

**2011 - 2012  
BRAZORIA COUNTY  
COMMUNITY DEVELOPMENT  
HOME PROGRAM**

**REHABILITATION/RECONSTRUCTION  
APPLICATION**

**APPLICATIONS ARE DUE OR POSTMARKED  
NO LATER THAN  
SEPTEMBER 30, 2011**

***PLEASE READ THIS SHEET BEFORE COMPLETING APPLICATION***

Brazoria County can provide financial assistance for the rehabilitation or reconstruction of your home on your property. **To qualify for this assistance**, (1) you must have lived on the property and be the owner of record for a period of five years, (2) all property taxes must be current, and (3) the total family income must not exceed the maximum income limits set for the program. After receipt of application, the application will be screened for completeness and all information related to homeownership, taxes, and income must be verified to determine eligibility. The maximum income limits are as follows:

<u>Family Size</u>	<u>Maximum Income Limit</u>
1	\$ 42,950
2	\$ 49,100
3	\$ 55,250
4	\$ 61,350
5	\$ 66,300
6	\$ 71,200
7	\$ 76,100
8 or more	\$ 81,000

The financial assistance will be provided in the form of a forgivable loan that will be forgiven after five to twenty (5-20) years depending on amount of assistance needed on the home. **A lien in the amount of the cost of the rehabilitation or reconstruction of your home will be filed for record against your property in order to enforce the loan requirement. During the term of the lien, refinancing will not be allowed unless payments or interest rates are lowered. No equity may be withdrawn from the home during the term of the lien, unless the LOC lien is secondary to the County’s lien.**

All applicants will be required to file a complete application before they can be considered. All completed applications must be returned to Jennifer Crainer, Brazoria County Community Development Department which is located at 1524 E. Mulberry, Suite 162, Angleton, Texas, 77515. If you have any questions, please feel free to contact Jennifer at the Brazoria County Community Development Department at (979) 864-1220 during normal work hours between 8:00 a.m. to 5:00 p.m. Monday through Friday.

***THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY  
APPLICANT AND SPOUSE***

**Please turn in a completed application. If the application is not complete, it will slow the approval process down for you. You must use the correct legal name for each member of your household as it appears on the Social Security card. All adult members of the household must sign certifying the information pertaining to them.**

## I. HOUSEHOLD COMPOSITION

It is important that we have your house address as well as your mailing address. If they are different, supply both addresses. List all family members that currently live or will be living in your home. Give all the needed information asked. Complete for all persons who will be living in your home listing head of household first.

Applicant's Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Physical Street address \_\_\_\_\_  
(Address or P.O. Box) (City) (State) (Zip code)

Home Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

### Adults

Complete Legal Name	Sex (M/F)	Date of Birth	Race*	Social Security No.	Relation to Head.
					<b>HEAD</b>

### Children

Complete name	Sex (M/F)	Date of Birth	Race*	Social Security No.	Relation to Head

*\*Use the following codes for identifying your race or ethnicity:*

**White (W)** (not of Hispanic origin) - All persons having origins in any of the peoples of Europe and the Middle East.

**Black (B)** (not of Hispanic origin) - All persons having origins in any of the Black racial groups.

**Hispanic (H)** - All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture, regardless of race.

**American Indian or Alaskan Native (AI)** - All persons having origin in any of the original peoples of North America.

**Asian or Pacific Islander (AP)** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. Also persons from the Indian subcontinent, including peoples with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sikkim and Sri Lanka.

**Other (O)** - All persons of origins not identified above.

Marital status of applicant:  Married  Separated  Unmarried (single, divorced, or widowed)

Are you and your spouse a US Citizen or permanent resident?  Yes  No  
 (**provide** copies of social security card, birth certificate, Naturalization certificate, or voter's registration card)

Is anyone in your household disabled or handicapped?  Yes  No

If yes, list name(s) \_\_\_\_\_

Is anyone in your household who is 18 or older a full-time student?  Yes  No

If yes, list name(s) \_\_\_\_\_

## II. TOTAL HOUSEHOLD INCOME

List below all money earned or received by everyone living in your household. This includes money from **alimony, baby-sitting, cash benefits, child support, pension, rental income, retirement, self-employment, Social Security, SSI, unemployment, Veterans benefits, wages, worker's compensation, and include any income from bank accounts, stocks, dividends, etc.** Please give the person's name who receives the income. If one family member has more than 1 (one) income, please use 2 lines. If you have a bank account, please supply bank's name and address.

