

City of Dallas
Housing & Neighborhood Revitalization Department
HOME IMPROVEMENT AND PRESERVATION PROGRAM (HIPP)

HOMEOWNER APPLICATION

(Approved: 9/07/18)



Please Return the Completed Application with All Requested Documents to:

City of Dallas
Housing and Neighborhood Revitalization Department
1500 Marilla, 6CN
Dallas, TX 75201

If You Have Any Questions or Need Additional Information, Please Contact Our Office at:

(214) 670-3644

City of Dallas
Housing & Neighborhood Revitalization Department
HOME IMPROVEMENT AND PRESERVATION PROGRAM (HIPP)

Purpose

The City of Dallas provides an all-inclusive repair and rehabilitation program for single-family owner-occupied housing units. Home Improvement and Preservation Program (HIPP) offers a repayment loan program to low and moderate-medium income homeowners, with the purpose of making needed improvements and preserving affordable housing. HIPP is designed to finance home improvements and address health, safety, accessibility modification, reconstruction and structural/deferred maintenance deficiencies. HIPP enables homeowners to improve their housing while creating a positive effect in the community.

Homeowner Eligibility

1. The property must be a single-family home.
2. The property must reside within the Dallas city limits and Applicant must have occupied the dwelling for at least six (6) months from date of application.
3. Applicant must be a U.S. Citizen or Permanent Resident, have a valid Social Security card and current Texas State issued identification card or Driver License
4. Applicant must be current with the mortgage company meaning not more than thirty (30) days past due. (Except Accessibility Repair)
5. Property taxes must be current. Property taxes must not be delinquent for any tax year unless the homeowner has entered into a written agreement with the taxing authority outlining a payment plan for delinquent taxes and is abiding to the written agreement. (Except Accessibility Repair)
6. Applicant's annual gross income must be at or below the one hundred twenty percent (120%) of the Area Median Family Income (AMFI).
7. Standard property insurance, satisfactory to the City, must be maintained on the property (with coverage adequate to insure the City's lien position). If a property is in a floodplain, flood insurance must also be maintained with coverage adequate to insure the City's lien position. (Except Accessibility Repair)
8. Applicant must certify that the home is not for sale and is their primary residence/homestead, as indicated per Dallas County Tax Records and utility records
9. Title searches are obtained to evidence ownership of the property. (Except Accessibility Repair)
10. Applicants which received a Major Systems Repair loan in the last ten (10) years will be ineligible to participate.

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Maximum Assistance Limits

For rehabilitation activities, the maximum amount of assistance provided shall not exceed forty-seven and half percent (47.5%) of the HUD HOME Value Limits for existing properties.

For reconstruction activities, the maximum amount of assistance provided shall not exceed seventy-five (75%) of the HUD HOME Value Limits for new construction. The Chief of Economic Development and Neighborhood Services may on a case by case basis administratively approve (without Economic Development and Housing Committee approval) additional assistance not to exceed ten percent (10%) above the maximum limit for any Owner-Occupied Rehabilitation or Reconstruction project under the following circumstances:

- To address outstanding repairs or necessary work to close out an existing project;
- The need to provide reasonable accommodations in accordance with the Americans with Disabilities Act or other local, state or federal law;
- Unanticipated costs deemed necessary to meet applicable City Codes;
- Unforeseen environmental issues; and
- Addressing issues that threaten life, health, safety and welfare of the public.

It should be noted that the Owner-Occupied Rehabilitation and Reconstruction establishes maximum per unit thresholds below the HUD required maximum per-unit dollar limitations established under HUD Section 234 Condominium Housing Limit. Thus, no individual project under this program can exceed these HOME maximum subsidy limits.

State	County Name	Metropolitan/FMR	1-Unit	2-Unit	3-Unit	4-Unit
TX	Dallas County	Dallas, TX HUD Metro FMR Area	\$212,000	\$271,000	\$329,000	\$407,000

Terms of Assistance

The terms of assistance for the HIPP will be in the form of a loan based on the following schedule: 1) homeowners with incomes at or below sixty percent (60%) AMFI will receive a deferred, zero percent interest (0%) loan, 2) homeowners with sixty-one to eighty percent (61% - 80%) AMFI, will have a combination of deferred, zero percent interest (0%) loan a payment plan as permissible through the underwriting, and 3) for homeowners with (81%-120%) AMFI, monthly installment payment with three percent interest (3%) loan will be offered.

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If the home is vacated or leased during the term of the loan, then the loan shall be immediately due and payable, subject to the Resale/Recapture Requirement in the Comprehensive Housing Policy, Appendix 6, which can be viewed at http://dallascityhall.com/government/Council%20Meeting%20Documents/edh_2_comprehensive-housing-policy.pdf.

