

City of Beaumont
Owner-Occupied Housing Rehabilitation Program

Application Process

Welcome - The City of Beaumont's Owner-Occupied Housing Rehabilitation Program Assistance is available to homeowners who need assistance with repairs to their principal place of residence. Senior citizens are the priority category for this program. Persons must be Low to Moderate Income. (20% or below of Median Family Income) Persons must own or be in process of buying the house that they want to have rehabilitated and it must be their principal place of residence. Homeowner must have lived in the home for 1 year prior to assistance or applying.

Requirements:

Please fill out this entire application and return to Habitat for Humanity of Jefferson County, 610 Trinity Street, Beaumont, TX 77701, or by mail to P.O. Box 3174, Beaumont, TX 77704. All verifications must accompany the application or the application will not be accepted.

Verifications:

The following verifications are required and must be current and up to date:

Copy of Deed or Mortgage Verification:

Shows that you are the home owner or you are in the process of buying your home.

Income Verification:

Federal regulations require a "snapshot" of your gross income (net, if you are self-employed) and project it forward 12 months. You will be asked to submit six (6) months of checking and three (6) months of savings account statements. Along with six (6) consecutive check stubs from any and all employment for each household member, and any assistance payments such as Social Security, child support alimony, etc. Federal

regulations require that we calculate income from your assets, such as bank account, and add that to your income.

Tax Certificate: (City, County, School). All of your property taxes must be paid up to date, if back taxes are owed, please provide a copy of your payment plan from the Jefferson County Tax Office.

Copy of Insurance Policy on house.

Shows current fire coverage on structure.

Special Note:

Program Administration:

- ▷ Applicant must have a current Homeowner's Insurance policy with sufficient coverage to replace the home in case of fire.
- ▷ No repairs will be authorized if all required documentation and verifications are not up to date at the time of rehabilitation.
- ▷ As per HUD CPD Notice#91-01, repairs will be bid on by contractors that have been approved by the City of Beaumont as having met the necessary bonding and performance requirements.
- ▷ *A lien will be placed on your property for a five-year period.* The lien amount is equal to the rehab contract amount. Assistance is provided as a 0% interest deferred (forgivable) loan amortized at 20% per year. The lien is released at the end of five-years.
- ▷ The home owner is required to maintain the home as his/her principal residence for the five-year lien period; property taxes and homeowner insurance with sufficient coverage (at a minimum, the contract amount) must be maintained during this period. The City of Beaumont must be shown as co-insured on the insurance policy.
- ▷ You must obtain a Tax Certificate from Jefferson County Tax Office. All of your property taxes must be paid up to date or you must have a payment plan with Jefferson County and be up to elate on payments.

Please note:

The home owner enters into a contract with the contractor, not with the City. The City will conduct the necessary inspections and pay the contractor for repairs made as per the signed homeowner/contractor agreement.

The contractor is required to extend a one-year warranty on all work. Any manufacturer warranty is in addition to the contractor's warranty.

All repairs must be made within forty-five days of signing the homeowner/contractor agreement.

APPLICATION

CENSUS TRACT AREA: _____ APPLICATION DATE: _____ APPLICATION No.: _____
PROJECT ADDRESS: _____

HOUSEHOLD INFORMATION

Primary Applicant Name: _____

Current Address (street, city, state, zip): _____

Phone: W) _____ H) _____ Cell) _____ Email: _____

Birthdate: _____ Social Security Number _____

Gender (M/F) _____ Y N Are you Currently employed? Number of people in your household _____

Are you a full-time student? Y N Do you receive any other income? Y N

OPTIONAL: Federal funding agencies require the collection of ethnicity and race data to track Fair Housing performance. This information will not be used to determine housing eligibility.

Ethnicity (please choose one): Hispanic or Latino
 Not Hispanic or Latino

Race (please check one or more of the following);
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White



Document Checklist

The following documents must be turned in with your application. Incomplete applications will not be considered.

Homeownership

Property tax receipts for previous year _____
 Copy of divorce decree if property was acquired through court order _____
 Copy of last mortgage payment receipt or deed _____

Homeowners' Insurance

Copy of applicable policies Homeowner _____
 Flood _____
 Windstorm _____

Previous Two Year's Tax Returns (if employed)

Applicant _____
 Co-applicant _____

Proof of Income

Paystubs 6 current months Applicant _____
 Co-applicant _____
 Household Member _____
 Household Member _____
 Child Sup _____
 SS _____
 SSI _____
 SSDI _____
 Pension _____
 Other _____
 Copy of DD214 if applicant or co-applicant has served in the Armed Forces. Applicant _____
 Co-applicant _____

Assets

Bank Statements Checking and Savings - 6 months Applicant _____
 Co-applicant _____

Residency

TDL, Social Security Card (for all household members),
 2 current utility bills in applicant's or co-applicant's name. Applicant _____
 Co-applicant _____

Other documents may be requested once application is reviewed

Call 409-832-5853 with any questions regarding the application. Return completed application and documents to Habitat for Humanity of Jefferson County, Inc. at 610 Trinity, Beaumont, TX 77701.

