



**City of Plano
Community Services
Application for Emergency Assistance Program**

Maximum assistance for eligible repairs are \$5,000 and up to \$10,000 for heating and air conditioning unit.

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

| Household Size | Maximum Income Limits | Types of Income |
|----------------|-----------------------|--|
| 1 | \$49,850 | <p>When calculating the maximum household gross income, the following types of income are included:</p> <p>employment, tips, bonuses, child support, Social Security, disability payments (SSI), Worker’s Compensations, retirement benefits, AFDC, cash welfare benefits, Veteran’s benefits, rental property income, stock dividends, income from bank accounts, alimony, unemployment, retirement accounts, and any other source</p> |
| 2 | \$57,000 | |
| 3 | \$64,100 | |
| 4 | \$71,200 | |
| 5 | \$76,900 | |
| 6 | \$82,600 | |
| 7 | \$88,300 | |
| 8 | \$94,000 | |

Minimum Criteria for Emergency Repair Approval

- In addition to the Maximum Income Limits above, the applicant must:
 - ✓ Have a current homeowner’s insurance in effect;
 - ✓ Not be delinquent on any federal debts
 - ✓ Be a permanent legal resident or U. S. citizen;
 - ✓ Be a current Plano homeowner;
 - ✓ All qualified retirement plans, other non-retirement accounts and financial assets must not exceed \$150,000, liquid asset cannot exceed \$75,000;
 - ✓ Meet other underwriting parameters per program requirements.

- Approval is also contingent upon:
 - ✓ The property’s county appraised value not to exceed \$349,945;
 - ✓ The repairs meeting the program’s housing standards.
 - (1) Pose a serious and immediate threat to the health or welfare of your family and
 - (2) Emergency occurred recently without warning
 - ✓ Availability of HUD funding

- Lifetime Limits
 - ✓ Household who have previously received two (2) or more Emergency Assistance opportunities are not eligible for additional emergency assistance; and
 - ✓ Households who have received over \$55,000 in housing rehabilitation assistance or a full reconstruction are not eligible for emergency repairs.

Each household is eligible to receive only one Emergency Assistance per 12-month period.

- **NOTE:** Approval criteria above may change subject to changes in program parameters. Applicants are urged to contact the Housing Coordinator (972-208-8150) prior to completion and submission of this form.

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.

I. Applicant Information

| | | | |
|---|--|---|--|
| Applicant's Name (include Jr. or Sr. if applicable) | | Co-Applicant's Name (include Jr. or Sr. if applicable) | |
| Social Security # | DOB | Social Security # | DOB |
| Passport # | | Passport # | |
| Resident alien card # | | Resident alien card # | |
| Driver License # | | Driver License # | |
| 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 | # of Dependents Ages: _____ | Marital Status: __ Married __ Single __ Divorced __ Separated __ Widowed | # of Dependents Ages: _____ |
| Present Address (street, city, state, zip) _____ Own Owned Since _____ | | Present Address (street, city, state, zip) _____ Owner Owned Since _____ | |
| Do you currently occupy the property as your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you currently occupy the property as your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Mortgage Company | | | |
| Second Lien: | | | |
| Date of Purchase | | Current Mortgage Balance | |

II. Household Composition

List everyone living in the house EXCLUDING APPLICANT AND CO-APPLICANT

| Legal Name | Sex (M/F) | Date of Birth | Age | Social Security # | Relation to Applicants |
|------------|-----------|---------------|-----|-------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

III. Employment Information

List all money earned by everyone 18 years of age or older living in the household. If an adult family member lives with the applicant, all income of that individual will be considered as part of the Applicant's income.

| <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: |
| <input type="checkbox"/> Self Employed Name of Business: _____. Estimate YTD Operating Income/Loss: \$ _____. | <input type="checkbox"/> Self Employed Name of Business: _____. Estimate YTD Operating Income/Loss: \$ _____. |

IV. Combined Monthly Income

List all income received from household members. This includes money from employment, tips, bonuses, child support, Social Security, disability payments (SSI), Worker’s Compensations, retirement benefits, AFDC, cash welfare benefits, Veteran’s benefits, rental property income, stock dividends, income from bank accounts, alimony, unemployment, retirement accounts, and any other source.

