Southside Community Center
518 S. Guadalupe Street
San Marcos, Texas 78666
(512) 392-6694 Fax (512) 396-6016

Dear Homeowner,

The following information is needed (Self, spouse and or household members) if applicable.

1. Completed application, including release of liability
2. Copy of social security card and photo ID (drivers license, etc. for each person living in the household)
3. Most recent property tax receipt
4. Proof of residency in the home (current utility bill for example)
5. Proof of ownership (title to the home)
6. Social security award letter (current)
7. Retirement pension letter
8. Most recent income tax return for all adults living in the house
9. Power of attorney if signed by anybody other than the homeowner
10. Last 4 check stubs
11. Last 6 checking account statements
12. Last savings account statement
13. Other documents may be listed on website or

Please call (512) 392-6694 extension 22 with any questions.

Sincerely,

Trey Bell
Program Director

SOUTHSIDE COMMUNITY CENTER
HOME-OWNER OCCUPIED
HOUSING REHABILITATION PROGRAM APPLICATION
A Program partially funded through the City of San Marcos
Community Development Block Grant

Program Information

Funding for this project is made available through the City of San Marcos Community Development Block Grant Program. The program must comply with various federal regulations, including flood plain management and lead-based paint hazard reduction measures.

Depending on the scope of the work to be performed, it may be necessary for those living in a home selected for the program to voluntarily relocate. To be considered for the program, applicants must be willing and able to voluntarily relocate (move out of the home) at their own expense. Some of the reasons that a family may be asked to voluntarily relocate include that the work is so extensive that bodily injury could occur, that the work will leave the kitchen or only restroom unuseable, or that lead-based paint has been found in the home. The family will be asked to relocate up to seven days in advance of the construction phase of the project to allow Southside Community Center to begin set-up preparations.

Southside Community Center will select seven (7) houses this year to be a part of the *Home-Owner Occupied Rehabilitation Program*. Applicants that have received CDBG rehabilitation program funding in the past 5 years are not eligible for this year's program.

An inspection of the house will be made prior to the final selection of houses to be included in the project. During the inspection employees or agents of the City of San Marcos and/or Southside Community Center will evaluate repairs that are needed and the costs associated with the repairs. The applicant will be notified of the date of the inspection in advance. If work is requested for the inside of the home, someone should be present to allow entry.

If a house is located in the flood plain as identified on FEMA maps, Federal regulations require that the homeowner maintain flood insurance for (at least) the cost of the rehabilitation work. Once the work is complete then flood insurance must be maintained for the life of the house. A Restrictive Covenant that documents this requirement will be filed at the courthouse and is binding on the owner of the property and any future owners should the house be sold. Flood insurance can be purchased at the insurance agency of your choice. A copy of the insurance policy must be provided to Southside Community Center.

Southside Community Center will review all complete applications for program eligibility and project feasibility. Acceptance of an application as complete does not mean that the home covered by the application will be chosen to be a part of this year's program. Reasons that a project might be denied include:

- Estimated cost to complete repairs will exceed 25% of the value of the house as shown on the most recent tax appraisal of the property.
- The total household yearly income exceeds program guidelines.
- Applicant is not the owner of the house.
- Applicant is not currently living in the house.
- House has received CDBG rehab program funding in past 5 years.
- The project cannot be finished within the summer program timeline.
- Applicant is unable to voluntarily relocate while work is in progress.

