, ceilings, doors, windows and so on in older houses to be completely plumb, level and square when work is done. The Rehab Specialist will do a final walk thru with the contractor and a final punch list will be completed.
5. All construction firms **must** be approved through Brazoria County prior to any bid being accepted.
6. The homeowner may **not** live in the home during the construction process. The homeowner will need to temporarily reside elsewhere. In these cases, the expense of the temporary relocation is the responsibility of the homeowner.
7. If it is of value, lock it up. Brazoria County will not be responsible for items left and/or stolen on construction site.
8. Very few times in life is anyone completely satisfied the things they buy or have repaired. Having a house repaired or reconstructed is no different.
9. The HOME Program is **not** responsible for the Contractor and **cannot** guarantee that homeowners will be completely satisfied with the work done by the Contractor.
10. **Finally and most important, Homeowner's must realize that they must maintain insurance throughout the lien period for the amount of assistance provided. They must also realize that with the improvements to the home (or possible reconstruction of the home) the appraisal value of the property might increase. This could possibly increase property taxes. This is possibly the most serious issue to consider when applying for this assistance.**

Signature of Homeowner

Date

Signature of Homeowner

Date

BRAZORIA COUNTY
OWNER OCCUPIED REHABILITATION
PROGRAM DESCRIPTION
(REVISED: April 29, 2008)

I. OVERVIEW

A. Program Purpose

1. The purpose of the Rehabilitation ("Rehab") program is the rehabilitation of existing, owner occupied structures to a condition which, at a minimum, brings the structure into compliance with Brazoria County's ("the County's") locally adopted "Minimum Housing Standards ("MHS"), and all applicable local codes and ordinances.

B. Designated Authority

1. The program is operated in accordance with all applicable rules and regulations of U.S. Department of Housing and Urban Development ("HUD") and Brazoria County.

2. The County's CDBG and HOME Program Staff are responsible for the overall administration of the Rehab program.

3. The HOME Program is under the direct supervision of the Brazoria County Commissioners' Court.

C. Type of Financial Assistance

1. The financial assistance will be in the form of a no-interest deferred payment loan ("DPL") which will be forgiven on a pro rated basis over the applicable affordability period.

a) The minimum available DPL is one thousand (\$1,000) dollars.

b) The maximum DPL is thirty thousand (\$35,000) dollars.

(1) In the event that thirty thousand (\$35,000) dollars is not sufficient to complete the needed repairs, the HOME Program Staff may authorize that additional funds be made available to the applicant(s) subject to the availability of funds, or require that the applicant to pay the additional costs or delete some of the general improvements (of non-MHS) items down to the available funding level. Applicants shall have sixty (60) days to secure additional financing if needed.

c) The affordability period shall be:

(1) Five (5) years when the DPL is less than ten thousand (\$10,000) dollars;

(2) Ten (10) years when the DPL is between \$10,000 and 40,000 dollars;

(3) Fifteen years (15) when the DPL exceeds \$40,000, and

(4) Twenty years (20) when the home is demolished and reconstructed.

d) If the home is sold prior to the expiration of the affordability period, the owner will be required to repay the pro-rated balance of the DPL on the date of sale.

II. OWNER'S ELIGIBILITY FOR THE PROGRAM

A. Only owner/applicants ("owner") may apply for the program

1. An owner is defined as:

a) An owner of record, duly recorded at the County Courthouse and having fee simple title; or

b) A leaseholder with a 99 year leasehold interest.

B. Owner MUST own 100% of property at time of application.

C. The owner must be a U. S. citizen and resident of Brazoria County.

D. The Rehab program is only available to owners whose family income, as defined by HUD, is at or below eighty (80%) percent of the County's median income.

1. All income is subject to third party verification.

E. The owner's income must be sufficient to cover the owner's mortgage, insurance and property tax expense for the compliance period while not exceeding thirty-two percent (32%) of the owner's present annual income.

F. The Rehab program will only provide financing for the amount which the owner cannot otherwise finance through private sector lenders.

G. Prior recipients of funds under the Rehab Program are not eligible to apply for assistance.

H. The owner must have owned and resided at the property for the previous five (5) years.

I. The owner must be current on all property taxes.

J. The home must be located in a participating city or unincorporated area of the County. All areas/cities participate except Liverpool, Quintana, Hillcrest Village, Pearland and Angleton. If you live within the city limits of any of these cities, you are not eligible for this program.