| Gross Monthly Income | Applicant | Co-Applicant | Other Household Members | Total |
|-------------------------------------|------------------|---------------------|--------------------------------|--------------|
| Base Employment Income | \$ | \$ | \$ | \$ |
| Overtime | | | | |
| Bonuses | | | | |
| Commissions | | | | |
| Child Support/Alimony | | | | |
| Social Security/Disability Benefits | | | | |
| Veteran’s Benefits | | | | |
| Stock/Dividends/Interest | | | | |
| Section 8 | | | | |
| Food Stamps | | | | |
| Rental Income | | | | |
| Retirement/Pension | | | | |
| Unemployment Benefits | | | | |
| Other: | | | | |
| Other: | | | | |
| TOTAL | \$ | \$ | \$ | \$ |

| ASSETS | | |
|---|-----------------------------------|------------------------|
| List checking, savings, CD’s, 401K, etc. below (bank name) | Last 4 digits of account # | Current Balance |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Total Number of Accounts: | | \$ |

V. Declarations

| If you answer "Yes" to any questions 1 through 8, please use the blank space below for explanation. | Applicant | | Co-Applicant | |
|--|-----------|----|--------------|----|
| | YES | NO | YES | NO |
| 1. Are there any outstanding judgments against you? | | | | |
| 2. Have you filed for Chapter 7, 11 or 13 in the past 7 years? | | | | |
| 3. Are you in the process of filing? | | | | |
| 4. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years? | | | | |
| 5. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of the lieu of foreclosure, or judgment? | | | | |
| 6. Are you presently delinquent or in default on any federal debt (including income taxes and federal student loans) or any other loan, mortgage, financial obligation, bond, or loan guarantee? | | | | |
| 7. Are you obligated to pay alimony, child support, or separate maintenance? If yes, amount \$ _____ | | | | |
| 8. Are you a co-maker or endorser on a note? | | | | |
| 9. Are you a U.S. citizen? | | | | |
| 10. Are you a permanent resident alien? | | | | |
| 11. Do you occupy the property as your primary residence? | | | | |
| 12. Do you intend to occupy the house as your primary residence? | | | | |
| 13. Do you own <u>other</u> real estate property? If yes, address: _____ Value \$ _____ County: _____. | | | | |

Explanation:

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

Yes No If yes, describe and include the documentation:

VI. Demographic Information of Head-of-Household

The demographic information a below is requested by the Federal Government for certain types of assistance related to housing in order to monitor compliance with equal credit opportunity, fair housing and other laws. You are not required to furnish this information, but are encouraged to do so. The law provides that we may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race or sex, under Federal regulations, we are required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. Otherwise, fill in the boxes as appropriate.

| | |
|---|--|
| <input type="checkbox"/> I do not wish to provide this information. | |
| Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | |
| Race: | |
| <input type="checkbox"/> White <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian/White |
| <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other |
| Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Elderly (62 or above): <input type="checkbox"/> Yes <input type="checkbox"/> No | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| To be completed by City Staff: | |
| This information was provided: | |
| <input type="checkbox"/> In a face-to-face interview | |
| <input type="checkbox"/> In a telephone interview | |
| <input type="checkbox"/> By the applicant and submitted by fax or mail | |
| <input type="checkbox"/> By the applicant and submitted via e-mail or the Internet | |
| <input type="checkbox"/> By the applicant and in person | |
| City Staff Signature: | |
| _____ | Date _____ |

VII. Federal Privacy Statement

The United States Department of Housing and Urban Development (HUD) is authorized to collect information about applicants and participants receiving housing assistance in the form of rehabilitation assistance, emergency assistance and first time home buyer assistance programs through the Community Development Block Grant (Title I of the Housing and Community Development Act of 1974, as amended) and HOME Investment Partnership (Title II of the Cranston-Gonzalez National Affordable Housing Act, as amended, 42 U.S.C. 12701, et seq., and 42 U.S.C. 12704) programs. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older.

The household income and other information are being collected by the City and HUD to determine the household's eligibility (24 CFR Part 570, 24 CFR Part 5), and the amount, if any, the household will pay towards the housing rehabilitation assistance.

