



CITY OF SAN MARCOS
HOME REHABILITATION / REPAIR PROGRAM
APPLICATION & ELIGIBILITY VERIFICATION FORM

APPLICANT INFORMATION

Applicant Must Own and Currently Live in the Home Located within San Marcos City Limits

Applicant Name (Legal Name)

Address

Primary Home Number

Other Phone Number

E-Mail Address

PROPERTY INFORMATION

Property Address

In what year was this house built?

Is This House Located in the Floodplain/Flood Zone ?

Yes No I Do Not Know

If Yes , Do You Currently Have Flood Insurance ? Yes No

PREVIOUS FEDERAL FUNDING

Have You Ever Received Federal Funding For Rehabilitation of This Home ?

Yes No If Yes, Please Provide Details Below

HOUSEHOLD COMPOSITION		
TOTAL NUMBER IN HOUSEHOLD		
LIST ALL HOUSEHOLD MEMBERS		
Person	NAME	DATE of BIRTH (XX/XX/XXXX)
Applicant		
Co-Applicant		
Household Member 3		
Household Member 4		
Household Member 5		
Household Member 6		
Household Member 7		
Add Additional Sheet If Necessary		

U.S. CITIZENSHIP STATUS		
Are All Members of Household Citizens or Legal Residents of the United States?		
Yes	<input type="radio"/>	No <input type="radio"/> If No, Please Provide Details Below

INCOME ELIGIBILITY
Income Eligibility Determination <ul style="list-style-type: none"> <input type="checkbox"/> See columns below with total number of persons in the household <input type="checkbox"/> Total household income (annual adjusted gross income) cannot exceed 80% <input type="checkbox"/> Income Limits are established by U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) Program Office

City of San Marcos – FY 2022 Income Limits Summary

Median Family Income: Austin-Round Rock MSA = \$110,300

Percent AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
80%	\$61,800	\$70,600	\$79,450	\$88,250	\$95,350	\$102,400	\$109,450	\$116,500

Area Median Income (AMI), Effective June 15, 2022

ANNUAL INCOME

Annual income is the gross amount of income of all adults (18 and older) who will reside in the residence that is anticipated to be received during the next twelve months. This includes wages, salaries, tips, alimony, child support, military income, part-time income, Social Security, SSI, TANF, and any other source(s) of income. Food stamps are not considered income. The attached appendix pages provide information on how income is calculated.

WAGE EARNER NAME	SOURCE OF INCOME	RATE OF PAY/PER		PAYMENT BASIS
		HOUR	MONTH	

ASSETS

Assets are cash or non-cash items that can be converted to cash. When assets are included in the calculation of Annual Income, it is the income earned from the asset - not the value of the asset - that is counted. Assets that must be reported include savings and checking account balances, equity in rental properties, cash value of stocks, bonds, treasury bills, IRA accounts, retirement and pension funds, cash value of life insurance policies available before death, personal property held as investments, and lump sum or one-time payments.

NAME ON ACCOUNT	CHECKING/SAVINGS ACCOUNT & BANK NAME	LAST 4 DIGITS IN ACCOUNT#	CURRENT BALANCE

OTHER ASSETS

Non-Cash Items that can be converted to cash (such as antiques, coin collections, classic car, gems, etc.)

ASSET OWNER	TYPE & SOURCE	CASH VALUE	ANNUAL INCOME FROM ASSET

AFFIRMATIVE ACTION INFORMATION

This information is requested in order to comply with the US Department of Housing and Urban Development's (HUD) requirements. Answers to the following questions are not used to determine eligibility for program assistance. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you elect to not provide this information, please initial below.

I DO NOT WISH TO FURNISH THE INFORMATION REQUESTED BELOW: Applicant's Initials:

Head of Household Information

Name		Male	Female	
		<input type="checkbox"/>	<input type="checkbox"/>	

Ethnicity of Head of Household (Choose One)

<input type="checkbox"/>	Hispanic - person of Mexican, Cuban, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply
<input type="checkbox"/>	Non-Hispanic - person NOT of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race of Head of Household (Choose One)

<input type="checkbox"/>	White	<input type="checkbox"/>	Black / African American & White
<input type="checkbox"/>	Black / African American	<input type="checkbox"/>	American Indian, Alaskan Native & Black African American
<input type="checkbox"/>	American Indian / Alaskan Native	<input type="checkbox"/>	Asian & White
<input type="checkbox"/>	Asian	<input type="checkbox"/>	American Indian, Alaskan Native & White
<input type="checkbox"/>	Native Hawaiian / Other Pacific Islander	<input type="checkbox"/>	Other multi-racial

Household Special Needs (includes everyone living in the household)

<input type="checkbox"/>	One or more people living in this household are elderly (62 or older)	How many?
<input type="checkbox"/>	One or more people living in this household have a disability	How many?

CERTIFICATIONS

- I have received and reviewed the Home Rehabilitation / Repair Program materials
- I understand the Home Rehabilitation / Repair Program is a forgivable loan program
- I understand all applications will be evaluated and ranked per criteria provided and explained to me and that submission of this application is not a guarantee of funding
- I understand that providing incorrect information (a false statement) either deliberately or carelessly in this application or in any other form or statement made by me in connection with this application may be a federal violation with a possible fine and/or may cause the application to be denied

By signing this application, I authorize the City of San Marcos Home Rehabilitation / Repair Program staff and/ or its CDBG grantee partners to obtain information from a third party as may be necessary to process this application.

APPLICANT SIGNATURE

Sign (Print and Sign)

Date

Digital Signature

SUPPLEMENTAL INFORMATION

Please provide the types of repairs needed for your home. Keep in mind that this information will be verified by a thorough field inspection and development of a scope of work to include a detailed list construction need to rehabilitate / repair the home. The information below will not used to determine eligibility for program assistance but rather to gather general information regarding rehabilitation / repair needs in the community.

HOME REHABILITATION / REPAIR NEEDS

Address			
Home Rehabilitation Or Priority Repair (Choose One)			
<input type="checkbox"/>	Home Rehabilitation - major work such as roof replacement, system failures (electrical, plumbing, heating and cooling)		
<input type="checkbox"/>	Priority Repair - minor work to include items such as repairs to window, doors, plumbing fixtures (leaking faucets, sinks,) replace system components (i.e. non-functional water heater)		
Select Rehabilitation / Repair Type Needed (Choose All Applicable)			
<input type="checkbox"/>	Roof Replacement	<input type="checkbox"/>	Roof Repair
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Heat, Ventilation, AC (HVAC)	<input type="checkbox"/>	Accessibility (i.e. mobility access)
<input type="checkbox"/>	Windows, Doors, Siding	<input type="checkbox"/>	Flooring
<input type="checkbox"/>	Lead-based paint remediation	<input type="checkbox"/>	Other
Household Special Needs (includes everyone living in the household)			
<input type="checkbox"/>	One or more persons living in household are elderly (62 or older)	Number of persons	
<input type="checkbox"/>	One or more persons living in household have a disability	Number of persons	

Home will be inspected to verify types of repairs needed, priority (health and safety hazards), scope of work and cost estimate. Program budget is \$25,000 per home.

DESCRIBE DETAILS OF WORK REQUESTED :