If the property is transferred through sale during the term of the loan, the balance shall also be immediately due and payable.

Credit Standards

Following are the credit standards for HIPP: 1) No Chapter 7 or Chapter 13 bankruptcy if primary or any mortgage is included as a secured creditor on the subject property for which the City or subrecipient will place a lien securing the loan. 2) Qualifying debt to income ratios are 30% on the front end and 43% on the back end.

Affordability Periods

Eligible rehabilitation and reconstruction activities will include all items necessary to bring the structure into compliance with the City's written rehabilitation standards and applicable local residential codes; including items recommended as necessary to preserve the property's structural integrity, historic integrity, weatherization, and quality of living conditions. The scope of work must address all major systems that have a remaining useful life for a minimum of 5 years at project completion, or the system must be rehabilitated or replaced as part of the scope of work. Major systems are identified as structural support (foundations); roofing; cladding and weatherproofing (e.g., windows, doors, siding, gutters); plumbing; electrical; and heating, ventilation, and air conditioning.

Improvements to, or demolition of an accessory structure such as detached garage, work shed, or small residential structure will be made on a case by case basis depending on the available budget, grant requirements, current building codes, health and safety concerns, and minimum occupancy requirements of residents of the property.

Amount of Assistance	Term
Less than \$5,001	5 Years
\$5,001 to \$50,000	10 years
Over \$50,001	15 years
Reconstruction Only	20 years

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Accessibility Repairs

Rehabilitation less than \$10,001 is considered a minor repair and federal funds may be used to perform strictly accessibility modifications. Assistance in the form of a one-time grant not to exceed \$10,000 shall exclude environmental and administrative soft costs necessary to engage the client and property.

Mortgage and Refinancing

Assistance may be provided to an Applicant who has an existing mortgage or equity loan if the total debt, including mortgage/equity loan balance and all rehabilitation costs do not exceed 100% of the after-rehabilitation value of the property. The City deferred loan may be subordinate to the existing mortgage or equity loan.

Refinancing of an existing mortgage, equity loan, or liens from lot clearance/demolition is an eligible refinancing expense up to \$10,000. The total debt, including refinanced amount and rehabilitation costs, cannot exceed 100% of the after-rehabilitation value of the property. Refinancing of revolving loan accounts, vehicles, credit card debt, or property taxes are NOT allowable refinancing expenses.

Heirs

A loan may be transferred to the heir(s) of the borrower if the heir(s) are income qualified and utilize the assisted property as their primary residence whether the loan is still within the period of affordability or not. If the heir(s) do not meet the income requirements of the program, the remaining balance of the loan is due immediately and payable in full if the loan is still within the period of affordability. If the property is not within the period of affordability and the heir(s) are not income qualified or do not utilize the property as their primary residence, the City or Sub-recipient may make payment arrangements with the heir(s) at an interest rate between zero (0) and three percent (3%).

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*****Before beginning this application, please answer the following questions*****
(If a question does NOT apply to you, please leave blank)

1. Are you the homeowner and does the **property deed** reflect that you are? YES ☐ NO ☐
2. Do you have **homeowner's insurance**? YES ☐ NO ☐
3. Is your **household income** below the HUD Standards Outlined below? YES ☐ NO ☐

For HOMEOWNER REHABILITATION – Area Median Family Income (AMFI)					
INCOME LEVELS	HOUSEHOLD SIZE				
80% of AMFI	1	2	3	4	5
	\$43,250	\$49,400	\$55,600	\$61,750	\$66,700
120% of AMFI	1	2	3	4	5
	\$61,656	\$70,464	\$79,272	\$88,080	\$95,126

4. Are you current on your property taxes? If not, are you on a payment plan? (Tax deferral **NOT** accepted) YES ☐ NO ☐
5. If you have a mortgage on the property, are you current? YES ☐ NO ☐
6. Have you owned your property for more than six (6) months? YES ☐ NO ☐
7. Is this a single-family home? YES ☐ NO ☐ Or a two-family home? YES ☐ NO ☐
8. Do you live in the above listed property as your primary residence? YES ☐ NO ☐



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 attached application and forward it with all requested documents for processing.