HUD uses the household income and other information to assist in managing and monitoring all HUD-assisted housing programs, to protect the Federal governments' financial interests, and to verify the accuracy of the information provided by the household. This information may be released to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

VIII. Certifications

Applicant Certification:

The applicant certifies that all information given and furnished in this application is given for the purpose of obtaining a loan and/or qualifying for other housing rehabilitation assistance. The applicant also certifies that all information is true and complete to the best of the applicant's knowledge and beliefs. The applicant also understands that incomplete, incorrect, or false information on the applicant application and provided in this document will make the applicant liable for reimbursement to the City of Plano any payments made on my/our behalf for the housing rehabilitation completed on my/our property, and are grounds for denial or termination of the rehabilitation assistance. The applicant additionally certifies that he/she is the owner-occupant of the property to be repaired and that the property is his/her principal residence.

Penalty for False or Fraudulent Statement:

The applicant understands that the U.S.C. Title 18, Part I, Chapter 47, Sec. 1001, provides that: "...whoever, in any matter within the jurisdiction of any department or agency of the Government of the United States, knowingly and willfully falsifies...or makes any fictitious or fraudulent statements or representation(s), or makes or uses a false writing or document knowing the same to contain false, fictitious, or fraudulent statement or entry, will be fined under this title, imprisoned not more than 5 years..."

Applicant's Signature

Date

Co-Applicant's Signature

Date

IX. Acknowledgment and Agreement

| Applicant Authorize | | Co-applicant Authorize | | Authorizations to Release/Disclose Information |
|---------------------|----------|------------------------|----------|---|
| | | | | I hereby authorize and instruct the City of Plano to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by the City of Plano. |
| | | | | I also authorize the release to credit reporting agencies or Federal/State agencies I have received federal assistance of financial or other information that I have supplied to the City of Plano in connection with any such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency or Federal/State agencies deem necessary to complete my credit report. |
| | | | | I hereby authorize the City of Plano to verify or re-verify any information contained in this application or obtain any information or data relating to obtaining housing rehabilitation assistance, for any legitimate business purpose through any source, including a source I named this application or a consumer reporting agency. |
| Agree | Disagree | Agree | Disagree | Acknowledgments and Agreements |
| | | | | I understand and agree that the City of Plano intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home, to obtain a rehabilitation loan, or to qualify for housing repair under the emergency repair program from the City of Plano. |
| | | | | I understand that I may revoke my consent to the disclosure provided to other mortgage lenders and/or counseling agencies the information and/or computations disclosures by notifying the City of Plano in writing. |
| | | | | I understand that the City of Plano will verify or re-verify any information contained in this application, or obtain any information or data relating to the rehabilitation assistance, for any business purpose though any source, including a source named in this application. |
| | | | | I understand that the City of Plano may request additional information outside of the information listed in this application. Said additional information may be necessary to clarify or support the original application information provided. The City of Plano will notify me in writing in the event the information contained herein is insufficient whereby I may be required to provide a release to obtain said additional information. |
| | | | | I further understand that my failure to provide authorization to the City of Plano to gather any financial, credit and other information necessary for housing rehabilitation assistance eligibility listed in this application may impact the approval of said assistance. |
| | | | | In addition, in connection with determining my ability to obtain a loan or any other housing repair assistance, I authorize the City of Plano to share with potential mortgage lenders and/or counseling agencies my report and any information that I have shared, including any computations and assessments that I have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services. |
| | | | | I understand that the City may retain the original and/or an electronic record of this application, whether or not the housing rehabilitation assistance is approved. |
| | | | | I understand that the City may rely on the information contained in the application; and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to written approval. |
| | | | | My property will be occupied as indicated in the application. |

Have you received any assistance from the City of Plano – Housing Rehabilitation program in the past?

Yes No If yes, please list the date, type of assistance, and amounts.