Family income must be at or below 80% of the area median income.

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$41,250.00	\$47,150.00	\$53,050.00	\$58,900.00	\$63,650.00	\$68,350.00	\$73,050.00	\$77,750.00

HOUSEHOLD INFORMATION

CO-Applicant Name: _____

Current Address (street, city, state, zip): _____

Phone: W) _____ H) _____ Cell) _____ Email: _____

Birthdate _____ Social Security Number _____

Gender (M/F) _____ Y N Are you Currently employed? Number of people in your household _____

Are you a full-time student? Y N Do you receive any other income? Y N

OPTIONAL: Federal funding agencies require the collection of ethnicity and race data to track Fair Housing performance. This information will not be used to determine housing eligibility.

Ethnicity (please choose one): Hispanic or Latino
 Not Hispanic or Latino

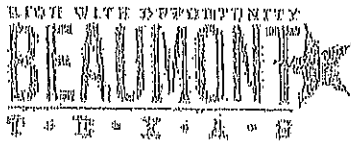
Race (please check one or more of the following);
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

FAMILY COMPOSITION and INCOME DATA

LIST ALL PERSONS LIVING IN HOUSEHOLD

NAME	AGE	RELATIONSHIP	SOURCE OF INCOME	MONTHLY INCOME
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL NUMBER OF DEPENDENTS				_____
TOTAL MONTHLY INCOME		TOTAL ANNUAL INCOME		

Verification of EMPLOYMENT		
City of Beaumont		
Address: 801 Main St/P O Box 3827		
Phone: 409.880.3763	Fax: 409.880.3125	Email: lsemien@ci.beaumont.tx.us
Applicant Name:		
<p>RELEASE: Applicant's signature here or on attached "Eligibility Release" authorizes the release and/or verification of the requested employment information.</p>		
Signature of Applicant _____		Date _____
<p>Applicants – Do Not Fill Out The Information Requested Below.</p>		
<p>To the Employer: Federal regulations require verification of employment and income of all members of any household making application to participate in the City of Beaumont's Affordable Housing Program. We ask your cooperation in supplying this information to the City of Beaumont. The information you provide will be used only to determine the eligibility status and level of benefit available to the applicant household.</p>		
Applicant employed since:		Occupation:
Salary:		Date of last pay increase:
Base pay rate: \$ _____ per HOUR / WEEK / MONTH (circle one)		
Average number of hours worked per week at base pay rate:		
Number of weeks worked per year:		Overtime pay rate: \$ _____ per hour
Expected average number of hours overtime to be worked per week during the next 12 months:		
Specify any other compensation not included above (commissions, bonuses, tips, etc.):		
For: \$ _____ per		
Is pay received for vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, number of days per year		
Total base pay earnings for past 12 months: \$		
Total overtime earnings for past 12 months: \$		
Probability and expected date of any pay increase:		
Does the employee have access to a retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, what amount does he/she have access to? \$		
Signature of Employer's Authorized Representative:		
Title:	Date:	Phone:
<p><i>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</i></p>		



ELIGIBILITY RELEASE
City of Beaumont
Applicant Name: _____
Applicant Address: _____
<p>Instructions to Applicant: Your signature on this <i>Eligibility Release</i>, and the signatures of each member of your household who is 18 years of age or older, authorizes the City of Beaumont to obtain information from a third party regarding your eligibility and continued participation in the:</p> <p style="text-align: center;">City of Beaumont Affordable Housing Program</p> <p><u>Privacy Act Notice Statement:</u> Federal program guidelines require the collection of the information listed in this form to determine an applicant's eligibility for programs administered by the City of Beaumont which provide assistance with federal grant funds. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. The City of Beaumont is authorized to ask for this information under the National Affordable Housing Act of 1990.</p> <p>Each adult member of the household must sign this Eligibility Release prior to the receipt of benefits to establish continued eligibility.</p> <p>NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form" must be prepared and signed separately.</p>

I understand that by filling this application, I authorize Habitat for Humanity to evaluate my need and willingness to partner. I understand that evaluation will include a home inspection, employment/income verification, verification of homeownership and mortgage in good standing, insurance and residency. I have answered all questions on this application truthfully. I understand that if I have not answered truthfully my application may be denied and if I previously received an acceptance letter, I may be disqualified. The original of this application and all supporting documents will be retained by Habitat for Humanity even if not approved.

Applicant Date

Co-Applicant Date