



Owner-Occupied Residential Tax Abatement Program

PROGRAM DESCRIPTION

The Neighborhood Empowerment Zone Residential Tax Abatement Program (NEZ) provides for a city tax abatement on owner-occupied homes that have had at least \$5,000 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. Recipients 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.

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 “your home.” “Your home” is the single family, duplex, or condominium home that you own and for which you are requesting tax abatement and other financial assistance. In addition, when we use “you” or “your” we mean the property owner(s) who are applying for this program.

Applicant Eligibility		Check the box																																					
Are you the homeowner and does the property deed reflect that you are?		Yes	No																																				
Is your household income for your household size at or below the 120% income limits listed in the 2020 Income Eligibility Limits table below?		Yes	No																																				
For applicants employed in educational instruction and library occupations; healthcare practitioners and healthcare support occupations; and protective service occupations, including fire fighters and police officers, is your household income for your household size at or below the 140% income limits contained in the 2020 Income Eligibility Limits table below? Not sure if your occupation qualifies? Check the link below. If your job falls within 2018 SOC codes 25-0000, 29-0000, 31-0000, or 33-0000, you may qualify. https://www.bls.gov/soc/2018/major_groups.htm		Yes	No																																				
<table border="1"> <thead> <tr> <th colspan="9">120% and 140% 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>120% Income Limit</td> <td>\$72,400</td> <td>\$82,750</td> <td>\$93,100</td> <td>\$103,450</td> <td>\$111,700</td> <td>\$120,000</td> <td>\$128,250</td> <td>\$136,550</td> </tr> <tr> <td>140% Income Limit</td> <td>\$84,476</td> <td>\$96,544</td> <td>\$108,612</td> <td>\$120,680</td> <td>\$130,334</td> <td>\$139,989</td> <td>\$149,643</td> <td>\$159,298</td> </tr> </tbody> </table>				120% and 140% AMFI INCOME LIMITS									Household Size	1	2	3	4	5	6	7	8	120% Income Limit	\$72,400	\$82,750	\$93,100	\$103,450	\$111,700	\$120,000	\$128,250	\$136,550	140% Income Limit	\$84,476	\$96,544	\$108,612	\$120,680	\$130,334	\$139,989	\$149,643	\$159,298
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Can you provide documentation that proves that you own your home? Examples of acceptable documentation include: DCAD property ownership information, deed, or title		Yes	No																																				
Is your home your primary residence? That is, do you live in your home most or all of the time?		Yes	No																																				
Do you certify that your home is not for sale?		Yes	No																																				
Do you certify that you do not intend to sell your home within the next 6 months?		Yes	No																																				
Property Eligibility		Check the box																																					
Is your home located within a Council-authorized Residential Neighborhood Empowerment Zone? To determine, refer to: bit.ly/homerepairmap		Yes	No																																				
Is your property a single family home, duplex, or condominium unit?		Yes	No																																				
Are you up-to date on property taxes and other obligations (mortgage, second mortgage, etc.) or have a written repayment plan?		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 home, after January 22, 2020		Yes	No																																				
If Applicable - Did the cost of the repairs to your home total at least \$5,000? 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 your 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 your property 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, PROPERTY, OR REPAIR ELIGIBILITY, YOU ARE NOT ELIGIBLE FOR THIS PROGRAM.

A. Property Information

Full Property Address for which application is being submitted (your home)

B. Contact Information

PRIMARY APPLICANT

1. Name (First, Middle, Last)

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

3. Primary Phone

Mobile

Home

Work

4. Secondary Phone

Mobile

Home

Work

5. Email Address

CO-APPLICANT (If Applicable)

6. Name (First, Middle, Last)

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

8. Primary Phone

Mobile

Home

Work

9. Secondary Phone

Mobile

Home

Work

10. Email Address

C. Requested Information

11. Was your home built in or before 1978?

Yes

No

12. Are there any pregnant women in the household?

Yes

No

13. Are there children under the age of 6 living in the home?

Yes

No

14. 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, and a total of 60 hours per year?

Yes

No

15. Are you or any member of your family a City of Dallas employee?

If yes, please provide the name and position:

Yes

No

16. 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):

D. Household List all household members

PRIMARY 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

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 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)		
<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

ADDITIONAL HOUSEHOLD MEMBER 2

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 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 income source				
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. Repairs – For preapproval, if you have not yet completed repairs:

Category of Repairs Requested (select all that apply)

Weather Proofing and Water Proofing Repairs

- | | |
|--|---|
| <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 | <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

- | | |
|--|--|
| <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. | <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"/> 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 I do not qualify for the NEZ - Owner-Occupied 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 your 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:

Homeowner 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.
- PROGRAM APPLICATION**
Included in this packet. Please fill out all information requested.

You must submit the following for all household members:

- 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 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