Date: _____ **Type:** Limited Repairs (Rehab) Emergency Repairs **Amount:** \$ _____

Date: _____ **Type:** Limited Repairs (Rehab) Emergency Repairs **Amount:** \$ _____

Date: _____ **Type:** Limited Repairs (Rehab) Emergency Repairs **Amount:** \$ _____

Date: _____ **Type:** Limited Repairs (Rehab) Emergency Repairs **Amount:** \$ _____

Date: _____ **Type:** Limited Repairs (Rehab) Emergency Repairs **Amount:** \$ _____

Date: _____ **Type:** Reconstruction (tear down and rebuild) \$ _____

Do you have any health, safety or security concerns regarding your home?

Yes No If yes, describe:

What property condition motivated you to apply for emergency assistance?

X. Signatures

Applicant's Name (print)

Co-Applicant's Name (print)

Applicant's Signature

Co-Applicant's Signature

Phone

Phone

Date

Date



CITY OF PLANO
HOUSING REHABILITATION PROGRAM
CERTIFICATION FOR EMERGENCY REPAIR

I, the owner of _____, (Property) do certify that I am in need of an emergency repair to my Property. The need(s) is(are) the following:

Two horizontal lines for listing emergency repair needs.

I further understand that the City of Plano’s Housing Rehabilitation Program (Program) defines an emergency as one that poses a serious or immediate threat and is of recent origin. I further certify that I am unable to finance the emergency repair and lack other sources of funding for said repair. The Program defines these aforementioned parameters below:

- 1. Serious or Immediate Threat—The condition poses a serious and immediate threat to the health or welfare of the community, which are of recent origin or recently became urgent;
2. Recent Origin—An emergency is of recent origin, that is, a condition or situation that occurred recently (generally within two weeks) without warning;
3. Inability to Finance—The Owner is unable to finance the activity on its own; and
4. Lack of Other Funding Sources—Other sources of funding are not available. Other funding may include the Owner’s own homeowner’s insurance.

I further understand that approval for emergency repair assistance is contingent upon: household income eligibility and qualification criteria outlined in the City’s Housing Rehabilitation Program Policies (Program Policies); property feasibility criteria defined in said policies; program budgets; and available funding from the U. S. Department of Housing and Urban Development (HUD).

As part of the City of Plano’s (City) quality control measures, City staff has informed me that either the City or the contractor hired to complete the repair will take pictures of or video the repair both pre and post completion. I agree to allow either the City or the contractor to take said photography or video.

I further certify that:

_____my homeowner’s insurance company denied coverage for the requested repair item
_____the requested repair item is not covered under my homeowner’s insurance policy

In accepting the emergency repair assistance, I understand and agree to the following:

- 1. Some repairs such as replacement of heating and air conditioning come with a manufacturer’s warranty for parts. I will ensure that these are given to me by the contractor after completion of repairs;
2. I am responsible for registering the equipment for warranty coverage with the manufacturer in the manner deemed by the manufacturer. I am aware that failure to register the equipment may void my manufacturer’s warranty;
3. I am responsible for maintenance to any equipment that has been repaired and/or installed;

4. My failure to maintain the equipment or repaired item may void my warranty;
5. I am responsible for any damage caused to the installed equipment or repaired item;
6. Any alterations that I make to the equipment or the repaired item during the warranty period will void my warranty; and
7. Should I place a service call to the vendor who originally made the repairs and *if* the repairs made are not covered by the warranty, I will be charged for the repair and will be responsible for making direct payment to the contractor;
8. I may be eligible to receive only one emergency repair per 12-month, and up to two lifetime per Property. A new application must be submitted to determine my eligibility;
9. Emergency repairs are limited to \$10,000 for HVAC repairs, and \$5,000 for all other repairs, which are mutually exclusive. Additionally, if I have received Limited Repair Assistance from the City of Plano prior to this emergency assistance request, the total amount of the prior limited repair and all emergency assistance provided by the City cannot exceed a lifetime limit of \$45,000.
10. Upon execution of this document, I agree to have the items determined eligible by City staff repaired by the City's approved contractor.