SOUTHSIDE COMMUNITY CENTER
HOME-OWNER OCCUPIED
HOUSING REHABILITATION PROGRAM APPLICATION
A Program partially funded through the City of San Marcos
Community Development Block Grant
Program Information

Eligibility Requirements - Applicant

ELIGIBILITY CRITERIA - The applicant must satisfy the following criteria to be eligible for program assistance:

A. The applicant must be the owner of the property to be rehabilitated and have resided in the dwelling for not less than one year.
B. The annual household income will be calculated using the "Part 5" definition of income as defined in 24 CFR Part 5. To be eligible, the annual household income must be less than 80% of the Area Median Income for the appropriate household size.
C. The applicant must be a U.S. citizen or a legal resident alien.
D. Ownership must be in the form of either a fee-simple title or a 99-year leasehold, and the title must not have any restrictions or encumbrances that would unduly restrict the good and marketable nature of the ownership interest.
E. The applicant must voluntarily apply for assistance. Participation in the rehabilitation program is voluntary on behalf of the applicant and City. This relationship may be terminated by the client or the City.
F. The applicant must be current on mortgage payments and all applicable property taxes.
G. The applicant must comply with flood insurance requirements as detailed below when the property to be considered for rehabilitation is located in a Special Flood Hazard Area as shown on a current FIRM map issued by the National Flood Insurance Program (NFIP)
a. The applicant must provide a copy of a current flood insurance policy declarations form issued by the NFIP or a paid receipt for the current annual flood insurance premium and a copy of the application for flood insurance;
b. The applicant must agree to maintain flood insurance for the life of the building so long as the dwelling remains in a flood zone and must agree to execute a document provided by the City that will be filed in the appropriate County office to create a deed restriction requiring the maintenance of flood insurance;
c. The applicant will be ineligible for this rehab program if the person has previously received Federal flood disaster assistance that is conditioned on obtaining and maintaining flood insurance and failed to obtain and maintain flood insurance as required under applicable Federal law.
d. The applicant must disclose the amount and purpose of any FEMA assistance received for flood recovery purposes.
H. The applicant must demonstrate the ability to maintain the dwelling with regard to ongoing maintenance and repairs, safety hazards and health/cleanliness issues.
I. The applicant acknowledges resources (family/friends) are readily available if temporary, voluntary relocation is necessary during the rehabilitation construction period.

5. Eligibility Requirements – Property

5.1 DEFINITIONS

Three terms – "dwelling," "single-family unit" and "substandard" – are used in determining if a property is eligible for the City's housing rehabilitation funding assistance. For the purposes of the Housing Rehabilitation Program, the terms are defined as follows:

DWELLING – A set of rooms occupied and suitable for occupancy as a family residence and having kitchen, bath, and sanitary facilities.

SINGLE FAMILY UNIT – A dwelling designated for occupancy by a single family that is in compliance with all City zoning occupancy regulations.

SUBSTANDARD - Failing to meet the minimum housing requirements as set forth in the City's adopted building codes.

5.2 ELIGIBILITY CRITERIA – PROPERTY

A. The dwelling unit must be located within the corporate limits of San Marcos.

B. The dwelling unit must be classified as substandard with at least one major finding, based on a written, detailed inspection report prepared by a City inspector or other qualified agent of the City.

C. The dwelling unit must not be recognized or classified as a manufactured or mobile home.

D. The applicant's property must not have a history of being used for illegal activity or any other activity that impairs the physical or social environment of the unit or the neighborhood.

E. The dwelling unit is eligible for City-funded rehab assistance no more than once in a five-year period. This restriction may be waived by the City of San Marcos Director of Planning and Development Services when additional assistance is warranted and limited to activities that will correct life-safety hazards or will remove accessibility barriers that restrict mobility for persons with a disability.

F. A dwelling unit that is not substandard will be eligible to receive accessibility improvements to meet the needs of a resident of the household with a disability including, but not limited to, the construction of a ramp, widening of interior or exterior doors, and replacement of bathroom fixtures.

6. Application Process and Applicant Ranking

6.1 APPLICATION PROCESS

A. An open application period will be held for a minimum period of 30 days during which applications will be accepted on the form provided by the City.

B. The application period will be affirmatively marketed in a manner that will inform and attract eligible applicants without regard to race, color, national origin, sex, religion, familial status, or disability. Documentation of all marketing activities must be maintained in the program file.

C. The City will help potential applicants understand program eligibility requirements and may assist with the completion of the application document.