Name of Household Member Receiving Income	Income Source (Please specify Wages, Social Security,, Child Support, Self-Employment, etc)	Amount (Specify if weekly, monthly, or annually)

- Is there any other income not listed above  Yes  No

If yes, list \_\_\_\_\_

- Do you or anyone in your household have a checking account?  Yes  No

- Do you or anyone in your household have a savings account?  Yes  No

If yes for checking or savings accounts, list Bank(s) \_\_\_\_\_

- Is the head of household or spouse a member of the Armed Services  Yes  No

If yes, list \_\_\_\_\_

- Have you or your spouse filed for bankruptcy?  Yes  No

If yes, when \_\_\_\_\_

### III. ASSETS

Do any family members receive income from the list below? Please mark all assets that your family has and list the value. If you do not have any of the items, please write the word **NONE** on the line.

- |   |          |  |          |
|---|----------|--|----------|
| <input type="checkbox"/> Trusts               | \$ _____ | <input type="checkbox"/> Rental Property/Real Estate | \$ _____ |
| <input type="checkbox"/> Stocks or Bonds      | \$ _____ | <input type="checkbox"/> Certificates of Deposit     | \$ _____ |
| <input type="checkbox"/> Insurance Settlement | \$ _____ | <input type="checkbox"/> Retirement/Pension Fund     | \$ _____ |

Do you own any other property (land or homes) other than the residence you currently live in?  Yes  No

### IV. HOUSING EXPENSES

List amounts you pay for each of the following. List **NONE** if you pay nothing.

Monthly Mortgage Payment \$ \_\_\_\_\_ (If applicable, include a copy of your latest mortgage statement)

Mortgage Company Name and Address \_\_\_\_\_

Does mortgage include property taxes?  Yes  No

Does mortgage payment include homeowner's insurance?  Yes  No

Do you have Homeowner's Insurance?  Yes  No **If no, why not?** \_\_\_\_\_

Do you owe any taxes to the Brazoria County?  Yes  No If yes, do you have a current payment arrangement with Brazoria County Tax Assessor?  Yes  No Are your taxes being deferred?  Yes  No

Year home was built? \_\_\_\_\_

### V. GENERAL INFORMATION

Does any member of your household have any special housing needs? If so, please describe below:

\_\_\_\_\_  
\_\_\_\_\_

Have you suffered any of the following hardships?

Death of a spouse within the last two (2) years?  
Name of spouse and date died. \_\_\_\_\_

Are you paying more than 30% of your income towards your housing expenses?

Family medical expenses in excess of 7.5% of your household income within the last year.

Estimated Amount of medical expenses spent. \$ \_\_\_\_\_

Has home suffered damage from fire or natural disaster (hurricane, flood) within the last two (2) years?

Date: \_\_\_\_\_ Type of disaster: \_\_\_\_\_

(If yes, you may be eligible for another grant program.)

Did you apply with FEMA?  Yes  No If yes, how much did you receive? \$ \_\_\_\_\_  
Was this used for repairs?  Yes  No Why not? \_\_\_\_\_

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Please provide any additional information on hardships you checked that you wish us to consider in evaluation your application for assistance. Use additional pages if needed.

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Have you ever received any other type of federal financial assistance for home improvements before?

Yes  No If yes, When? \_\_\_\_\_ What type? \_\_\_\_\_

#### VI. HOUSING CONCERNS:

What are the major housing issues you are facing and in need of repair? \_\_\_\_\_

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**VII. ITEMS TO BE RETURNED WITH THIS APPLICATION** - These items must accompany this application to be considered complete. **If any information is missing, it will delay the application** process. If any item is not applicable, please write N/A next to the item number.