Applicant Name (Print)

Co-Applicant Name (Print)

Applicant Signature

Co-Applicant Signature



**CITY OF PLANO
HOUSING REHABILITATION PROGRAM
PROPERTY CONDITION REVIEW**

For all Housing Rehabilitation Assistance, the Applicant understands and agrees that:

1. The City of Plano, Texas (City) offers a Housing Rehabilitation Program, funded by the Community Development Block Grant (CDBG) and HOME Investment Partnership Funds from the U. S. Department of Housing and Urban Development (HUD). The Housing Rehabilitation Program (Program) is administered by the Community Services Division through the Neighborhood Services Department at 777 15th Street, Plano, Texas 75074.
2. The purpose of the Housing Rehabilitation Program is to provide funding for housing repairs considered essential to the occupant's health, safety and welfare. The program does not cover remodeling of the residence. Approval of repairs is subject to:
 - a. The property meeting the housing rehabilitation program's minimum property standards and inspection by the Rehabilitation Estimator and other third party structural engineers (as appropriate) and energy audit professionals;
 - b. The repairs meeting the City of Plano's Housing Rehabilitation Program's Policies and HUD regulations;
 - c. Prioritization according to the following order: (1) health and safety; (2) removal of code citations; (3) energy efficiency; and (4) eligible owner requested repairs.
 - d. The property's post rehabilitation value not exceeding 95% of the median price in the DFW metropolitan statistical area, and the pre-rehabilitation value not exceeding 85% of the median price in the DFW metropolitan statistical area; and
 - e. The Housing Rehabilitation Program's eligibility and approval guidelines, which includes but is not limited to: the existing equity in and liens on the property; before and after appraised value of the property; creditworthiness and HUD-income qualification of the property owner; appropriate title to the property; other financial considerations; and availability of HUD funding.
3. About the inspection process:
 - a. Inspections are only conducted after you have been given conditional approval for the rehabilitation assistance.
 - b. The inspection is not an exhaustive inspection of the structure, systems, or components.
 - c. The inspection does NOT verify compliance with manufacturer's installation instructions. The inspection does NOT imply insurability or warrantability of the structure or its components. The inspection does NOT anticipate future events or changes in performance of components or equipment due to changes in use or occupancy. **The inspector ONLY inspects to the Housing Rehabilitation Program's (HRP) Minimum Property Standards and the assistance type for which you have submitted an application.** The inspection identifies general deficiencies that include inoperability, material distress, water penetration, damage, deterioration, missing components and unsuitable installation.
 - d. An inspection addresses only those components and conditions that are **present, visible and accessible** at the time of inspection. It is your responsibility for providing the City's inspector access to the property to conduct an inspection. Access includes ensuring that all building components and equipment are visible to the inspector. The inspector will not turn on decommissioned equipment, systems, utility services or apply

**CITY OF PLANO
HOUSING REHABILITATION PROGRAM
PROPERTY CONDITION REVIEW**

an open flame or light a pilot to operate any appliance and determine operability. The inspector will not climb over obstacles, move furnishings or stored items.

- e. At its discretion, the City may seek evaluations by qualified tradesmen/engineers that may lead to the discovery of additional deficiencies. The additional deficiencies are only included as permitted by the HRP's Minimum Property Standards.
 - f. It is your responsibility to provide the inspector with as much information about the current condition of your property prior to the inspection date. This may include providing copies of previous inspection report(s) or completed repairs by third parties. It is not the inspector's responsibility to confirm that information obtained from these sources is complete or accurate or that the City's inspection results is consistent with the opinions expressed in previous or future reports.
 - g. Property conditions change with time and use. For example, mechanical devices can fail at any time, plumbing gaskets and seals may crack if the appliance or plumbing fixture is not used often, roof leaks can occur at any time regardless of the apparent condition of the roof, and the performance of the structure and the systems may change due to changes in use or occupancy, effects of weather, etc. These changes or repairs made to the structure after the inspection may render information contained in the inspection obsolete or invalid. It is your responsibility to inform the inspector of any such changes prior to the completion of the scope of work by the City and the execution of the construction contract.
 - h. The City is not required to change the scope of work after the start of construction if you failed to provide information regarding changes to the condition of the property prior to the completion of the scope of work and the execution of the construction contract.
 - i. Keep in mind that building codes or common construction practices change over time. Your home may have been built under different codes and/or practices that are inconsistent with current ones. Functioning components in good repair may not be included in the scope of work to merely meet the existing codes or construction standards.
4. What may you expect during the construction?
- a. Schedules are hard to follow or maintain due to severe weather, unforeseen delays in delivery of material or availability of workers, and inspection hold-ups.
 - b. Construction breeds dirt and noise. Be prepared for dusty and irritating conditions. Remove from your house what you want to protect. At a minimum, cover your household items.
 - c. Accidents can happen; things can break. Store all valuables temporarily somewhere outside of your house (for example at a relative's home), or in a room where no work is taking place.
 - d. Your household routine will be disrupted. You may not be able to sleep late, have company over without work going on, and you may have to keep a close eye on pets so they don't get out with all of the traffic coming in and out of your house, or damage completed work.
 - e. When working with your electrical, plumbing, or heating/cooling systems, you may be without service for a few hours.



