



City of Dallas

Home Improvement and Preservation Program (HIPP) Checklist

Department of Housing & Neighborhood Revitalization | 1500 Marilla St., Room 6CN | Dallas, Texas 75201

This packet contains your checklist and application for applying to the Home Improvement and Preservation Program. HIPP offers two programs: Major Rehab and Housing Reconstruction.

Major Rehabilitation Program

The level of assistance for the Rehabilitation Program is limited to the amount required to address the rehabilitation work scope as defined by the city. This involves a low-cost, forgivable loan to the homeowner that won't exceed the maximum allowable funding level of \$50,000.

Housing Reconstruction Program

Housing Reconstruction Program provides the homeowner with a new home on their current property and assistance is provided in the form of a loan. The homeowner must certify annually the home is not for sale and is their primary residence until the loan is repaid to the city in full. Applicant must also correct all code violations that exist on the property. This program is by referral only by city staff up to \$160,000.

Please check off each required supporting item and make sure to attach a copy of it along with your complete filled out application:

Homeowner must supply:

- Application form fully filled-out and signed by Applicant & Co-Applicant (if applicable)
- Copy of current mortgage statement
- Homeowner Insurance; Please attach the Declaration Page
- If you do not have homeowner insurance, you will need to have it in place if qualified

All household members must supply:

- Copy of non-expired government issued ID
- Driver's License, state Identification Card or passport for everyone 18+
- Copy of Birth Certificate (for minors only)
- Copy of Social Security card
- Or the letter issued showing you have applied for your Social Security card or an ID that has your Social Security Number (SSN) on it
- Copy of (1) month current checking/savings bank statements
- ALL pages included for each account, with non-redacted information

Income Supporting Information (Submit all that apply):

- Copy of (1) month of most recent paycheck stubs
(**Monthly**) One pay stub (**Bi-weekly/Semi Monthly**) 2 paystubs (**Weekly**) 4 pay stubs

- Copy of most recent (2) two years of federal tax returns
- Signed; for **SELF-EMPLOYED ONLY**
- Copy of current pension letter/annuity letter
- Must have current calendar year listed
- Copy of Social Security/Supplemental Security Award Letter
- For current calendar year
- Copy of Unemployment Statement of Wages & Potential Benefit from TWC
- For current calendar year
- Court ordered child support statement

Additional Supporting Items:

- Copy of divorce decree (if applicable)
- ALL pages included
- Copy of death certificate (if applicable)
- Copy of school registration
- For children attending college & who reside in the home when not at school

I certify that I have provided all the required documentation on 10/17/20 and that an incomplete application will not be processed.

Primary Applicant Signature _____
Date

Co-Applicant Signature _____
Date

Drop off Date: Saturday, October 17, 2020, 10:30am-3:30pm

Application Drop Off Locations

- **Polk-Wisdom Branch Library:** 7151 Library Lane Dallas, TX 75232
- **Pleasant Grove Branch Library:** 7310 Lake June Rd. Dallas, TX 75217
- **Martin Luther King Library:** 2922 Martin Luther King Jr. Blvd, Dallas TX 75215
- **Audelia Road Branch Library:** 10045 Audelia Rd. Dallas, TX 75238

Applications can **ONLY be DROPPED OFF*** at the Polk-Wisdom, Pleasant Grove, Martin Luther King or Audelia Libraries on Saturday, October 17, 2020 from 10:30AM-3:30 PM. Applications will then be processed in the order received.

*Homeowner can send a representative to drop off application.



Home Improvement and Preservation Program (HIPP) Application

Department of Housing & Neighborhood Revitalization | 1500 Marilla St., Room 6CN | Dallas, Texas 75201

The information collected below will be used to determine whether you qualify for housing assistance through the City of Dallas Community Development Block Grant (CDBG) Program. Information provided will not be disclosed outside the City of Dallas CDBG Program without your consent except to your employer for verification of income, employment, and to financial institutions for verification of information, and as required and permitted by law.