D. The applicant must submit all required documentation with the application form to confirm eligibility. Documents that may be required include income verification documents, asset documentation (bank and savings statements), current property tax receipts, copy of property deed or other approved ownership documentation, copy of property insurance, proof of residency such as a current utility bill in the applicant's name, disability documentation, and photo identification card.

E. Applicants may be given an additional 7 calendar days after the close of the application period to correct documentation deficiencies. At the close of this documentation grace period, any application that does not meet ALL documentation requirements will not be ranked in the current funding cycle.

F. The date the application, along with all required documentation, is complete will be noted on the application form.

6.2 APPLICANT RANKING

The rehabilitation awards are based on the financial need of the household and the condition of the dwelling. Each household is ranked based on the criteria in Sections 6.2 and 6.4 and placed on a waiting list.

A. When the application is complete, qualified applicants are assigned to a waiting list. The application is considered incomplete until all statements pertaining to income, benefits, assets, homeowner's insurance and employment have been verified. The homeowner will be notified if the application is not complete or has documentation deficiencies.

B. Applications will be ranked based on financial need, the household with the greatest need first, the next household second and so on until funds allocated for rehabilitation are expended. The ranking system used by the City considers the size and income of the household, the number of elderly (at least age 62 at time of application) residents in the household, number of disabled or handicapped residents in the household, the number of residents in the household who are under 18, and whether the head of household is female. The ranking score is the total of all points from the financial need categories listed above.

C. Should households have identical financial needs as established by the ranking system found in Section 6.2, condition of the dwelling structure will determine priority. Dwelling condition will be determined by the inspection. If scores remain tied, the application with the earliest date of completion will have precedence.

D. The Ranking List will include all completed applications for the current funding cycle. Assistance will be provided in the order of ranking to the extent funding is available.

E. The City may determine a maximum number of households to be assisted regardless of the number of completed applications or the amount of funds available.

F. The ranked list and ranking calculations will be available for public review.

City of San Marcos

FY 2017 Income Limits Summary

Median Family Income: Austin-Round Rock **$81,400**

MSA Effective: April, 2017

Percent AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	$17,100	$19,550	$22,000	$24,400	$26,400	$28,350	$30,300	$32,250
50%	$28,500	$32,600	$36,650	$40,700	$44,000	$47,250	$50,500	$53,750
80%	$45,600	$52,100	$58,600	$65,100	$70,350	$75,550	$80,750	$85,950

6.3 CRITERIA FOR RANKING FINANCIAL NEED

A. INCOME/FAMILY SIZE – The program income limit is 80% of the Area Median Income. If the annual household income based on family size is less than the program income limit, the household will receive points as follow:

If income is 30% or less of program income limit - 70 points
If income is 31% to 50% of program income limit - 60 points
If income is 51% to 60% of program income limit - 40 points
If income is 61% to 80% of program income limit - 20 points

B. NUMBER IN HOUSEHOLD

1 Person Household..... 5 points
2 to 3 Person Household.....10 points
4 to 5 Person Household.....15 points
6+ Person Household..... 20 points

C. NUMBER OF ELDERLY - 20 points for household member who is at least age 62 at time of application.

D. NUMBER OF HANDICAPPED OR DISABLED - 20 points if a household member with a total or partial physical impairment which renders the person unable to work as shown by the receipt of disability benefits from Social Security, a pension program, a life insurance program or disability insurance.

E. FEMALE HEAD OF HOUSEHOLD – 15 points per household

F. ONE OR MORE PERSONS 18 YEARS OLD OR YOUNGER -15 points

6.4 CONDITION OF THE DWELLING STRUCTURE

Standard Not eligible for assistance

Substandard Dwelling rating will be the number of failing items as shown in the initial inspection of the property.

Life threatening Eligible applicants will be considered for emergency grants (if funds are available) to make repairs when conditions present an immediate threat to the health or safety of the household. Regulatory issues surrounding such grants will be addressed with the City of San Marcos prior to use of Federal Funds.

