



Rental Occupied Housing Tax Abatement Program

PROGRAM DESCRIPTION

The Neighborhood Empowerment Zone Residential Tax Abatement Program (NEZ) provides for a city tax abatement on rental homes that have had at least \$10,000 of eligible repairs completed after January 22, 2020. The tax abatement is on the amount that the property value exceeds the value for the year in which a program agreement and covenant are executed, for a period not to exceed 10 years. Landlords must apply to renew the tax abatement each year during the tax abatement period and document that the property is in compliance with Program requirements, as determined by the City. In addition, certain City fees related to the repairs may be eligible for reimbursement.

To be eligible for reimbursement of City fees, the home must be occupied by an income-eligible household and rented at an affordable rent (as defined in the program statement) for five years from the date the grant payment is made. Failure to maintain the affordability period will be considered default of the agreement, and an amount equal to the development agreement amount and the taxes abated during the required five-year affordability period will be due upon sale of the property.

This program provides for a maximum 10-year tax abatement. To remain eligible for the tax abatement, the home must be occupied by an eligible household and rented at an affordable rent (as defined in the program statement) during each year that a tax abatement is requested.

For details about the program, please refer to the program statement for Neighborhood Empowerment Zones and Appendix 17 (NEZ Implementation Guidelines) in the Comprehensive Housing Policy, available here: <https://dallascityhall.com/departments/housing-neighborhood-revitalization/Pages/Comprehensive-housing-policy-2.aspx>

Please note: in the eligibility questions below, we ask about “the home.” “The home” is the single family or duplex home that you own and rent out and for which you are requesting tax abatement and development fee reimbursement. In addition, when we use “you” or “your” we mean the property owner(s) who are applying for this program. Please note that rental condominiums, apartments, and other rental multi-family developments are not eligible for this program.

Applicant Eligibility		Check the box																												
Are you the property owner and does the property deed reflect that you are?	Yes	No																												
Can you provide documentation that proves that you own the property? Examples of acceptable documentation include: DCAD property ownership information, Deed or Title	Yes	No																												
Do you certify that the home is not for sale?	Yes	No																												
Do you certify that you do not intend to sell the home within the next 6 months?	Yes	No																												
Property Eligibility		Check the box																												
Is the home located within a Council-authorized Residential Neighborhood Empowerment Zone? To determine, refer to: bit.ly/homerepairmap	Yes	No																												
Is the home a single family home or duplex?	Yes	No																												
Is the tenant income for their household size at or below the 60% income limits listed in the 2020 Income Eligibility Limits table below?	Yes	No																												
<table border="1"> <thead> <tr> <th colspan="9">60% AMFI INCOME LIMITS</th> </tr> <tr> <th>Household Size</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> </tr> </thead> <tbody> <tr> <td>60% Income Limit</td> <td>\$36,240</td> <td>\$41,400</td> <td>\$46,560</td> <td>\$51,720</td> <td>\$55,860</td> <td>\$60,000</td> <td>\$64,140</td> <td>\$68,280</td> </tr> </tbody> </table>				60% AMFI INCOME LIMITS									Household Size	1	2	3	4	5	6	7	8	60% Income Limit	\$36,240	\$41,400	\$46,560	\$51,720	\$55,860	\$60,000	\$64,140	\$68,280
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60% Income Limit	\$36,240	\$41,400	\$46,560	\$51,720	\$55,860	\$60,000	\$64,140	\$68,280																						
Are you up-to date on property taxes and other obligations (mortgage, second mortgage, etc.)?	Yes	No																												
Repair Eligibility		Check the box																												
Do you acknowledge that tax abatements can only be given for the repairs listed below?	Yes	No																												
Have you completed NEZ eligible repairs (below) on your property, after January 22, 2020	Yes	No																												
If Applicable - Did the cost of the repairs to the home total at least \$10,000? Repairs must focus first on the weather proofing and water proofing repairs below. After weather proofing and water proofing is complete, additional repairs must be listed in the essential system repairs below	Yes	No																												
If Applicable - If you have already completed repairs on the home, do you have documentation for proof of repairs such as before and after pictures, receipts, proof of payment to contractors? (Note: only repairs begun after January 22, 2020 are eligible.)	Yes	No																												
Do you acknowledge and understand that in order to receive a tax abatement and fee reimbursement you must allow a City inspector to inspect the home and you must submit documentation of the City-approved repairs listed in this application?	Yes	No																												

Weather Proofing and Water Proofing Repairs	
Roofing repair Repair/replacement of exterior material, such as siding or brick repointing Exterior entry door repair or replacement Exterior window repair or replacement Exterior caulking, sealant application, and paint Plumbing repair/replacement to remediate leaks Removal and replacement of water-damaged material	Mold remediation Gutters and downspouts as needed Porch repair to protect doorways and windows from water intrusion Foundation repair Additional items as recommended by the assigned inspector and approved by the Director
Essential System Repairs Only eligible subsequent to completion of initial weather proofing and water proofing repairs	
Additional work related to the weather proofing and water proofing work in the list above Accessibility repairs and installation such as ramps, handrails or repairing walkways Water heater repair or replacement Heating systems/cooling systems repair or replacement Plumbing repair or replacement, including water lines, sewer lines, toilet repairs, etc.	Electrical repair or replacement, including repair of breakers, panels, wiring, or outlets Gas lines repair or replacement Floor repair or replacement Interior and exterior repairs as recommended by the assigned inspector Any item determined eligible by the Director

NOTE: IF YOU ANSWERED NO TO ANY OF THE ABOVE QUESTIONS REGARDING APPLICANT, TENANT, PROPERTY, OR REPAIR ELIGIBILITY, THE HOME IS NOT ELIGIBLE FOR THIS PROGRAM.