1. 2010 Income Tax Return and copies of all W-2's for 2010,
2. Income Documentation (last two paycheck stubs, SS award letters, pension payments, etc.) for all members and types of income,
3. Tax receipt showing all taxes paid. Do not submit appraised value documentation, (you may also print this from the County Tax office website.)
4. Property Deed showing property ownership in **applicant's name**,
5. Copy of Social Security card of all persons living in the home,
6. Copy of current Texas ID for all members over the age of 18,
7. Copy of most current electric or water bill showing service address,
8. Complete copies of last two months Bank Statements for all checking and savings accounts (front and back if two sided statement),
9. Copy of Mortgage statement, if applicable,
10. Copy of Homeowner's Insurance. If no homeowners insurance, why? \_\_\_\_\_

## Applicant's Certification

I hereby certify that the information and statements made on this application and all information furnished in support of this application are true and correct to the best of my belief and knowledge and that I understand that giving false or fraudulent information in connection with this application is prohibited by law. I also understand that the County will obtain the necessary verification and documents required to consider this application and will duly give my authorization for such verification. I agree that the property repaired under this program will be used as my principal residence, and that temporary subleases will not be allowed. I also agree that I will not hold any representatives, agents, officials, or employees of Brazoria County, liable for any acts, other than illegal acts, in connection with the administration and implementation of the County's HOME Program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**Penalty for False or Fraudulent Statement:** U.S. C., Title 18, 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or make any false writing or documentation knowing the same to contain any false, fictitious statement or entry shall be fined not more than \$10,000.00 or imprisoned not more than 5 years, or both."

## WHAT AND WHAT NOT TO EXPECT FROM THE HOME PROGRAM

### Things that Homeowner's Do in the HOME Program

1. Homeowners should point out problems during the inspection so that these problems can be addressed.
2. Homeowners will be asked to sign an agreement with the Construction Contractor.
3. Homeowners will be asked to approve work performed by the Contractor.
4. Homeowners will be asked to approve payments to the Contractor.
5. Homeowners will attempt to work with Contractors to settle disagreements during the job.
6. Homeowners call/write their Contractor to ask them to correct problems covered by Contractor warranties during the first year after the job has been completed.
7. Homeowners will be required to execute a Promissory Note and Deed of Trust for the work. A lien will be recorded against the property for a period of five to fifteen years for rehabilitation work and twenty years for the reconstruction of the home if it is not feasible to rehabilitate. After this period, the deferred loan will be forgiven and the lien will be released.

### Things Homeowners should think about before participating in the HOME Program

1. Not all the work that homeowners want done can always be done. Limited funds are available for each project. If the cost of the work exceeds the funds available or the value of the home, no work can be done at all unless the homeowner pays the difference or the scope of work reduced.
2. Unless your home is reconstructed, repairs will correct **some** of your home's problems, but will probably not solve **all** problems.
3. Unless your home is reconstructed, **do not** expect your house to be completely new when work is completed.
4. Unless your home is reconstructed, **do not** expect all floors, walls, ceilings, doors, windows and so on in older houses to be completely plumb, level, and square when work is done. The Rehab Specialist will do a final walk thru with the contractor and a final punch list will be completed.
5. All construction firms **must** be approved through Brazoria County prior to any bid being accepted.
6. The homeowner **may be required to move** during the construction process as determined by the contractor. The homeowner will need to temporarily reside elsewhere. In these cases, the expense of the temporary relocation is the responsibility of the homeowner.
7. If it is of value, lock it up. Brazoria County will not be responsible for items left and/or stolen on construction site.
8. Very few times in life is anyone completely satisfied the things they buy or have repaired. Having a house repaired or reconstructed is no different.
9. The HOME Program is **not** responsible for the Contractor and **cannot** guarantee that homeowners will be completely satisfied with the work done by the Contractor.
10. **Finally and most important, Homeowner's must realize that they must maintain insurance throughout the lien period for the amount of assistance provided. They must also realize that with the improvements to the home (or possible reconstruction of the home) the appraisal value of the property might increase. This could possibly increase property taxes. This is possibly the most serious issue to consider when applying for this assistance.**

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

**BRAZORIA COUNTY**  
**OWNER OCCUPIED REHABILITATION**  
**PROGRAM DESCRIPTION**  
**(REVISED: August 4, 2011)**

**I. OVERVIEW**

**A. Program Purpose**

1. The purpose of the Rehabilitation (“Rehab”) program is the rehabilitation of existing, owner occupied structures to a condition which, at a minimum, brings the structure into compliance with Brazoria County’s (“the County’s”) locally adopted “Minimum Housing Standards (“MHS”), and all applicable local codes and ordinances.