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APPLICATION CHECKLIST

- ☐ Signed and completed application form
- ☐ **Exhibit #1:** Complete Income and Employment Verification Form
- ☐ **Exhibit #2:** Complete Family Assets Form

SIGNATURE ONLY REQUIRED (EXHIBITS 3, 4 & 5)

- ☐ **Exhibit #3:** Sign Release of Information Form
- ☐ **Exhibit #4:** Sign Request for Verification of Mortgage Form
- ☐ **Exhibit #5:** Sign Verification of Employment Form

SUPPORTING DOCUMENTATION (For All Household Members)

- ☐ Photo Identification: Driver's License, State Identification (all household members 18 years or older)

NAME	DOB	RELATIONSHIP	SOCIAL SECURITY NO.	ARE YOU DISABLED?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

- ☐ Proof of Citizenship: Birth Certificates or Permanent Resident Card (all household members)

NAME	DOB	RELATIONSHIP	SOCIAL SECURITY NO.	ARE YOU DISABLED?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

- ☐ Social Security Cards (all household members)

NAME	DOB	RELATIONSHIP	SOCIAL SECURITY NO.	ARE YOU DISABLED?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

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APPLICATION CHECKLIST (Cont'd)

- ☐ Copies of paycheck stubs for the last (60) days for all wage earners (all household members 18 years or older)

NAME	DOB	RELATIONSHIP	SOCIAL SECURITY NO.	ARE YOU DISABLED?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

- ☐ Copies of signed current two (2) years Federal Income Tax returns **if self-employed, including all schedules for all persons in the household, 1099's etc.**

NAME	DOB	RELATIONSHIP	SOCIAL SECURITY NO.	ARE YOU DISABLED?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

- ☐ Other income documentation (provide copy of Award Letter, etc.):

- ☐ Retirement/Annuity
- ☐ Current year social security award letter
- ☐ Current year disability award letter or a letter from a qualified physician stating disability
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Interests on savings accounts/income earning account

NAME	DOB	RELATIONSHIP	SOCIAL SECURITY NO.	ARE YOU DISABLED?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

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APPLICATION CHECKLIST (Cont'd)

- ☐ Two (2) most recent bank statements to include all pages for each account
- ☐ Provide copies of the most recent utility statements such as electricity and gas
- ☐ Divorce Decree or Death Certificate (if applicable)
- ☐ One (1) current mortgage statement
- ☐ If you have children (18 years or older) who attend school or college, please submit a copy of their school registration.

NAME	DOB	RELATIONSHIP	SOCIAL SECURITY NO.	ARE YOU DIABLED?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

- ☐ A copy of court order monthly child support payments. Please contact the child support enforcement agency to obtain a printout of your support payment history for the past six months.
- ☐ A copy of Property Deed as recorded with Dallas County Records
- ☐ Proof of applicant's insurance declaration page that identifies coverage summary and amounts
- ☐ Property taxes must be current. If not current, submit a written agreement with the taxing authority outlining a payment plan for delinquent taxes and is abiding to the written agreement
- ☐ Elevation certificate, if your property is located within a flood zone. If it is determined that your home is in a flood zone, a flood insurance policy will need to be presented.

Applicant Name: _____ Address: _____

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Please Identify the Person Filing Out the Application:

☐ **APPLICANT**

NOTE: Submission of this application does not obligate the applicant or the City of Dallas Housing & Neighborhood Revitalization Department in any way

APPLICANT(S) *Married borrowers must have their spouse sign the mortgage deed.*

Owner Last Name	First	Middle Initial	Social Security #	Date of Birth
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Co-Owner Last Name	First	Middle Initial	Social Security #	Date of Birth
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Property Address	City	State	Zip
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Mailing Address, If Different from Above	City	State	Zip
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MARITAL STATUS:

Married _____ Unmarried _____ (widowed, single, or divorced) _____ Married but separated _____

CONTACT INFORMATION:

Home Phone Number	Cellular Phone Number	Work Phone Number
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Email Address _____

PREVIOUS SERVICES:

Have you received assistance in repairing your home with the Major Systems Repair Program (MSRP) from the City of Dallas? YES ☐ NO ☐ If Yes, in what year did you receive assistance? _____

Do you have any past obligations owed to City of Dallas in the past five (5) years? YES ☐ NO ☐

If so, what is the obligation? _____

Are there currently any unsatisfied judgements against you? YES ☐ NO ☐

Has either Owner or Co-owner declared bankruptcy in the past two (2) years? YES ☐ NO ☐

How Did You Hear About Our Program? Please Check ALL That Apply.

City of Dallas ☐ Television ☐ Direct Mail ☐ City Website ☐ Newspaper ☐ Other ☐

Please Explain Other: _____

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HOUSEHOLD INFORMATION

Demographic data is obtained for statistical purposes and will not be considered by the City in determining eligibility.