South Side Community Center Homeowner Release

Address:_____

Legal Description:_____

1. Program: I, the undersigned owner of the above-described real property and all improvements on such property (the "Property"), request that Southside Community Center and the City of San Marcos (collectively, "Southside") assist my by performing construction, renovation, demolition, and other similar services ("Services") on and to the Property. **I agree that the Services are provided "as is" and that Southside makes no representation or warranty, express or implied, with regard to the Services.** I agree that Southside may discontinue the Services at any time for any reason.

2. Risks: I understand the volunteer nature of the Services and I understand that Southside does not guarantee the outcome of the Services. I understand that the unforeseen circumstances or accidental events may occur, for which Southside, its officers, agents, representatives, coaches, volunteers, and employees, cannot be held responsible. I hereby assume all ordinary risks normally incidental to the nature of the Services. I understand that I may not like the final outcome of the Services or the modifications made to my Property.

3. Release: I unconditionally waive and release Southside, its officers, agents, representatives, coaches, coaches, volunteers, and employees, and agree to hold said persons harmless from any and all claims, rights, or causes of action which may be asserted against Southside, its officers, agents, representatives, coaches, volunteers, and employees by any person as the result of any injuries, expenses, loss of compensation, of loss of experience as a direct or indirect result of the Services or from any negligence on the part of Southside, including any act or failure to act.

4. Indemnification: I unconditionally promise and agree to indemnify Southside, its officers, agents, representatives, coaches, volunteers, and employees and to hold said persons harmless from any and all claims, rights, or causes of action which may be asserted against Southside, its officers, agents, representatives, coaches, volunteers, and employees by any person as the result of any injuries (regardless of severity), expenses, loss of compensation, or loss of experience as a direct or indirect result of the Services or from any negligence on the part of Southside, including any act or failure to act. This agreement to indemnify includes any and all money paid by Southside, its officers, agents, representatives, coaches, volunteers, or employees to, or charged by, any person (whether by virtue of a settlement or in litigation), including attorney's fees for any parties to the claim, demand, or litigation.

5. No Liability Insurance: I have been informed an am aware that Southside does not provide, nor is any member of my family covered by, any policy of liability insurance which would otherwise serve to compensate member of my family in the event of an injury, expense, loss of compensation, loss of service or other damage (general or special) which I or any member of my family may experience as a direct or indirect result of the Services or from any negligence on the part of Southside, its officers, agents, representatives, coaches, volunteers, or employees, including any act or failure to act.

6. Consideration: I hereby acknowledge the validity and adequacy of the consideration for this release being Southside's promise to provide the Services.

7. Binding Effect: This agreement is binding upon me and upon my spouse, heirs, assigns, dependents, personal representatives, attorneys, and my estates.

8. Entire Agreement: This document constitutes the entire agreement between South Side and the undersigned regarding the subjects covered hereby. All previous agreements, oral or written, are superseded and there exist no further oral or written representatives, promises, assurances, or statements of any kind affecting this agreement except those which are expressly set forth is this document.

9. Arbitration: The undersigned agree that any dispute that they may have against Southside shall be submitted to binding arbitration in San Marcos, Texas according to the rules of the American Arbitration Association.

Agreement to Release of Liability:

_____

1st Owner Signature

_____

1st Owner Name (Print)

Date:_____

_____

2nd Owner Signature

_____

2nd Owner Name (Print)

Date:_____

_____

Southside Staff Member Signature

_____

Southside Staff Member Printed Name

Date: _____

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of program's rules, regulations and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

_____ _____

SIGNATURE OF OWNER/REPRESENTATIVE DATE

Applicant / Project General Information

1. Applicant's Name: _____
   (applicant must own and currently live in the home)

2. Property Address: _____ San Marcos, Texas
   (Must be located inside the City Limits)

3. Phone Number: _____ Daytime No. if Different: _____

4. How many people live in this home? _____

5. How many people 18 Years old or younger are living in the home_____

6. List of people living in this home: _____
   _____
   _____
   _____

7. What is the total yearly income of all adults (age 18 or older) living in this home?
   _____ per year.
   (Possible sources of income include gross wages and tips, social security, SSI or other public assistance, unemployment benefits, and child support payments. Documentation required.)

