



Required Application Documents

- Photo identification for the applicant, co-applicant, and all household members 18 years or older
- Social Security cards for every person in the household
- Birth Certificates for all children in the household
- Last 4 paycheck stubs for every working member of the household
- Verification of any other sources of income for all family members (SS, SSI, unemployment, retirement)
- Recorded Deed of Trust/Warranty Deed

To apply for assistance, the household must meet the following income criteria:

Minimum Criteria for Owner Occupied Housing Rehabilitation Programs Eligibility

- ✓ Home must be located within the San Angelo city limits.
- ✓ All Household Members must be U. S. citizens or lawful permanent residents (LPR);
- ✓ Be named on the filed Warranty Deed or Deed of Trust.
- ✓ Occupy the property as a primary residence.
- ✓ Be current on property taxes.
- ✓ Applicants shall not have received duplicate home repair or emergency repair assistance within the past 2 years. Preference shall be given to applicants who have not previously received assistance.

NOTE: City will verify the following information found in the county records: ownership, deed-of-trust, payment of taxes, property valuation, assumed name of businesses, and any other information supplied above to determine eligibility and approval. If you have more current documentation than is filed with the county records, please attach it to this application.

Please complete the application COMPLETELY and ACCURATELY. Ensure all blanks are filled and dates included where appropriate. If an item is not applicable, insert "N/A". Failure to provide complete and accurate information may result in a loss or denial of assistance. **Only complete applications will be accepted.**

Project Approval is subject to availability of funds.

City of San Angelo Community & Housing Support Application For Owner-Occupied Housing Rehabilitation Programs

Emergency Repair Program

Minor Repair Program

Description of Emergency	Description of Minor Repair
<input type="checkbox"/> Plumbing – <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Electric <input type="checkbox"/> Other	Please describe problem: _____ <input type="checkbox"/> Roof <input type="checkbox"/> Insulation <input type="checkbox"/> A/C unit <input type="checkbox"/> Windows/ Doors <input type="checkbox"/> _____ <input type="checkbox"/> Other

PROPERTY ADDRESS
_____, San Angelo, Texas _____ Number Street Name Zip Mailing Address (if different from above) _____ Target Area _____

APPLICANT INFORMATION

Applicant's Name (include Jr. or Sr. if applicable)		Co-Applicant's Name (include Jr. or Sr. if applicable)	
Social Security #	Date of Birth	Social Security #	Date of Birth
Primary Phone Number:		Primary Phone Number:	
Secondary Phone Number:		Secondary Phone Number:	
E-mail address:		E-mail address:	
Marital Status: ___ Married ___ Single ___ Divorced ___ Separated ___ Widowed	Place of Birth (City, State):	Marital Status: ___ Married ___ Single ___ Divorced ___ Separated ___ Widowed	Place of Birth (City, State):
Do you currently occupy the property as your primary residence? () Yes () No How long have you lived there?		Do you currently occupy the property as your primary residence? () Yes () No How long have you lived there?	

HOUSEHOLD COMPOSITION

List everyone living in the house EXCLUDING APPLICANT AND CO-APPLICANT. This includes all temporary household residents.

Legal Name	Relation to Head	Age	Place of Birth	Birth Date	U.S. Citizen/LPR	Social Security #

HANDICAP ACCESSIBILITY:

Please complete the below box if any member of your household has a mental or physical handicap requiring special housing accommodations. (You may need to provide a letter from a physician describing the handicap and prescribing the accommodation needed.) If any member is confined to a wheelchair, write wheelchair under special housing need. Also note any member who needs crutches or a walker, is visually or hearing impaired, or is otherwise mobility impaired.

Household Member	Type of Handicap	Special Housing Need
1. _____	_____	_____
2. _____	_____	_____

INFORMATION ABOUT YOUR HOME

Year Constructed: _____ # of Bedrooms: _____ # of Bathrooms: _____

Have you submitted an application in the past to this office for rehabilitation assistance? YES NO

If Yes, what year were repairs made: _____

If Yes, describe repairs made: _____

Do you have any health, safety, or security concerns regarding your home: If so, please describe: _____

What property conditions motivated you to apply for assistance? _____

Do you currently have a citation or lien from the City of San Angelo for property code violations?

YES NO

If Yes, describe & include documentation: _____

Are you related to anyone currently employed by the Community & Housing Support Division? YES NO

If so, who? What is the relationship? _____

APPLICANT EMPLOYMENT INFORMATION

<i>Applicant</i>	<i>Co-Applicant</i>
Employer: Employer's Address:	Employer: Employer's Address:
Work Phone #	Work Phone #
Position/Title/Type of Business:	Position/Title/Type of Business:
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
Wages: \$ _____ Per _____	Wages: \$ _____ Per _____
Additional Employment:	
Employer: Employer's Address:	Employer: Employer's Address:
Work Phone #	Work Phone #
Position/Title/Type of Business:	Position/Title/Type of Business:
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
Wages: \$ _____ Per _____	Wages: \$ _____ Per _____
Other Employments/Income if any:	Other Employments/Income if any:
Self Employed Name of Business: _____ Estimate YTD Operating Income/Loss: \$ _____	Self Employed Name of Business: _____ Estimate YTD Operating Income/Loss: \$ _____

