



City of Dallas

Emergency Home Repair Rebate Program (EHRRP) 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 Emergency Home Repair Rebate Program (EHRRP). EHRRP program will pay homeowners 100% rebate on eligible repair cost up to a maximum of \$10,000.

The purpose of this program is to provide emergency home repair assistance to qualified low- to moderate-income homeowners within the city limits of Dallas for replacement or repair of systems/fixtures that have been damaged as a result of the 2021 Texas Severe Winter Storm.

Homeowners may be eligible if they:

- Reside within the City of Dallas
- Have Damage(s) to their primary residence caused by the 2021 Texas Severe Winter Storm
- Have an income that does not exceed 80 percent of the Dallas Area Median Income (AMI) as determined by the United States Department of Housing and Urban Development

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
- Proof of ownership
 - DCAD print out showing ownership info.
- Proof of primary homeowner occupancy
 - Utility bill or Homestead Exemption
- Proof of damages and that the damage(s) occurred as a result of the 2021 Texas Severe Storm
 - Photos of repair work
 - Copies of paid itemized invoices and/or receipts showing what was paid

All household members must supply:

- Copy of government issued ID
 - Driver's License, state Identification Card or passport for everyone 18+

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

I certify that I have provided all the required documentation and that an incomplete application will not be processed.

Primary Applicant Signature

Date

Applications can be emailed to HIPP@dallascityhall.com. Applications will then be processed in the order received. Application for assistance is not a guarantee of assistance.



City of Dallas

Emergency Home Repair Rebate Program (EHRRP) 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. Information provided will not be disclosed outside the City of Dallas 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. Applicant Information				
Name (First, Middle, Last)				
Birthdate (Month/Day/Year)				
Address (Street, City, State, Zip)				
Primary Phone		Mobile	Home	Work
Secondary Phone		Mobile	Home	Work
Email Address				
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
B. Household Composition List all members who live in your home. Use separate sheet for additional people.				
Name	Birthdate	Relationship		
1.				
2.				
3.				
C. Income Source(s) Provide monthly calculation for each source. Submit copies of statements with application.				
Source	APPLICANT	ADDITIONAL 1	ADDITIONAL 2	ADDITIONAL 3
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				

D. Repairs

Category of Repairs Requested (select all that apply)

- | | | | |
|---|---|--|----------------------------------|
| <input type="checkbox"/> Electrical Systems | <input type="checkbox"/> Gas Lines | <input type="checkbox"/> Mold | <input type="checkbox"/> Toilets |
| <input type="checkbox"/> External Walls | <input type="checkbox"/> HVAC Units | <input type="checkbox"/> Plumbing (fixtures) | |
| <input type="checkbox"/> Floors | <input type="checkbox"/> Internal Walls | <input type="checkbox"/> Roof | |

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 Emergency Home Repair Program (EHRP), 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.

Applicant Signature

Date