8. Was your house built before 1978? Yes ☐ No
   If yes, was it built before 1956? Yes ☐ No
   Approximate age of house, if known_____

9. Are your house payments, house insurance, and property taxes paid up to date?
   ☐ Yes ☐ No If no, please explain: _____
   _____

10. Is your house in the floodplain? ☐ Yes ☐ No ☐ I Don't Know

11. If yes, do you currently carry flood insurance on the house? ☐ Yes ☐ No ☐

12. If no, have you at any point received federal funding for the rehabilitation for your home? ☐ Yes ☐ No

The following information is requested for statistical purposes only for compliance with CDBG Program guidelines and will be used in reports submitted to the Department of Housing and Urban Development (HUD). This information has no bearing on the acceptance of this application.

AFFIRMATIVE ACTION INFORMATION

This information is requested in order to comply with HUD's reporting requirements. Answers to the following questions are not used to determine eligibility for program assistance. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you elect to not provide this information, please initial below.

_____ *I do not wish to furnish the information requested below.*
Applicant Initials

Head of Household Information:
Name: _____ **Sex:** ☐ Male ☐ Female

Ethnicity of Head of Household: (Choose one)

☐ Hispanic – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.

☐ Non-Hispanic – A person NOT of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race of Head of Household: (Choose one)

☐ White
☐ Black / African American
☐ Asian
☐ American Indian / Alaskan Native
☐ Native Hawaiian/Other Pacific Islander
☐ Asian & White
☐ Black / African American & White
☐ American Indian / Alaskan Native & White
☐ Amer. Indian/Alaskan Native & Black/African American
☐ Other Multi-racial

Household Special Needs (includes everyone living in the owner's household):

☐ One or more people living in this household are elderly (62 or older).
☐ One or more people living in this household have a disability.

If yes: How many are elderly?

If yes: How many are disabled?

Project Work Requested

Due to limited funding and project costs, Southside Community Center may not be able to accomplish all the requested repairs. Please select the three most important immediate needs that are necessary in order to improve the health and safety of your family.

The Homeowner-Occupied Rehabilitation Program does not include house leveling activites.

Choose the **three** areas where repairs are most needed by placing a mark next to the appropriate item.

_____ Kitchen

_____ Living Room

_____ Bedroom 1, 2, or 3

_____ Bathroom 1, 2 or both

_____ Roof

_____ Electric Wiring

_____ Plumbing

_____ Air conditioning / heating

_____ Front Entry (Porch, steps, doorway)

_____ Back Entry (Porch, steps, doorway)

_____ Outside of Home (paint job and repair rotten wood)

_____ Inside of Home (paint inside of house and repair ceiling)

_____ Other: _____

Details of requested work: _____

_____

_____

_____

_____

_____

Agreements and Certification

Please initial on the lines next to the following statements to show that you understand and agree to abide by the program requirements if your house is chosen for the Rehab Program.

_____ I certify that I own and currently live in the home covered by this application.

_____ I understand that my house may not be chosen for the Program. If it is selected, I understand that there may not be enough money to do all the repairs I have requested. If my house is selected, I will attend a pre-construction meeting to discuss what work is planned and the schedule for repairs.

_____ I have attached all of the required supporting documents (listed below) with this application and certify that they are accurate.

_____ I am able and willing to voluntarily relocate at my own expense during the rehabilitation work if it is necessary. I agree to move out a week in advance of the scheduled construction work to allow preparation work to begin. I understand that my possessions should be removed from the work area. Anything not moved will be covered during the work. I will not hold Southside Community Center or its agents or the City of San Marcos responsible for any damage that occurs to such items.

