City of Pearland
Homeowner Application
HUD-funded Housing Rehabilitation Program

As part of this U.S. Department of Housing and Urban Development Community Development Block Grant Program, approved work is being completed at no cost to the homeowner.

Each applicant must complete the attached application and provide all required documents. Incomplete applications or applications with missing documentation may be rejected.

If the applicant meets the required initial qualifications, a representative from the City of Pearland and its contractor – FBCORPS – will set up an appointment to conduct an assessment of the repairs and improvements that can be made to the home, and establish a start date for the work. Repairs must be related to improving the life, health and safely of the residents and cannot include cosmetic improvements.

The applicant must be a resident of Pearland, Texas; must own and reside full-time in the home; must be low- to moderate-income, as defined by the U.S. Department of Housing and Urban Development (HUD). Low- to moderate-income households are those whose total household income is at or below 80 percent of the current area median income based on household size. For information regarding the income limits, refer to HUD's website at huduser.gov to search for the applicable Brazoria County HUD income limits.

Submit applications and required documentation to:

CDBG Housing Rehabilitation Program
City Secretary's Office
2nd Floor, City Hall – Suite 262
3519 Liberty Dr.
Pearland, TX 77581

Submit requests for information about the program to:

Rudolph Rhame
Pearland Fire Department
2701 Veterans Dr.
Pearland, TX 77581
281.997.4671

Listed below are the documents needed in order to process your application:

- Completed Application form that is attached.
- Income documentation for **all** adults 18 years and older residing in home. Must include latest IRS Form 1040 if required to submit a 1040 to IRS. In addition, include other relevant documentation *(Ex: Social Security Statement, SSI Statement, SSDI Statement, Retirement Benefits, Paystub, etc.)* ***Do not*** send originals. Send only copies.
- Proof of Pearland residency. *(utility statement, copy of Driver's License showing Pearland address or any other legal document showing address).* ***Do not*** send originals. Send only copies.

The information required is confidential and will be used only to verify eligibility in the Housing Rehabilitation Program. No documents or information submitted will be returned to you.

Time Stamp:

Login Number: _____

Approved: ___ **Disapproved:** ___ **On hold:** ___

The information collected below will be used to determine whether you qualify as a recipient for no-cost home repairs. It will not be disclosed outside the City of Pearland or its contractors without your consent, except as is required by law.

Address of Property:	City:	State:	Zip Code:
Total number of residents at this address: _____	Number of years at address:	Estimated Age of House:	

APPLICANT INFORMATION: (Please Print)

Applicant's Name: (Last, First, Middle Initial)	Home Phone: ( )	Age:	Disabled? Yes___ No___ If yes, type of Disability:

Must be a United States Citizen or Legal Resident. Citizen ___ Legal Resident ___ Neither Citizen or Legal Resident ___

Marital Status:
___ Married or co-habiting with partner on deed/mortgage ___ Unmarried (single, divorced or widowed) ___ Separated

Ethnic Background:
___ Hispanic ___ Not Hispanic

Racial Background (check all that apply):
Black ___ White ___ American Indian ___ Asian Pacific Islander ___ Other ___

CO-APPLICANT INFORMATION IF APPLICABLE: (Please Print)

Co-Applicant's Name : (Last, First, Middle Initial)	Home Phone: ( )	Age:	Disabled? Yes___ No ___ If yes, type of Disability:

Must be a United States Citizen or Legal Resident. Citizen ___ Legal Resident ___ Neither Citizen or Legal Resident ___

Marital Status:
___ Married or co-habiting with partner on deed/mortgage ___ Unmarried (single, divorced or widowed) ___ Separated

Ethnic Background:
___ Hispanic ___ Not Hispanic

Racial Background (check all that apply):
Black ___ White ___ American Indian ___ Asian Pacific Islander ___ Other ___

INSURANCE: (For the following insurance, check whether you have a policy in effect or not)

Type of Policy	Yes	No
General Dwelling Unit Insurance (fire, damage, liability, etc)	☐	☐
Flood Insurance	☐	☐
Wind Storm Insurance	☐	☐

ANNUAL INCOME AND ASSETS:

Source	Applicant	Co-Applicant	Other Household Member(s) 18 or Older	Total
Salary & Overtime Pay				
Commissions & Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Income from Business/Rentals				
Social Security, Pensions, Retirement Funds, etc.				
Unemployment Benefits, TANF Payments				
Workers Compensation, etc.				
Alimony, Child Support				
Other Income				
Current balances on all checking accounts				
Current balances on all savings or CD accounts				
Current balances on all investments other than retirement (401K, IRA, SEP, etc.), Health Savings Accounts				
			TOTAL	

HOUSEHOLD COMPOSITION: (List all full-time members of your household starting with applicant and co-applicant. State relationship to applicant)

Member No.	Full Name	Relationship to applicant	Age

Printed Name:_____ Address:_____

I/We own and occupy the above address as my/our principal residence, have owned and occupied the home for more than 12 months, and intend to continue to own and occupy this home for at least 5 years after improvements. I/We understand that a forgivable lien may be placed on this property based on the cost of the repairs, with 20% of the total lien removed each year for 5 years. Any sale of the property during the 5 years will require repayment of remaining lien amount.

I/We understand that my/our home is being considered for critical home repairs at no cost to me/us, and that the City of Pearland will pay all costs associated with the labor and materials of the repairs. If approved for this service, I/we understand that, depending on the total cost, a forgivable lien may be placed on the property for a period of not more than 5 years.

If approved for this service, I/We authorize the City of Pearland and/or its authorized representative(s) to make all arrangements for the repairs. I/We release the City of Pearland and its authorized representative(s), including Fort Bend CORPS, their respective sponsoring agencies, volunteers and other persons associated therewith from all claims or potential claims associated with the repairs.

I/We certify that the information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of information verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States or its representatives/grantees as to any matter within its jurisdiction.

_____ _____

Printed Name of Applicant Date

_____

Applicant Signature

_____ _____

Printed Name of Co-Applicant Date

_____

Co-Applicant Signature