



City of Dallas

West Dallas Targeted Rehab Program 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 Targeted Rehabilitation Program (TRP) for West Dallas. Please do call us with any questions at 214-670-3644 or refer to the FAQ and Program Information documents that can be found at www.dallashousingpolicy.com

West Dallas Program

The level of assistance for the Program is limited to the amount required to address the rehabilitation scope of work as defined by the City and that won't exceed the maximum allowable funding level of \$10,000.00. Assistance is provided in the form of a grant with deed restrictions including a five-year affordability period.

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
- Deed or Affidavit of Heirship
- Homeowner Insurance; Please attach the Declaration Page
 - If you do not have homeowner insurance, you will need to be 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/We certify that I have provided all the required documentation on or before 01/08/21 and that an incomplete application may not be processed.

Primary Applicant Signature

Date

Co-Applicant Signature

Date

Drop off Date: before Friday, January 08, 2021, at 5:00pm

Application Drop Off Locations

- **Builders of Hope:** 2215 Canada Dr. Dallas, TX 75212
- **Voice of Hope:** 4120 Gentry Dr. Dallas, Tx 75212
- **Wesley Rankin Community Center:** 3100 Crossman Ave. Dallas, TX 75212
- **Brother’s Bill Helping Hand:** 3906 N Westmoreland Rd. Dallas, TX 75212
- **Dallas West Church of Christ:** 3510 N Hampton Rd. Dallas, TX 75212
- **Ledbetter Eagle Ford Community Food Pantry:** 5227 Nomias St. Dallas, TX 75212
- **Dallas West Branch Library:** 2332 Singleton Blvd. Dallas, TX 75212

COMPLETE applications can be DROPPED OFF* anytime before Friday, January 08, 2021 at 5:00 PM. Please ensure you have attached all required documentation along with your application.

*Homeowner can send a representative to drop off the application.



West Dallas Targeted Rehab Program Application

City of Dallas

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 program. Information provided will not be disclosed outside the City of Dallas 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 ___ 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
ADDITIONAL HOUSEHOLD MEMBER 1		
Name	Relationship to Applicant	
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

ADDITIONAL HOUSEHOLD MEMBER 2 If you have additional household members, please add additional sheets.

Name	Relationship to Applicant
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Employer (if applicable)

Work Start Date	Work Phone
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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 White

Are you Hispanic or Latino?	Yes	No
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Are you a veteran?	Yes	No
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Are you disabled?	Yes	No
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Are you over 65 years old?	Yes	No
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Are you a full-time student?	Yes	No
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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

H. 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 West Dallas TRP 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