A. Property Information

Full property address for which application is being submitted

Property ownership entity information (name, address, contact information)

B. Contact Information

PRIMARY APPLICANT

1. Name (First, Middle, Last)

2. Company Name

3. Address (Street, City, State, Zip)

4. Primary Phone

Mobile	Home	Work
--------	------	------

5. Secondary Phone

Mobile	Home	Work
--------	------	------

6. Email Address

CO-APPLICANT (If Applicable)

7. Name (First, Middle, Last)

8. Address (Street, City, State, Zip)

9. Primary Phone

Mobile	Home	Work
--------	------	------

10. Secondary Phone

Mobile	Home	Work
--------	------	------

11. Email Address

C. Requested Information

12. Are you or any member of your family a City of Dallas employee?
If yes, please provide the name and position:

Yes	No
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13. How did you hear about our program? (Check all that apply)

City of Dallas Television Mail Newspaper
 City Council Member Word of Mouth City Website Social Media
 Other (Please Explain):

Household Information

Property owner – please give the following pages to your tenant to fill out and return back to you.

D. Household List all rental household members

Primary Tenant

Name

Employer (if applicable)

Work Start Date

Work Phone

Demographics

Gender

Male

Female

Other

Marital Status

Single Married Divorced Widowed Separated Domestic Partner

Race (Select all that apply)

American Indian / Alaska Native

Asian

Black / African American & White

American Indian / Alaska Native & White

Asian & White

Native Hawaiian / Other Pacific Islander

American Indian / Alaska Native & Black / African American

Black / African American

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

Tenant 2

Relationship to Primary Rental Occupant

Employer (if applicable)

Work Start Date

Work Phone

Demographics

Gender

Male

Female

Other

Marital Status

Single Married Divorced Widowed Separated Domestic Partner

Race (Select all that apply)

American Indian / Alaska Native

Asian

Black / African American & White

American Indian / Alaska Native & White

Asian & White

Native Hawaiian / Other Pacific Islander

American Indian / Alaska Native & Black / African American

Black / African American

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

Tenant 3			
Name		Relationship to Applicant	
Employer (if applicable)			
Work Start Date		Work Phone	
Demographics			
Gender		Male	Female
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
Tenant 4			
Name		Relationship to Applicant	
Employer (if applicable)			
Work Start Date		Work Phone	
Demographics			
Gender		Male	Female
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 rental household members with income		
PRIMARY Tenant		
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		
Tenant 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		
Tenant 3		
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		
Tenant 4		
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 income source

Source	Primary Tenant	Tenant 2	Tenant 3	Tenant 4
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. Repairs

Category of Repairs Requested (select all that apply)

Weather Proofing and Water Proofing Repairs

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Roofing repair <input type="checkbox"/> Repair/replacement of exterior material, such as siding or brick repointing <input type="checkbox"/> Exterior entry door repair or replacement <input type="checkbox"/> Exterior window repair or replacement <input type="checkbox"/> Exterior caulking, sealant application, and paint <input type="checkbox"/> Plumbing repair/replacement to remediate leaks | <ul style="list-style-type: none"> <input type="checkbox"/> Removal and replacement of water-damaged material <input type="checkbox"/> Mold remediation <input type="checkbox"/> Gutters and downspouts as needed <input type="checkbox"/> Porch repair to protect doorways and windows from water intrusion <input type="checkbox"/> Foundation repair <input type="checkbox"/> Additional items as recommended by the assigned inspector and approved by the Director |
|--|---|

Essential System Repairs

These repairs are only eligible after completion of initial weather proofing and water proofing repairs

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Additional work related to the weather proofing and water proofing work in the list above <input type="checkbox"/> Accessibility repairs and installation such as ramps, handrails or repairing walkways <input type="checkbox"/> Water heater repair or replacement <input type="checkbox"/> Heating systems/cooling systems repair or replacement <input type="checkbox"/> Plumbing repair or replacement, including water lines, sewer lines, toilet repairs, etc. | <ul style="list-style-type: none"> <input type="checkbox"/> Electrical repair or replacement, including repair of breakers, panels, wiring, or outlets <input type="checkbox"/> Gas lines repair or replacement <input type="checkbox"/> Floor repair or replacement <input type="checkbox"/> Interior and exterior repairs as recommended by the assigned inspector <input type="checkbox"/> Any item determined eligible by the Director <input type="checkbox"/> Other: _____ |
|--|--|

H. Reimbursement

Did you incur any of the following costs? Attach proof of payment if yes.

