

Hurricane Harvey Recovery Homebuyer Assistance Program (HbAP) Intake Application and Packet



This Section is for Office Use Only

Date/Time Application Received:

Applicant ID #:

Application Received By:

NOTES:



Homebuyer Assistance Program (HbAP) Intake Application and Packet

This section(s) to be completed by Applicant/Co-Applicant.

Application ID #:	
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1. APPLICANT INFORMATION

The applicant is the Head of Household, for the purpose of this application

First Name:		Middle Name:		Last Name:	
Damaged Property Address: <i>(Damaged by Hurricane Harvey)</i>			Damaged Property City, State, Zip: <i>(Damaged by Hurricane Harvey)</i>		
Is the Damaged Property Address above where you receive mail? <input type="checkbox"/> Yes <input type="checkbox"/> No			Current Mailing Address: <i>(If different from Damaged Address)</i>		
			Current Mailing City, State, Zip: <i>(If different from Damaged City, State, Zip)</i>		
Home Phone:		Daytime Phone:		Cell Phone:	
Email Address:			Date of Birth:		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow					
Is Damaged Property:			<input type="checkbox"/> Rented <input type="checkbox"/> Owned		
Are any household members over 18 responsible for child support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES (you are responsible for child support payments) , is the responsible party current on payments for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO , is the responsible party on an approved payment plan for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is Applicant Participating in the Homeowner Assistance Program? If YES which program? If YES what is the current status of the application?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reimbursement <input type="checkbox"/> Acquisition _____		
Is Applicant Participating in the Single Family Affordable Housing Program? If YES what is the current status of the application?			<input type="checkbox"/> Yes <input type="checkbox"/> No _____		

2. CO-APPLICANT INFORMATION *(If Applicable)* DOES NOT APPLY

List other members of the household who hold as much responsibility for the property as the Applicant. This person is often referred to as the co-owner of the property

First Name:		Middle Name:		Last Name:	
Current Address: <i>(Where Co-Applicant Resides)</i>			Current City, State, Zip: <i>(Where Co-Applicant Resides)</i>		
Mailing Address: <i>(If different from Current Address)</i>			Mailing City, State, Zip: <i>(If different from Current City, State, Zip)</i>		
Home Phone:		Daytime Phone:		Cell Phone:	
Email Address:			Date of Birth:		
Relationship to Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other: _____					

3. COMMUNICATION DESIGNEE OR ALTERNATIVE CONTACT(S) *(If Applicable)* DOES NOT APPLY

(If you assign a Communication Designee or Alternative Contact(s), complete Attachment B, HbAP Communication Designee Form for each designee/alternative contact.)

First Name:		Middle Name:		Last Name:	
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Current Address:		
City, State, Zip:		
Home Phone:	Daytime Phone:	Cell Phone:
Email Address:		
Relationship to Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other: _____		

4. HEAD OF HOUSEHOLD DEMOGRAPHIC INFORMATION FOR HUD REPORTING *(check only one)*

Race of Head of Household:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native and White
<input type="checkbox"/> Asian and White	<input type="checkbox"/> American Indian/Alaska Native and Black
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Black/African American and White	<input type="checkbox"/> Other

Ethnicity of Head of Household:

Hispanic/Latino – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or Origin, regardless of race.

Non-Hispanic/Latino – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or Origin, regardless of race.

5. HOUSEHOLD COMPOSITION AND CHARACTERISTICS
List all household members and provide the requested information. "Household" is defined as all persons living in the same dwelling unit, regardless of relationship or age.