Total number of bedrooms in the home? _____ Sq. Ft: _____

Have you or any household members classified as disabled by a physician? YES ☐ NO ☐

Are you or any of your household members over the age of 62? YES ☐ NO ☐

Please provide number of people residing in household: Adults _____ Children _____

Please list ALL individuals that currently reside at this property, including yourself:

NAME	DOB	RELATIONSHIP	SOCIAL SECURITY NO.	ARE YOU DISABLED?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

Head of Household: Male ☐ Female ☐

Ethnicity: Are you of Hispanic/Latino origin? YES ☐ NO ☐

RACE: Select one or more of the following categories:

<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	White
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Native Hawaiian / Other Pacific Islander
<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Multi-Racial
<input type="checkbox"/>	Other

Are you or any member of your family a City of Dallas employee? YES ☐ NO ☐

If YES, please provide name & position: _____

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HOUSEHOLD EXPENSES *Please list household expenses. If more space is needed, please attach another sheet.*

	PER MONTH		PER MONTH
Heat (gas, oil)	\$	Home Insurance	\$
Electricity	\$	Other Expenses	\$
Health Insurance	\$	Other Expenses	\$
Cell Phone	\$	Mortgage	\$
Property Taxes	\$	TOTAL:	\$

PLEASE DESCRIBE THE REPAIRS NEEDED:

PLEASE DESCRIBE HOW THE NEED FOR THESE REPAIRS AFFECTS YOUR HEALTH AND/OR SAFETY:

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 qualifications 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.

Owner Signature

Date

Co-Owner Signature

Date

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INCOME AND EMPLOYMENT

Do you own any other REAL ESTATE?

YES ☐ NO ☐If you answered YES, do you receive rent as a *Source of Income*?YES ☐ NO ☐

All income sources for all persons in the household that are age 18 or over must be stated below:

Applicant(s)	Gross Monthly or Annual Income	\$ _____
Name of Employer	_____	
Number of years employed:	_____	
Employer Address	_____	
Employer Telephone	_____	

Co-Owner's	Gross Monthly or Annual Income	\$ _____
Name of Employer	_____	
Number of years employed:	_____	
Employer Address	_____	
Employer Telephone	_____	

Household Member	Gross Monthly or Annual Income	\$ _____
Name of Employer	_____	
Number of years employed:	_____	
Employer Address	_____	
Employer Telephone	_____	

Household Member	Gross Monthly or Annual Income	\$ _____
Name of Employer	_____	
Number of years employed:	_____	
Employer Address	_____	
Employer Telephone	_____	

MONTHLY SALARY	\$ _____	ALIMONY	\$ _____
SOCIAL SECURITY OR DISABILITY	\$ _____	DIVIDENS/INTEREST	\$ _____
CHILD SUPPORT	\$ _____	VA BENEFITS	\$ _____
UNEMPLOYMENT	\$ _____	PENSION	\$ _____
RENTAL INCOME	\$ _____	RETIREMENT	\$ _____
TEMP ASST TO NEEDY FAMILIES	\$ _____	OTHER	\$ _____

TOTAL MONTHLY HOUSEHOLD INCOME FOR ALL SOURCES	\$ _____
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FAMILY ASSETS *Please attach additional account information on a separate sheet if needed*

CHECKING ACCOUNT INFORMATION

NAME & ADDRESS OF BANK OR CREDIT UNION	CHECKING ACCOUNT NUMBER
	TELEPHONE NO. FOR BANK/CREDIT UNION

SAVINGS ACCOUNT INFORMATION

NAME & ADDRESS OF BANK OR CREDIT UNION	SAVINGS ACCOUNT NUMBER
	TELEPHONE NO. FOR BANK/CREDIT UNION

MORTGAGE INFORMATION

Do you have a Mortgage Loan? YES ☐ NO ☐ Second Mortgage Lien? YES ☐ NO ☐
 Original Purchase Price of Home \$ _____ Year Purchased _____

FIRST MORTGAGE

NAME & ADDRESS OF MORTGAGE COMPANY	ACCOUNT NUMBER
	CURRENT BALANCE

SECOND MORTGAGE

NAME & ADDRESS OF MORTGAGE COMPANY	ACCOUNT NUMBER
	CURRENT BALANCE

HOMEOWNER'S INSURANCE

NAME & ADDRESS OF INSURANCE AGENT	POLICY NUMBER
	YEARLY PREMIUM

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RELEASE OF INFORMATION FORM***Purpose***

To ensure that assistance is used properly as directed, Federal laws required that the information that you provide be verified. In order to receive assistance from the U.S. Department of Housing and Urban Development (HUD), applicants and all household members who are 18 years of age or older are required to sign this form that authorizes the above-name organization to obtain information from third parties relative to your eligibility and participation in its programs.