**B. Designated Authority**

1. The program is operated in accordance with all applicable rules and regulations of U.S. Department of Housing and Urban Development (“HUD”) and Brazoria County.
2. The County’s CDBG and HOME Program Staff is responsible for the overall administration of the Rehab program.
3. The HOME Program is under the direct supervision of the Brazoria County Commissioners’ Court.

**C. Type of Financial Assistance**

1. The financial assistance will be in the form of a no-interest deferred payment loan (“DPL”) which will be forgiven on a pro rated basis over the applicable affordability period.
  - a) The minimum available DPL is one thousand (\$1,000) dollars.
  - b) The maximum DPL is thirty thousand (\$35,000) dollars.
    - (1) In the event that thirty thousand (\$35,000) dollars is not sufficient to complete the needed repairs, the HOME Program Staff may authorize that additional funds be made available to the applicant(s) subject to the availability of funds, or require that the applicant to pay the additional costs or delete some of the general improvements (of non-MHS) items down to the available funding level. Applicants shall have sixty (60) days to secure additional financing if needed.
  - c) The affordability period shall be:
    - (1) Five (5) years when the DPL is less than fifteen thousand (\$15,000) dollars;
    - (2) Ten (10) years when the DPL is between \$15,000 and \$40,000 dollars;
    - (3) Fifteen years (15) when the DPL exceeds \$40,000, and
    - (4) Twenty years (20) when the home is demolished and reconstructed.
  - d) If the home is sold or the owner fails to maintain the property as their principal place of residence prior to the expiration of the affordability period, the owner will be required to repay the pro-rated balance of the DPL on the date the cease to occupy the property.

## II. OWNER'S ELIGIBILITY FOR THE PROGRAM

- A. Only owner/applicants ("owner") may apply for the program
  - 1. An owner is defined as:
    - a) An owner of record, duly recorded at the County Courthouse and having fee simple title; or
    - b) A leaseholder with a 99 year leasehold interest.
- B. Owner MUST own 100% of property at time of application.
- C. The owner must be a U. S. citizen and resident of Brazoria County.
- D. The Rehab program is only available to owners whose family income, as defined by HUD, is at or below eighty (80%) percent of the County's median income.
  - 1. All income is subject to third party verification.
- E. The owner's income must be sufficient to cover the owner's mortgage, insurance, and property tax expense for the compliance period while not exceeding thirty-two percent (32%) of the owner's present annual income.**
- F. The Rehab program will only provide financing for the amount which the owner cannot otherwise finance through private sector lenders.
- G. Prior recipients of funds under the Rehab Program are not eligible to apply for assistance.
- H. The owner must have owned and resided at the property for the previous five (5) years.
- I. The owner must be current on all property taxes.
- J. Homeowner(s) must pass criminal background screening.
- K. To qualify for rehabilitation assistance, the applicant must be an individual or family who owns and occupies a single family dwelling for the previous five years, from date of application. For these purposes, single family dwelling shall not include a townhouse, condominium unit, motor home, travel trailer, or mobile home. Designation of what constitutes a single family dwelling shall be at the sole discretion of Brazoria County and/or the Rehabilitation Specialists. The owner MUST *currently reside in the home that is to be rehabilitated at time of approval for assistance.***
- L. The home must be located in a participating city or unincorporated area of the County. All areas/cities participate except Liverpool, Quintana, Hillcrest Village, and Pearland. If you live within the city limits of any of these cities, you are not eligible for this program.

## III. ELIGIBLE IMPROVEMENTS AND EXPENSES

- A. Rehabilitation funds shall be used first for those repairs and/or replacements that are necessary to bring the dwelling and property in compliance with the County's MHS, all applicable local codes and regulations, and Federal requirements governing asbestos and lead based paint abatement.

**B.** Rehabilitation funds may also be used for general improvements that are "reasonable and customary". The following items are specifically excluded:

1. Washing machines and dryers;
2. Garage door openers;
3. Security systems;
4. Swimming pools;
5. Fences;
6. Detached storage buildings;
7. Television satellite dishes;
8. Jacuzzis and hot tubs; or
9. Any other item that, in the judgment of the County's HOME and CDBG staff is unwarranted.

**C.** All improvements must be permanent in nature and include the main structure.

#### **IV. POST REHABILITATION TERMS AND REQUIREMENTS**

**A.** Funds provided to the property under the Rehab program shall be secured by a first or secondary lien by the County on the property.