Household Member Name	Relationship to Head of Household	Date of Birth (mm/dd/yyyy)	Marital Status	Gender	Disabled? (Y/N)

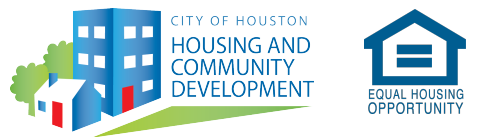
In the next twelve (12) months, are you expecting and increase or decrease in income? Increase Decrease No Change

In the next twelve (12) months, are you expecting an increase or decrease in household members? Yes No Unknown

If Yes, please explain: _____

6. DAMAGED PROPERTY INFORMATION *(if applicable)* DOES NOT APPLY

Was the damaged property listed above your primary residence as of August 25, 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did this property sustain damage from Hurricane Harvey?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you own this property on August 25, 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you show full disposal of this damaged property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



- Has the damaged property been demolished? Yes No
- Do you have a mortgage on this property? Yes No
- Do you have a deed on the damaged property? Yes No

If **YES**, provide information below for all parties listed on the deed (including any entity, for example, a Trust):

What type of structure is this property?

- Single-Detached Multi-Unit Manufactured Housing Unit Modular-detached Townhouse Condo
 Other _____

If you are seeking assistance for a manufactured housing unit, do you own the land? Yes No N/A

7. OTHER ASSISTANCE RECEIVED AND EXPENDITURES DOES NOT APPLY

Complete the ***HbAP Insurance, Benefits and Expenditures Certification*** (Form C)

8. INCOME CERTIFICATION INFORMATION

Please submit all requested supporting income documentation and, if applicable, the *HbAP Adjusted Gross Income Worksheet* and/or the *HbAP Certification of Zero Income*.

9. APPLICANT RELEASE AND CERTIFICATION

1. I/We authorize the City of Houston/HCDD to use photographs of my/our property in City of Houston and HCDD affiliate promotional materials. I/We also understand that I/we may opt out or in of this photograph release in writing at any time. Please confirm that you agree or disagree with these statements:
 - a. I Agree
 - b. I Disagree
2. I/We authorize the City of Houston and any of its duly authorized representatives to verify all information provided on this application, including obtaining information about me/us, my/our household, and its members, that is pertinent to determining my/our eligibility for participation in the City of Houston’s Homebuyer Assistance Program (HbAP).
3. I/We understand the following inquiries may be made to obtain third party information to any of the following:
 - a. Disaster Assistance (FEMA, SBA, Insurance, etc.);
 - b. Income (all sources)
 - c. Assets (all sources)
 - d. Tri-merged Credit Report
 - e. Child Support Payment Verification
 - f. Property Tax Payment Verification
 - g. Student Enrollment status
4. I/We acknowledge and understand that:
 - a. A photocopy of this form is as valid as the original;
 - b. I/We have the right to review and receive information received using this Release;
 - c. All adult household members will sign this form and cooperate with the City in this process;
 - d. Documents submitted may become electronically permanent.

CERTIFICATION

1. I/We certify that I/we are the owner of the home located at the above-referenced address.
2. As the Applicant/Co-Applicant, I/we acknowledge responsibility for completing and returning all required documentation to the Homebuyer Assistance Program (HbAP) within the time period stated on the application materials. If I/we fail to provide these documents in a timely manner, or if I/we fail to respond to any inquiries made by the Homebuyer Assistance Program (HbAP) regarding my/our application for assistance, I/we may be disqualified from participating in this program and receiving benefits, or I/we may have to reapply and, consequently, my/our original submission date is no longer effective.
3. I/We understand there is a limitation of funding for the Program, and even if I/we are determined eligible for assistance, this does not mean an award is guaranteed.
4. I/We understand I/we may be responsible for obtaining and maintaining hazard insurance, flood and/or windstorm insurance, if applicable, following the completion of assistance as required by law.
5. I/We understand that providing false statements or information is grounds for ineligibility and termination of housing assistance and is punishable under federal law.
6. I/We certify that, to the best of my/our knowledge, all required documents and materials I/we have completed and submitted for my/our application for assistance are true and correct.

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

<i>Applicant – Printed Name</i>	<i>Applicant – Signature</i>	<i>Date</i>
<i>Co-Applicant – Printed Name (If Applicable)</i>	<i>Co-Applicant – Signature (If Applicable)</i>	<i>Date</i>