



Healthy Homes Lead Reduction Program



"Our Product is Service"
Empathy | Ethics | Excellence | Equity

Application

Department of Housing & Neighborhood Revitalization | 1500 Marilla St., Room 6CN | Dallas, Texas 75201 | 214-670-1789

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
Please circle the correct one.											
Household Size	1	2	3	4	5	6	7	8	9		
You earn less than	\$48,300	\$55,200	\$62,100	\$68,950	\$74,500	\$80,000	\$85,000	\$91,050	\$93,100		
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
6. Are there any pregnant women in the household or any children under the age of 6 or 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
7. How many children under the age of 6? (They can not be any older than 5)											
8. Is your home dated 1978 or older? And if so what is the year?										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: 214-670-1789</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		Work			
6. Secondary Phone						Mobile		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		Work			
13. Secondary Phone						Mobile		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?										Yes	No
If yes, in what year did you receive assistance?											

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 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"/> Mail <input type="checkbox"/> Television <input type="checkbox"/> Newspaper <input type="checkbox"/> Other <input type="checkbox"/> City Council Member <input type="checkbox"/> Word of Mouth <input type="checkbox"/> City Website <input type="checkbox"/> Social Media	(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"/> Separated <input type="checkbox"/> Domestic Partner		
Race (Select all that apply):		
<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> American Indian / Alaska Native & White	<input type="checkbox"/> American Indian/ Alaska Native & Black / African American
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Black / African American & White	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian & Black/ African American
<input type="checkbox"/> Asian & Black/ African American	<input type="checkbox"/> Asian & 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 Company	
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"/> Separated <input type="checkbox"/> Domestic Partner		
Race (Select all that apply):		
<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> American Indian / Alaska Native & White	<input type="checkbox"/> American Indian/ Alaska Native & Black / African American
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Black / African American & White	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian & Black/ African American
<input type="checkbox"/> Asian & Black/ African American	<input type="checkbox"/> Asian & 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
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"/> Separated <input type="checkbox"/> Domestic Partner		

Race (Select all that apply):					
<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> American Indian / Alaska Native & White	<input type="checkbox"/> American Indian/ Alaska Native & Black / African American	<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Asian	
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Black / African American & White	<input type="checkbox"/> White	<input type="checkbox"/> Asian & Black/ African American	<input type="checkbox"/> Asian & 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

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: Male Female Other

Marital Status: Single Married Divorced Separated Domestic Partner

Race (Select all that apply):					
<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> American Indian / Alaska Native & White	<input type="checkbox"/> American Indian/ Alaska Native & Black / African American	<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Asian	
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Black / African American & White	<input type="checkbox"/> White	<input type="checkbox"/> Asian & Black/ African American	<input type="checkbox"/> Asian & 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

E. Children Under the Age of 6 years old Please list the children under six (6) years old who live in your home or visit at least three hours per day on two separate days in a week (six hours per week total), AND at least 60 additional hours per calendar year.

1. Name	Date of Birth	Relationship to Applicant
<input type="checkbox"/> Child lives in my home OR (circle all that apply) Child visits my home every S M T W Th F S for ___ hours a day		
2. Name	Date of Birth	Relationship to Applicant
<input type="checkbox"/> Child lives in my home OR (circle all that apply) Child visits my home every S M T W Th F S for ___ hours a day		
3. Name	Date of Birth	Relationship to Applicant
<input type="checkbox"/> Child lives in my home OR (circle all that apply) Child visits my home every S M T W Th F S for ___ hours a day		
4. Name	Date of Birth	Relationship to Applicant
<input type="checkbox"/> Child lives in my home OR (circle all that apply) Child visits my home every S M T W Th F S for ___ hours a day		
5. Name	Date of Birth	Relationship to Applicant
<input type="checkbox"/> Child lives in my home OR (circle all that apply) Child visits my home every S M T W Th F S for ___ hours a day		
6. Name	Date of Birth	Relationship to Applicant
<input type="checkbox"/> Child lives in my home OR (circle all that apply) Child visits my home every S M T W Th F S for ___ hours a day		

Does a **Pregnant** woman live in my home. Yes No

E. Asset Verification Fill out for all household members with income

PRIMARY APPLICANT

Type of Asset	Bank or Financial Institution	Yes	No
Checking Account(s)		Yes	No
Savings Account(s)		Yes	No
Certificate of Deposit (CD)		Yes	No
Bonds		Yes	No
Stocks		Yes	No
Real Estate (Mortgage)		Yes	No

Real Estate (Rental/ Vacation Home/ Land)		Yes	No
Life Insurance		Yes	No
Other		Yes	No

CO-APPLICANT

Type of Asset Bank or Financial Institution

Checking Account(s)		Yes	No
Savings Account(s)		Yes	No
Certificate of Deposit (CD)		Yes	No
Bonds		Yes	No
Stocks		Yes	No
Real Estate (Mortgage)		Yes	No
Real Estate (Rental/ Vacation Home/ Land)		Yes	No
Life Insurance		Yes	No
Other		Yes	No

ADDITIONAL HOUSEHOLD MEMBER 1

Type of Asset Bank or Financial Institution

Checking Account(s)		Yes	No
Savings Account(s)		Yes	No
Certificate of Deposit (CD)		Yes	No
Bonds		Yes	No
Stocks		Yes	No
Real Estate (Mortgage)		Yes	No
Real Estate (Rental/ Vacation Home/ Land)		Yes	No
Life Insurance		Yes	No
Other		Yes	No

ADDITIONAL HOUSEHOLD MEMBER 2

Type of Asset Bank or Financial Institution

Checking Account(s)		Yes	No
Savings Account(s)		Yes	No
Certificate of Deposit (CD)		Yes	No
Bonds		Yes	No
Stocks		Yes	No
Real Estate (Mortgage)		Yes	No
Real Estate (Rental/ Vacation Home/ Land)		Yes	No
Life Insurance		Yes	No
Other		Yes	No

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

Source	PRIMARY	CO-APPLICANT	ADDITIONAL 1
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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