III. ELIGIBLE IMPROVEMENTS AND EXPENSES

A. Rehabilitation funds shall be used first for those repairs and/or replacements that are necessary to bring the dwelling and property in compliance with the County's MHS, all applicable local codes and regulations, and Federal requirements governing asbestos and lead based paint abatement.

B. Rehabilitation funds may also be used for general improvements that are "reasonable and customary". The following items are specifically excluded:

1. Washing machines and dryers;
2. Garage door openers;
3. Security systems;
4. Swimming pools;
5. Fences;
6. Detached storage buildings;
7. Television satellite dishes;
8. Jacuzzis and hot tubs; or
9. Any other item that, in the judgement of the County's HOME and CDBG staff is unwarranted.

C. All improvements must be permanent in nature, and may include the main structure, outbuildings, garages, etc.

D. If the structure is unfeasible to repair and it lies in a Flood zone as determined by a FEMA map, the assistance will be withdrawn.

IV. POST REHABILITATION TERMS AND REQUIREMENTS

A. Funds provided to the property under the Rehab program shall be secured by a first or secondary lien by the County on the property.

1. The lien shall remain in place for the compliance period as defined herein.

B. The owner may not refinance the property during the lien period without the direct written approval of the HOME and CDBG Program Staff.

C. The owner must occupy the structure upon completion of the rehabilitation for the required compliance period or repay the balance on the loan as defined herein. If at any time the owner ceases to occupy the residence, foreclosure proceedings may result.

D. **The owner must furnish evidence that the residence is insured in an amount sufficient to cover the fair market value of the dwelling after rehabilitation (this does not include insurance on contents).** The following are the insurance requirements:

1. Property taxes must be **maintained and kept current during the entire compliance period.**
2. If the property is located in a flood hazard area, flood insurance will be required to be in place at the time assistance is provided by the County and must be **maintained during the entire compliance period.**
3. Fire and casualty insurance is required to be in place at the time assistance is provided by the County and must be maintained during the compliance period. Windstorm insurance is required to be in place at the time assistance is completed and **must be maintained during the compliance period.**
4. Each insurance policy must list the County as a lien holder/loss payee and provide the County with at least thirty (30) days notice of cancellation for any reason
5. Each year, within thirty (30) days of the anniversary date of the any insurance policy the owner will provide to the County a certificate of insurance for the property stating:
 - (1) The coverage period;
 - (2) The amount of coverage;
 - (3) The types of coverage included;
 - (4) That the County is included as a lien holder/loss payee.
6. **Any lapse of insurance coverage shall be grounds for recapture of the pro-rated balance of the DPL.**

V. Acknowledgement and Agreement.

A. I/We, the undersigned owner of the property located at

_____, _____ Brazoria County, Texas,
acknowledge we received a copy of the program description.

B. I/We, the owner/applicant for assistance under the Brazoria County Owner Occupied Rehabilitation Program, **state that we have read the Program Description and fully understand the terms and conditions** of the Program for which we are applying.

Applicant/Owner

Date

Co-Applicant/Owner

Date

BRAZORIA COUNTY COMMUNITY DEVELOPMENT HOME PROGRAM

1524 E. Mulberry, Suite 162, Angleton TX 77515
(979) 864-1427 Phone (979) 864-1089 Fax

AUTHORIZATION FOR RELEASE OF INFORMATION

I Authorize any duly accredited representative of the Brazoria County HOME Program to obtain any information relating to my activities from current and former employers, criminal justice agencies, financial or lending institutions, Social Security Administration, medical institutions, State Wage Employment Agents, Public Aid, consumer credit reporting agencies and any other source providing income and/or assistance relative to my eligibility and suitability for the HOME Program assistance. This information may include but is not limited to my residential performance, criminal history record, arrest and conviction, medical and financial information.

I Further Authorize the Brazoria County HOME Program staff and any other authorized agency to request criminal history record information about me from criminal justice agencies, for the purpose of determining my eligibility for participation in the HOME Program, with assignment to, or retention in the Brazoria County HOME Program.

I Direct You to Release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have made with you previously to the contrary.

I Understand that the information you release is for official use by the Brazoria County HOME Program and that these users may redisclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me for a period of 15 months from the date of my signature. I hereby release and hold harmless Brazoria County HOME Program and its representatives, employees and commissioners from any and all liability or damages whatsoever.

Signatures of:

Head of Household	Date	SS # of Head of Household	
Spouse	Date	Other Family Member 18 or older	Date
Other Family Member 18 or older	Date	Other Family Member 18 or older	Date
Other Family Member 18 or older	Date	Other Family Member 18 or older	Date