1. The lien shall remain in place for the compliance period as defined herein.

**B. The owner may not refinance the property during the lien period without the direct written approval of the HOME and CDBG Program Staff. Refinancing will only be approved if the interest rate or payment terms are reduced. You may not obtain any equity from the home during the lien period.**

**C.** The owner must occupy the structure upon completion of the rehabilitation for the required compliance period or repay the balance on the loan as defined herein. If at any time the owner ceases to occupy the residence, foreclosure proceedings may result.

**D.** The owner must furnish evidence that the residence is insured in an amount sufficient to cover the fair market value of the dwelling after rehabilitation (this does not include insurance on contents). The following are the insurance requirements:

1. **Property taxes must be maintained** and kept current during the entire compliance period.
2. If the property is located in a **flood hazard area**, flood insurance will be required to be in place at the time assistance is provided by the County and must be maintained during the entire compliance period.
3. **Fire and casualty insurance is required** to be in place at the time assistance is provided by the County and must be maintained during the compliance period.
4. **Windstorm insurance is required** to be in place at the time assistance is completed and must be maintained during the compliance period.
5. Each insurance policy must list the County as a lien holder/loss payee and provide the County with at least thirty (30) days notice of cancellation for any reason.
6. Each year, within thirty (30) days of the anniversary date of the any insurance policy the owner will provide to the County a certificate of insurance for the property stating:
  - (1) The coverage period;
  - (2) The amount of coverage;

- (3) The types of coverage included;
- (4) ***The County is included as a lien holder/loss payee.***

7. Any lapse of insurance coverage shall be grounds for recapture of the pro-rated balance of the DPL.

**V. Acknowledgement and Agreement.**

**A.** I/We, the undersigned, certify I/we am/are the owner(s) of the property located at \_\_\_\_\_, \_\_\_\_\_, Brazoria County, Texas.  
(street address) (city)

**B.** I/We, the owner/applicant for assistance under the Brazoria County Owner Occupied Rehabilitation Program, **acknowledge we received a copy of the Program Description.**

**C.** I/We, the owner/applicant for assistance under the Brazoria County Owner Occupied Rehabilitation Program, **state that we have read the Program Description and fully understand the terms and conditions** of the Program for which we are applying.

\_\_\_\_\_  
Applicant/Owner Date

\_\_\_\_\_  
Co-Applicant/Owner Date

**BRAZORIA COUNTY COMMUNITY DEVELOPMENT  
HOME PROGRAM**

1524 E. Mulberry, Suite 162, Angleton TX 77515  
(979) 864-1427 Phone (979) 864-1089 Fax

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**I Authorize** any duly accredited representative of the Brazoria County HOME Program to obtain any information relating to my activities from current and former employers, criminal justice agencies, financial or lending institutions, Social Security Administration, Office of Attorney General (Child Support), medical institutions, State Wage Employment Agents, Public Aid, consumer credit reporting agencies, and any other source providing income and/or assistance relative to my eligibility and suitability for the HOME Program assistance. This information may include but is not limited to my residential performance, criminal history record, arrest and conviction, medical and financial information.

**I Further** Authorize the Brazoria County HOME Program staff and any other authorized agency to request criminal history record information about me from criminal justice agencies, for the purpose of determining my eligibility for participation in the HOME Program, with assignment to, or retention in the Brazoria County HOME Program.

**I Direct** you to release such information upon request of the duly accredited representative of Brazoria County HOME program regardless of any agreement I may have made with you previously to the contrary.

**I Understand** that the information you release is for official use by the Brazoria County HOME Program and bound by any privacy laws. These users may re-disclose the information you release as authorized by law.

**I Release** any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me for a period of 15 months from the date of my signature. I hereby release and hold harmless Brazoria County HOME Program and its representatives, employees and commissioners from any and all liability or damages whatsoever.

**Signatures of:**

_____	_____	_____	
<b>Head of Household</b>	<b>Date</b>	<b>SS # of Head of Household</b>	
_____	_____	_____	_____
Spouse/ Other Adult in home	Date	Other Family Member 18 or older	Date
_____	_____	_____	_____
Other Family Member 18 or older	Date	Other Family Member 18 or older	Date