**CITY OF PLANO
HOUSING REHABILITATION PROGRAM
PROPERTY CONDITION REVIEW**

- f. Products come in three types: “economy”, “standard”, and “deluxe”. The City only approves standard products or better.
 - g. Discuss problems with the General Contractor and Rehabilitation staff only, as they are more familiar with the program requirements than the laborers.
 - h. During the construction, be prepared for the unforeseen. Our Rehab staff is here to help you. Please call our office when you are confused or have concerns.
 - i. As with any government program, there is some “red tape”. You will have to sign construction contracts and/or documents prior to the commencement of the repairs. The City of Plano Rehabilitation staff will help you every step of the way!
5. In addition to the acknowledgements listed above, the Applicants understand that based on the Program assistance you have made application for, the additional apply:

| Emergency Assistance |
|---|
| At the completion of his inspection report, the inspector will prioritize only the deficiency for which you have requested assistance and that deficiency must meet the Program’s Minimum Housing Standard. |
| If, on the day of the scheduled initial inspection, the property has not been prepared for the inspection, the inspector will not proceed with the inspection. You will be given 5 days to prepare for the inspection. If the property is not ready for the inspection at the end of the 5-day period, your application will be withdrawn and no assistance will be provided. |
| Contractors from the city’s pre-approved list will complete all repairs. |
| At completion of the repair, you are encouraged to complete a survey. |

Applicant Name: _____

Applicant Signature: _____

Date: _____

Co-applicant Name: _____

Co-applicant Signature: _____

Date: _____



CITY OF PLANO
HOUSING REHABILITATION PROGRAM
PRIVACY POLICY DISCLOSURE
(Protection of the Privacy of Personal Non-Public Information)

Respecting and protecting customer privacy is vital to our business. By explaining our Privacy Policy to you, we trust that you will better understand how we keep our customer information private and secure while using it to serve you better. Keeping customer information secure is a top priority, and we are disclosing our policies to help you understand how we handle the personal information about you that we collect and disclose. This notice explains how you can limit our disclosing of personal information about you. The provisions of this notice will apply to former customers as well as current customers unless we state otherwise.

The Privacy Policy explains the following:

- Protecting the confidentiality of our customer information.
- Who is covered by the Privacy Policy.
- How we gather information.
- The types of information we share, why and with whom.
- Opting-Out – how to instruct us not to share certain information about you or not to contact you.

Protecting the confidentiality of customer information:

We take our responsibility to protect the privacy and confidentiality of customer information very seriously. We maintain physical, electronic, and procedural safeguards that comply with federal standards to store and secure information about you from unauthorized access, alteration, and destruction. Our control policies, for example, authorize access to customer information only by individuals who need access to do their work.

From time to time, we enter into agreements with other companies to provide services to us or make products and services available to you. Under these agreements, the companies may receive information about you but they must safeguard this information, and they may not use it for any other purposes.

Who is covered by the Privacy Policy:

We provide our Privacy Policy to customers when they conduct business with the City of Plano for housing rehabilitation assistance. If we change our privacy policies to permit us to share additional information we have about you, as described below, or to permit disclosures to additional types of parties, you will be notified in advance. This Privacy Policy applies to consumers who are current or former customers.