Consequences for Not Signing the Consent Form

If you fail to sign this form, or the individual verification forms, this may delay processing or your assistance being denied.

Types of Information to be Released

I authorize the City of Dallas and the U.S. Department of Housing and Urban Development to obtain information about me and my household that is pertinent to eligibility for participation in the Home Improvement and Preservation Program.

Information may be requested regarding the following items: Income (all sources) and /or Assets (all sources).

I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I have the right to review the file and the information receive using this form.
3. I have the right to copy information from this file and to request correction of information that I believe is inaccurate.
4. All adult household members will sign this form and cooperate with the above-name organization in this process.

INSTRUCTIONS: Each adult member of the household (18 years of age or older) must sign the release of information form prior to the receipt of assistance.

Please Print and Sign your Name and Date:

Head of Household

Other Adult Member of Household

Other Adult Member of Household

Other Adult Member of Household

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REQUEST FOR VERIFICATION OF MORTGAGE FORM

Applicant Name	Mortgagee Name
Applicant Address	Mortgagee Address

I hereby authorize the release of the above request information to the City of Dallas Home Improvement Preservation Program (HIPP).

Signature of Applicant

Date

*****TO BE COMPLETED BY MORTGAGEE*****

NOTE TO MORTGAGEE

The applicant identified above has applied for a City of Dallas HIPP Loan for property rehabilitation or reconstruction. The applicant has authorized the City to obtain verification from any source named in the application. Your verification of mortgage is for the confidential use of the City. Please furnish the information requested below and return this form to the address referenced above.

MORTGAGE VERIFICATION

Type of Mortgage	
Account Number	
Original Date of Mortgage	
Original Amount of Mortgage	
Present Mortgage Balance	
Date of Loan Maturity	

MONTHLY PAYMENT BREAKDOWN:

Principal and Interest	\$ _____
Taxes	\$ _____
Insurance	\$ _____
Total Payment	\$ _____

Loan Payment Experience: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Signature of Authorized Officer

Title

Date

Officer's Email Address _____ Telephone _____

Please Return this Form to:

City of Dallas Housing & Neighborhood Revitalization
Home Improvement and Preservation Program (HIPP)
1500 Marilla Street, 6CN
Dallas, Texas 75201

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REQUEST FOR VERIFICATION OF EMPLOYMENT

A. NAME AND ADDRESS OF APPLICATION FOR LOAN		B. NAME AND ADDRESS OF APPLICANT'S EMPLOYER	
Name _____		Name _____	
Street Address _____		Street Address _____	
City, State, Zip Code _____		City, State, Zip Code _____	
C. SOCIAL SECURITY NUMBER:			
<p>NOTE TO EMPLOYER: The applicant identified in Block A has applied for a Federal loan for property rehabilitation under Section 312 of the Housing Act of 1964, as amended and/or a Section 115 rehabilitation grant authorized under the Housing Act of 1949, as amended. The applicant has authorized this Department in writing to obtain verification from any source named in the application. Your verification of employment is for the confidential use of this department and the U.S. Department of Housing and Urban Development. Please furnish this information requested below and return this form.</p>			
EMPLOYER'S VERIFICATION			
D. Position Held: _____		E. Rate of Pay (Estimated, if not actually paid on hourly or annual basis) _____	
F. Date of Employment: _____		Hourly \$ _____ Annual \$ _____ Hours worked per week: \$ _____	
G. Probability of Continued Employment: _____		Additional Compensation: Actual Amounts Received Past 12 Months Overtime: \$ _____ Commissions: \$ _____ Bonus: \$ _____	
Other Remarks: _____			
If applicant is in military services, give income on monthly basis as follows: Base Pay: \$ _____ Quarters and Subsistence: \$ _____ Flight or Hazard Duty Allowance: \$ _____		Additional Information: _____	
Signature of Employer The above information is furnished in strict confidence in response to your request.			
Date _____	Signature _____	Title _____	
NAME AND ADDRESS OF PUBLIC BODY TO WHICH THIS FORM IS TO BE RETURNED (INCLUDING ZIP CODE) HOUSING & NEIGHBORHOOD REVITALIZATION DEPARTMENT HOME IMPROVEMENT AND PRESERVATION PROGRAM (HIPP) 1500 MARILLA STREET, 6CN DALLAS, TX 75201 (214) 670-3644 - OFFICE (214) 670-7831 - FAX			
AUTHORIZATION I hereby authorize release of the above requested information.			
Signature of Applicant _____		Date _____	