A. Eligibility		Check the box	
1. Are you the homeowner and does the property deed reflect that you are?		Yes	No
2. Do you qualify for this program based on your household size and income listed below.		Yes	No
Household Size	1 2 3 4 5 6 7 8		
You earn less than	\$48,300 \$55,200 \$62,100 \$68,950 74,500 80,000 85,000 \$91,050		
3. Are you current on your mortgage, meaning no more than thirty (30) days past due including any unpaid fees?		Yes	No
4. Have you owned your property for more than six (6) months		Yes	No
5. Do you live in the property as your primary residence?		Yes	No
<p>NOTE: If you answered NO to any of the above questions you are not eligible for this program. Any applicant that meets the criteria please complete the remainder of the application. If you have any questions, please contact us at: 214-670-3644</p>			
B. Contact Information			
PRIMARY APPLICANT			
1. Name (First, Middle, Last)			
2. Birthdate (Month/Day/Year)		3. Social Security #	
4. Address (Street, City, State, Zip)			
5. Primary Phone		Mobile	Home Work
6. Secondary Phone		Mobile	Home Work
7. Email Address			
CO-APPLICANT (If Applicable)			
8. Name (First, Middle, Last)			
9. Birthdate (Month/Day/Year)		10. Social Security #	
11. Address (Street, City, State, Zip)			
12. Primary Phone		Mobile	Home Work
13. Secondary Phone		Mobile	Home Work
14. Email Address			
C. Requested Information			
1. What is the address of the property you would like repaired? (Street, City, State, Zip)			

2. Have you received prior assistance in repairing your home from the City of Dallas? If yes, in what year did you receive assistance?	Yes	No
3. Are there currently any unsatisfied judgements against you?	Yes	No
4. Has either the Owner or Co-owner declared bankruptcy in the past two (2) years?	Yes	No
5. Was your home built in or before 1978?	Yes	No
6. Do you have homeowner's insurance?	Yes	No
7. Are there any pregnant women in the household?	Yes	No
8. Do you have any children under the age of 6 who stay in your home for three hours a day on two separate days a week?	Yes	No
9. Are you or any member of your family a City of Dallas employee? If yes, please provide the name and position:	Yes	No
10. How did you hear about our program? (Check all that apply)		
<input type="checkbox"/> City of Dallas <input type="checkbox"/> Television <input type="checkbox"/> Mail <input type="checkbox"/> Newspaper <input type="checkbox"/> City Council Member <input type="checkbox"/> Word of Mouth <input type="checkbox"/> City Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other (Please Explain):		
D. Household List all household members		
PRIMARY APPLICANT		
Employer (if applicable)		
Work Start Date	Work Phone	
Demographics		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Marital Status		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner		
Race (Select all that apply)		
<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American & White <input type="checkbox"/> American Indian / Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> American Indian/ Alaska Native & Black / African American <input type="checkbox"/> Black / African American <input type="checkbox"/> White		
Are you Hispanic or Latino?	Yes	No
Are you a veteran?	Yes	No
Are you disabled?	Yes	No
Are you over 65 years old?	Yes	No
Are you a full-time student?	Yes	No
CO-APPLICANT		
Relationship to Applicant		
Employer (if applicable)		
Work Start Date	Work Phone	
Demographics		

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Marital Status		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner		
Race (Select all that apply)		
<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black / African American & White
<input type="checkbox"/> American Indian / Alaska Native & White	<input type="checkbox"/> Asian & White	<input type="checkbox"/> Native Hawaiian / Other Pacific Islander
<input type="checkbox"/> American Indian/ Alaska Native & Black / African American	<input type="checkbox"/> Black / African American	<input type="checkbox"/> White
Are you Hispanic or Latino?	Yes	No
Are you disabled?	Yes	No
Are you over 65 years old?	Yes	No
Are you a full-time student?	Yes	No
ADDITIONAL HOUSEHOLD MEMBER 1		
Name		Relationship to Applicant
Employer (if applicable)		
Work Start Date		Work Phone
Demographics		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Marital Status		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner		
Race (Select all that apply)		
<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black / African American & White
<input type="checkbox"/> American Indian / Alaska Native & White	<input type="checkbox"/> Asian & White	<input type="checkbox"/> Native Hawaiian / Other Pacific Islander
<input type="checkbox"/> American Indian/ Alaska Native & Black / African American	<input type="checkbox"/> Black / African American	<input type="checkbox"/> White
Are you Hispanic or Latino?	Yes	No
Are you disabled?	Yes	No
Are you over 65 years old?	Yes	No
Are you a full-time student?	Yes	No
ADDITIONAL HOUSEHOLD MEMBER 2 If you have additional household members, please add additional sheets.		
Name		Relationship to Applicant
Employer (if applicable)		
Work Start Date		Work Phone
Demographics		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		