_____ If my property is determined to be in the floodplain as shown on FEMA maps, I agree to purchase flood insurance from the agency of my choice. I understand that the insurance must be in an amount equal to or greater than the cost of repairs that are made to my home under this program. I understand that the insurance will have to be renewed each year and that if I sell the home the new owner will be obligated to carry this insurance as well.

_____ I understand that I am responsible for the payment of utility bills that cover the time of construction, even if my family voluntarily relocated.

_____ I have executed the attached Release of Liability

By signing this application you certify that the information provided is true and correct as of the date you signed and show you understand that any intentional or careless falsification(s) of the information contained in this form and supporting documentations may result in civil liability or criminal penalties.

I certify that I am the owner of the property described in this application or have legal Power of Attorney to sign on behalf of the applicant.

_____ _____

Applicant's Signature ***Date***

If signed by someone other than the applicant, name of person signing:

_____ relationship to Applicant: _____

The following documents must be included with the application for it to be considered for the rehabilitation program.

_____ Completed application, including release of liability

_____ Copy of social security card and photo i.d. (driver's license, etc.) for each person living in the house

_____ Most recent property tax receipt

_____ Most recent tax return(s) for all adults living in the home

_____ Proof of residency in the home (current utility bill, for example)

_____ Proof of ownership (title to the house)

_____ Power of Attorney if signed by someone other than the applicant/property own

Arbitration: The undersigned agree that any dispute they may have against Southside shall be submitted to binding arbitration in San Marcos, Texas according to the rules of the American Arbitration Association.

Agreed:

_____

1st Owner Signature

_____

1st Owner Name (print)

Date : _____

_____

2nd Owner Signature

_____

2nd Owner Name (print)

Date : _____

Southside Community Center
518 S. Guadalupe Street
San Marcos, Texas 78666
(512) 392-6694 Fax (512) 396-6016

Non Bank Account Affidavit

Household Name:

Address: City:

I hereby certify that I do not have a bank account checking or savings. Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitute an act of fraud. False, misleading or incomplete information may result in the termination of the application.

Signature of applicant Printed name of applicant Date

Signature of spouse Printed name of spouse Date

Said plaintiff, (agent or attorney), being duly sworn by me, the undersigned authority, up on oath says that the facts as stated in the above instrument of writing are, within the knowledge of said Affiant, true and correct. Sworn to and subscribed before me, to certify which witness of my official hand seals of office this _____ day of _____2018.

Notary Public, Hays County, Texas

Southside Community Center
518 S. Guadalupe Street
San Marcos, Texas 78666
(512) 392-6694 Fax (512) 396-6016

Unemployment Affidavit

Household Name:

Address: City:

I hereby certify that I am not employed. Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitute an act of fraud. False, misleading or incomplete information may result in the termination of the application.

Signature of applicant Printed name of applicant Date

Signature of spouse Printed name of spouse Date

Said plaintiff, (agent or attorney), being duly sworn by me, the undersigned authority, up on oath says that the facts as stated in the above instrument of writing are, within the knowledge of said Affiant, true and correct. Sworn to and subscribed before me, to certify which witness of my official hand seals of office this _____ day of _____2018.

Notary Public, Hays County, Texas

Southside Community Centers Disclosure Statement:

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), Southside Community Center will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or facilities.

Individuals requiring an auxiliary aid or service for effective communication or a modification of policies or procedures to participate in a program, service, or activity of the City of San Marcos should contact the office of ADA Coordinator, Cindy Conyers (512.393.8065 or Voice/711 Texas Relay Service) or ADArequest@sanmarcostx.gov as soon as possible but no later than 72 hours before the scheduled event. The City's ADA Notice and Grievance Procedures can be found at http://www.ci.san-marcos.tx.us/index.aspx?page=946.

De conformidad con los requisitos del Título II de la Ley de Americanos con Discapacidades de 1990 ("ADA"), la Ciudad de San Marcos no discrimina a personas calificadas con discapacidad sobre la base de la discapacidad en sus servicios, programas o instalaciones.