How we gather information:

As part of the providing you with housing rehabilitation assistance, we may obtain information about you from the following sources:

- Applications, forms and other information that you provided to us, whether in writing, in person, by telephone, electronically, or by other means. This information may include your name, address, employment information, income, credit references and other information necessary to determine eligibility for the housing assistance;
- Your transaction(s) with us, our affiliates, or others. This information may include your account balances, payment history and account usage;
- Consumer reporting agencies. This information may include account information and information about your credit worthiness;
- Public sources. This information may include real estate records, employment records, telephone numbers, etc.

Information we share:

If required or permitted by law, may disclose information about to third-parties without your consent, such as:

- To regulatory authorities and law enforcement officials;
- To protect against or prevent actual or potential fraud, unauthorized transactions, claims, or other liability;
- To report account activity to credit bureaus;
- To consumer reporting agencies;
- To respond to a subpoena or court order, judicial process or regulatory authorities;
- In connection with a proposed or actual sale, merger, or transfer of all or a portion of a business or an operating unit, etc.

In addition, we may provide information about you to our service providers to help us process your applications or service your accounts. Our service providers may include billing service providers, mail or telephone service companies, lenders, investors, title and escrow companies, appraisal companies, etc.

We do not provide non-public information about you to any company whose products and services are being marketed unless you authorize us to do so. These companies are not allowed to use this information for purposes beyond your specific authorization.

Opting Out:

We also may share information about you within our City family of office(s). We may share all of the categories of information we gather about you, (such as your name and address, credit reports (such as your credit history), application information (such as your income or credit reference), your account transactions and experiences with use (such as your payment history), and information from other third parties (such as our employment history).

By sharing this information we can better understand your housing rehabilitation needs. We can then send you information of new products and services that you may not otherwise know about. For example, if you originally obtained housing rehabilitation assistance with us, we would know that you are a homeowner and may be interested in hearing about other assistance that may come available.

You may prohibit the sharing of application and third-party credit-related information within the City or any third-party company at any time. If you would like to limit disclosures of personal information about you as described in this notice, just check the appropriate box or boxes to indicate your privacy choices.

- Please do not share personal information about me with non-affiliated third-parties.
- Please do not share personal information about me with any of your affiliates except as necessary to effect, administer, process, service or enforce a transaction requested or authorized by myself.
- Please do not contact me with offers or products or services by mail.
- Please do not contact me with offers of products or services by telephone.

Note for joint applicants and current joint mortgagee holders: Your opt-out choices will also apply to other individuals who are joint applicants and current joint mortgagee holders. If these individuals have separate applications and separate mortgages, your opt-out will not apply to those separate applications and mortgages.

Applicant Name

Co-Applicant Name

Applicant's Signature

Co-Applicant's Signature

Date

Date

Application taken by:

Housing Community Services Coordinator

Date

Supporting Documentation

The following information must be submitted along with your completed application.

- _____ Photo identification for the applicant, co-applicant and all household members 18 years or older (Driver's license, passport, permanent resident cards, etc.)
- _____ Proof of citizenship for every member of the household (One of the following documents: birth certificates, permanent resident cards, passports)
- _____ Social Security cards of all household members
- _____ Last 2 year's tax returns for every household member (Provide the last 3 years' returns if self-employed)
- _____ Last 6 paycheck stubs for each working member of the household
- _____ Verification of any other sources of earned and unearned income for all family members (Social security, SSI, TANF, unemployment, Medicaid, child support, alimony, retirement, food stamps, Section 8, etc.)
- _____ Last 6 complete bank statements (All pages on ALL accounts including: checking, savings, etc.)
- _____ Most current investment account or retirement plan statement (annuity, 401K, IRA, CD, etc.)
- _____ Most recent mortgage statement
- _____ Proof of current homeowner's insurance (Declarations page)

If applicable:

- _____ Copies of any debt owed not appearing on credit bureau reports
- _____ Divorce decree, if divorced since owning the home
- _____ Court ordered child support information and attorney general's statement of payment
- _____ If co-signor for or owner of another real estate property, copy of the current mortgage statement, deed-of-trust, and proof of paid taxes
- _____ If self-employed, copies of company profit and loss statements, bank statements, assets
- _____ Assumed name certificate of business

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.