Marital Status		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner		
Race (Select all that apply)		
<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American & White		
<input type="checkbox"/> American Indian / Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Native Hawaiian / Other Pacific Islander		
<input type="checkbox"/> American Indian/ Alaska Native & Black / African American <input type="checkbox"/> Black / African American <input type="checkbox"/> White		
Are you Hispanic or Latino?	Yes	No
Are you disabled?	Yes	No
Are you over 65 years old?	Yes	No
Are you a full-time student?	Yes	No
E. Asset Verification Fill out for all household members with income		
PRIMARY APPLICANT		
Type of Asset	Bank or Financial Institution	Current Value
Bonds		
Certificate of Deposit (CD)		
Checking Account(s)		
Life Insurance		
Other		
Real Estate		
Savings Account(s)		
Stocks		
CO-APPLICANT		
Type of Asset	Bank or Financial Institution	Current Value
Bonds		
Certificate of Deposit (CD)		
Checking Account(s)		
Life Insurance		
Other		
Real Estate		
Savings Account(s)		
Stocks		
ADDITIONAL HOUSEHOLD MEMBER 1		
Type of Asset	Bank or Financial Institution	Current Value
Bonds		
Certificate of Deposit (CD)		
Checking Account(s)		
Life Insurance		
Other		

Real Estate		
Savings Account(s)		
Stocks		

ADDITIONAL HOUSEHOLD MEMBER 2

Type of Asset	Bank or Financial Institution	Current Value
Bonds		
Certificate of Deposit (CD)		
Checking Account(s)		
Life Insurance		
Other		
Real Estate		
Savings Account(s)		
Stocks		

F. Income Source Provide monthly calculation for each source. Submit copies of statements with application.

Source	PRIMARY	CO-APPLICANT	ADDITIONAL 1	ADDITIONAL 2
Unemployment Compensation				
Wages, salary, overtime, commissions, fees, tips, bonuses				
Net Income from business and self-employment				
Interest, dividends from personal property				
Social Security				
Retirement / Pension / Insurance Policy / Annuities				
Disability or Death Benefits				
Worker's Compensation & Severance pay				
Regular pay, special pay, and housing allowance for the Armed Forces				
Adoption Assistance Payments				
Alimony or Child Support				
Re-occurring Cash Gifts from private / nonprofit / charity or friends/family				
Other:				
TOTAL				

G. Mortgage Provide the following information if you currently have a mortgage on your property.

FIRST MORTGAGE LENDER

1. Is there a first mortgage on the property?	Yes	No
2. Mortgage Lender Name		
3. Mortgage Lender Address		

4. Monthly Mortgage Payments		5. Next Payment Due Date	
6. Are there escrow taxes/insurance?		Yes	No
SECOND MORTGAGE LENDER			
7. Is there a second mortgage on the property?		Yes	No
8. Mortgage Lender Name			
9. Mortgage Lender Address			
10. Monthly Mortgage Payments		11. Next Payment Due Date	
12. Are there escrow taxes/insurance?		Yes	No
G. Repairs			
1. Category of Repairs Requested (select all that apply)			
<input type="checkbox"/> Code Violation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Insulation	
<input type="checkbox"/> Doors or Windows	<input type="checkbox"/> Garage Doors	<input type="checkbox"/> Internal Walls	
<input type="checkbox"/> Electric	<input type="checkbox"/> Gas Lines	<input type="checkbox"/> Pest Control	
<input type="checkbox"/> External Walls	<input type="checkbox"/> Handicap Accessibility	<input type="checkbox"/> Plumbing	
<input type="checkbox"/> Floors	<input type="checkbox"/> HVAC	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (Please explain):			
2. Please describe the repairs needed:			

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing services.

I authorize any person, organization or company listed on this application to furnish you all information concerning my previous employment, education and qualification for assistance. I also authorize you to request and receive such information.

In consideration for assistance, I agree to abide by the rules and regulations of the Home Improvement and Preservation Program (HIPP), which rules may be changed, withdrawn, added or interpreted at any time, at the City of Dallas sole option and without prior notice to me.

Primary Applicant Signature _____
Date

Co-Applicant Signature _____
Date