Las personas que requieren una ayuda o servicio auxiliar para una comunicación efectiva o una modificación de las políticas o procedimientos para participar en un programa, servicio o actividad de la Ciudad de San Marcos deben ponerse en contacto con la oficina del Coordinador de ADA, Cindy Conyers (512.393.8065 o Voz / 711 Servicio de Retransmisión de Texas) o ADArequest@sanmarcostx.gov tan pronto como sea posible pero no más tarde de 72 horas antes del evento programado. La ciudad Aviso ADA y procedimientos de queja puede encontrarse en http://www.ci.san-marcos.tx.us/index.aspx?page=946.

Las personas que tengan dominio limitado del inglés pueden pedir ayuda llamando a la Ciudad al 512-393-8400.

INCOME CERTIFICATION

☐ Initial Certification ☐ Recertification ☐ Other* _____

PART I – DEVELOPMENT DATA

Homeowner Name:_____ County: Hays State: _____ Zip:_____

Address: _____ Phone #: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Student Status *(circle one)*	Last 4 digits of Social Security Number
1					FT / PT / NA	
2					FT / PT / NA	
3					FT / PT / NA	
4					FT / PT / NA	
5					FT / PT / NA	
6					FT / PT / NA	
7					FT / PT / NA	

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
1.				
2.				
3.				
TOTALS	$	$	$	$

Add totals from (A) through (D) above — TOTAL INCOME (E): $

PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
1.				
3.				
		TOTALS:	$	$

Enter Column (H) Total If over $5000 $ _____ X Passbook Rate 2.00% = (J) Imputed Income $

Enter the greater of the total of column I, or J: imputed income **TOTAL INCOME FROM ASSETS (K)** $

$

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

_____ _____ _____ _____

Signature *(Date)* Signature *(Date)*

_____ _____ _____ _____

Signature *(Date)* Signature *(Date)*

Application Points Ranking 2018
Summer Rehabilitation Program

A. INCOME/FAMILY SIZE – The program income limit is 80% of the Area Median Income. If the annual household income based on family size is less than the program income limit, the household will receive points as follow:

Percent AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
80%	$43,050	$49,200	$55,350	$61,450	$66,400	$71,300	$76,200	$81,150

If income is 30% or less of program income limit - 70 points

If income is 31% to 50% of program income limit - 60 points

If income is 51% to 60% of program income limit - 40 points

If income is 61% to 80% of program income limit - 20 points

Total Income: _____

1.) Points for Income:

_____

B. NUMBER IN HOUSEHOLD

1 Person Household..... 5 points

2 to 3 Person Household..... 10 points

4 to 5 Person Household..... 15 points

6+ Person Household..... 20 points

Number of Those in the Household:_____

Points for Number of People in Home: _____

C. NUMBER OF ELDERLY - 20 points for household member who is at least age 62 at time of application.

Number of Elderly:_____

2.) Points for Elderly:_____

Application Points Ranking 2018
Summer Rehabilitation Program

D. NUMBER OF HANDICAPPED OR DISABLED - 20 points for household member with a total or partial physical impairment which renders the person unable to work as shown by the receipt of disability benefits from Social Security, a pension program, a life insurance program or disability insurance.

Number of those Disabled:_____

3.) Points for Disabled Household members:_____

E. FEMALE HEAD OF HOUSEHOLD – 15 points per household

4.) Female Head of Household Points:_____

F. ONE OR MORE PERSONS 18 YEARS OLD OR YOUNGER -15 points

5.) Points For Child in the Home:_____

ADD POINTS FOR ALL CATEGORIES:

Total Points of Applicant:_____

Signature of Southside Staff member designates that he/she has filled out this document based on the information provided from the summer rehabilitation application given by the homeowner.

_____

Signature of Southside Staff Date

By signing this document you are stating that all of the information is accurate about you and your dwelling.

_____

Signature of homeowner Date