RELEASE AND CONSENT FORM

THIS SECTION TO BE COMPLETED BY ADMINISTRATOR	
Administrator Name :	
Contact Name :	Contact Title :
Address :	Phone :
Email Address :	Fax :

THIS SECTION TO BE COMPLETED BY APPLICANT															
<p>Applicant Name(s) : _____</p> <p>I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our application for participation in a Community & Housing Support Division's (CHS) Homeowner Repair Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Community & Housing Support Division Affairs and/or the Department's service provider. INFORMATION COVERED</p> <p>I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in a CHS Affordable Housing Program.</p> <p>GROUPS OR INDIVIDUALS THAT MAY BE ASKED</p> <p>The groups or individuals that may be asked to release the above information include, but are not limited to:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Past and Present Employers</td> <td style="width: 33%;">Welfare Agencies</td> <td style="width: 33%;">Veterans Administrations</td> </tr> <tr> <td>Support and Alimony Providers</td> <td>State Unemployment Agencies</td> <td>Retirement Systems</td> </tr> <tr> <td>Educational Institutions</td> <td>Social Security Administration</td> <td>Medical and Childcare Providers</td> </tr> <tr> <td>Bank and other Financial Institutions</td> <td>Utility Providers</td> <td>Previous Landlords</td> </tr> <tr> <td>Public Housing Agencies</td> <td>Appraisal Districts</td> <td>Insurance Carrier</td> </tr> </table>	Past and Present Employers	Welfare Agencies	Veterans Administrations	Support and Alimony Providers	State Unemployment Agencies	Retirement Systems	Educational Institutions	Social Security Administration	Medical and Childcare Providers	Bank and other Financial Institutions	Utility Providers	Previous Landlords	Public Housing Agencies	Appraisal Districts	Insurance Carrier
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THIS SECTION TO BE COMPLETED BY APPLICANT		
<p>I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.</p>		
_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date



CDBG Client Profile Form

1. Client Name: _____ 2. Date: _____

3. Address: _____ 4. Zip Code: _____

5. Race Category: _____ White
 (Choose one for HoH only) _____ Black/African American
 _____ Black/African American & White
 _____ Asian
 _____ Asian & White
 _____ American Indian/Alaskan Native
 _____ American Indian/Alaskan Native & White
 _____ Native American/Other Pacific Islander
 _____ American Indian/Alaskan Native & Black/African American
 _____ Other Multi-Racial

6. Ethnicity (choose one): Hispanic Non-Hispanic

7. Female Head of Household: ___Yes ___No

8. HoH over 62? ___YES ___ NO

9. Step 1 – Number of Persons in your Household: _____

Step 2 – Choose Household Income from below: _____

(Your income does not exceed this amount)

Number In Household effective May 1, 2024

	1	2	3	4	5	6	7	8
Extremely Low—30%	\$16,400	\$18,750	\$21,100	\$23,400	\$25,300	\$27,150	\$29,050	\$30,900
Very Low – 50%	\$27,300	\$31,200	\$35,100	\$39,000	\$42,150	\$45,250	\$48,400	\$51,500
60%	\$33,760	\$37,440	\$42,120	\$46,800	\$50,580	\$54,300	\$58,080	\$61,800
Moderate 80%	\$43,700	\$49,950	\$56,200	\$62,400	\$67,400	\$72,400	\$77,400	\$82,400

I acknowledge the City of San Angelo or HUD may need to verify the documentation provided to support the L/M income classification. I have provided this information and certify its accuracy to the best of my knowledge and belief.

Head of Household Signature & Date

Staff Member Signature & Date

THE STATE OF TEXAS §
 § RELEASE IN FULL OF ALL CLAIMS
COUNTY OF TOM GREEN §

I, _____, of Tom Green County, Texas, for and in consideration for any work that has been or may be approved by the City Council of the City of San Angelo, Texas, on the hereinafter described property do hereby release, acquit, and forever discharge the City of San Angelo, Texas, its officers, agents, servants, employees, successors, and assigns, and all other persons, firms, corporations, or parties under contract with said City from any and all liabilities, actions, causes of action, claims, demands or suits whatsoever, except those caused on the negligent acts of the City of San Angelo, Texas, its officers, agents, servants, employees, successors, and assigns, and all other persons, firms, corporations, or parties under contract with said City, which I may now have or claim to have in the future on account of the rehabilitation activities and work concerning my Neighborhood Revitalization Application.

The property involved is located as follows: _____

The work to be performed is all work that has been or may be approved by the City Council of the City of San Angelo, as set forth in bid specifications, and in accordance with all City Codes and Housing Quality Standards.

This release contains the entire agreement between the City of San Angelo, Texas, and me and the terms of this release are contractual and not merely recital.

Executed this ____ day of _____, 20____.

Owner's Signature

Owner's Signature

THE STATE OF TEXAS §
COUNTY OF TOM GREEN §

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the forgoing document and acknowledged to me that they executed the same for the purposes and consideration therein expressed and that they understood the terms thereof.

WITNESS MY HAND AND SEAL OF OFFICE this ____ day of _____, 20____.

Notary Public