<ul style="list-style-type: none"> • Fees found in Section 52.300 of the Dallas City Code. However, the following fees are specifically excluded: <ul style="list-style-type: none"> ○ 303.5.1 .4.1 and 303.5.1 .4.2- resubmittal fees ○ 303.5.6 sidewalk waivers ○ 303.5.7 reinspection fees ○ 303.5.13 returned check fees ○ 303.5.16 reinstatement of permit privileges ○ 303.5.18 appeals to boards ○ 303.5.19 unauthorized concealment ○ 303.7 beginning work without a permit 	Yes	No
<ul style="list-style-type: none"> • Zoning and platting fees found in Chapter 51A-1.105 of the Dallas Development Code 	Yes	No
<ul style="list-style-type: none"> • Dallas Water Utility fees related to water and sewer service required for the development 	Yes	No
<ul style="list-style-type: none"> • Costs associated with completing a tree survey as required in Chapter 51A-10 of the Dallas Development Code 	Yes	No
<ul style="list-style-type: none"> • Additional professional services related to tree preservation at the discretion of the Director. 	Yes	No

I hereby certify that the aforementioned statements are true and correct. If at any time this information is found to be false or incorrect and it is then determined that the home does not qualify for the NEZ - Landlord Residential Tax Abatement Program, I understand that I am liable for repayment of any tax abatement amounts provided and/or development grants obtained through the program.

PLEASE REMEMBER TO ATTACH ALL INFORMATION REQUESTED ON THE APPLICATION SUBMITTAL CHECKLIST.



Applicant's Signature

Date

Co-Applicant's Signature

Date

APPLICATION SUBMITTAL CHECKLIST

To evaluate the home's application for eligibility in our program, we require the submission of the following documents. Please use this checklist to ensure that all required documents are being submitted:

Landlord/Property Owner Submissions:

- COPY OF GRANT DEED OR DEED OF TRUST or AFFIDAVIT of HEIRSHIP**
This document will verify that you are the owner of the property and confirm how title is held. Where properties contain a cloud on title, please provide available title documentation and an explanation regarding the nature of the claim, lien, document or encumbrance, etc. that is preventing the clearance of title.
- GENERAL QUALIFICATIONS AND CONDITIONS FORM**
Included in this packet. Please read, sign, and return this document.
- PROGRAM APPLICATION**
Included in this packet. Please fill out all information requested.

You must submit the following for all tenants:

- COPY OF INCOME VERIFICATION DOCUMENTATION**
Please provide the most recent ONE month of payroll stubs, alimony and child support payments, or other income documentation from all other income sources, for all members of the household. Where income is derived from Social Security/SSI, pension or retirement benefits, unemployment or disability, or from state or local assistance programs, please also provide a copy of the award letter for the benefit amount and a copy of the statements for the checking/debit account to which the benefit is posted.
- COPY OF PHOTO IDENTIFICATION FOR ALL ADULTS (18+)**
Provide a copy of a current government issued photo identification (i.e., driver's license, Texas I.D. Card, or passport) for every adult household member.
- COPY OF BIRTH CERTIFICATE (FOR MINORS ONLY)**
- COPY OF SOCIAL SECURITY CARD**
Or letter from the Social Security Administration verifying that you have applied for your Social Security Card, or an ID that contains your Social Security Card number
- COPY OF ONE MONTH OF CURRENT CHECKING AND SAVINGS ACCOUNT STATEMENTS**
All pages of the statement must be provided in un-redacted form

Income Supporting Information (Submit all that apply):

- COPY OF ONE MONTH OF MOST RECENT PAYCHECK STUBS**
(Monthly) One pay stub, (Bi-weekly/Semi Monthly) 2 paystubs, (Weekly) 4 pay stubs
- IF SELF-EMPLOYED: COMPLETE COPIES OF THE MOST RECENT TWO YEARS OF FEDERAL INCOME TAX RETURNS**
Tax returns must be signed and include all schedules and attachments

- COPY OF YOUR CURRENT PENSION LETTER/ANNUITY LETTER**
Must include the current calendar year and benefit or payment amount
- COPY OF YOUR SOCIAL SECURITY/SUPPLEMENTAL SECURITY AWARD LETTER**
Must be for the current calendar year
- COPY OF UNEMPLOYMENT STATEMENT OF WAGES & POTENTIAL BENEFIT FROM Texas Workforce Commission (TWC) FOR THE CURRENT CALENDAR YEAR**
- COURT ORDERED CHILD SUPPORT STATEMENT**

Additional Supporting Documentation:

- COPY OF DIVORCE DECREE (IF APPLICABLE) – Include all pages**
- COPY OF DEATH CERTIFICATE (IF APPLICABLE)**
- COPY OF SCHOOL REGISTRATION**
For children attending college & who reside in the home when not at school

When submitting documentation please ensure that all submissions are legible and complete