City of Pearland

Housing Enforcement & Repair Opportunity Program Application

H.E.R.O.

Revised October 1, 2020

THE H.E.R.O. PROGRAM

Maintaining healthy and vibrant neighborhoods for all residents is a top priority for the City of Pearland. Instrumental in achieving this goal is the use of Community Development Block Grant (CDBG) funding from the U.S. Department of Housing and Urban Development (HUD).

A portion of CDBG funding supports the City's Housing Enforcement & Repair Opportunity (HERO) Program, which is designed and purposed for assisting low- to moderate-income households make needed minor repairs to live safely in their homes.

HERO ELIGIBILITY REQUIREMENTS

To be eligible for the HERO Program, applicants must meet at least, but not limited to, the following criteria:

- Current Pearland resident;
- Homeowner, residing full-time in the residence for at least the prior 12-month period;
- Meet the HUD definition of low- to moderate-income

Low- to Moderate-Income households are those whose total household income is at or below 80 percent of the current Area Median Income (AMI), which is based on household size as noted by the following FY 2020 Brazoria County – HUD Median Income Level Table

BRAZORIZA COUNTY FY 2020- HUD MEDIAN INCOME SUMMARY (≤ 80% Income Limits)	
Household Size	Maximum Income Limits*
1	$54,950
2	$62,800
3	$70,650
4	$78,500
5	$84,800
6	$91,100
7	$97,350
8	$103,650

Note: For more information regarding income limits, refer to HUD's website at www.huduser.gov to search for applicable and current HUD Income Limits for Brazoria County, TX

THE HERO PROCESS

If the initial requirements of the application are met, a representative from the City of Pearland and its contractor will schedule an appointment to assess possible repairs and improvements that can be made to the home in accordance to HUD regulations. Repairs are related to improving the life, health and safety of the homeowner and their household, excluding cosmetic improvements.

Once the assessment is completed, including identifying eligible repairs, the City will gather and document findings. A Scope of work will be developed, and the project will be sent out for bid with the city's approved vendor. Once the bid process has concluded and services have been procured, work will begin on the identified property. Refer to the H.E.R.O. application for detailed instructions on how to complete.

APPLICATION CHECKLIST

Each applicant must complete the attached application and provide all required documents. ***(Note: To prevent processing delays and possible denial, it is imperative that applications and required documentation is complete, reviewed for accuracy and submitted in a timely manner).***

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

☐ **Section 1:** Primary Information

- ☐ **A.** Applicant Information
- ☐ **B.** Co-Applicant Information (if applicable)
- ☐ **C.** Property Information
- ☐ **D.** Insurance Details
- ☐ **E.** Household Composition
- ☐ **Appendix A- Voluntary Self Identification Form**

- ☐ **Copy of Supporting Identification**
  - ☐ **A.** Driver's License
  - ☐ **B.** Utility Statement
  - ☐ **C.** Passport
  - ☐ **D.** Other

☐ **Section 2:** Financial Information

- ☐ **A.** Annual Income
  - ☐ Applicant
  - ☐ Co-Applicant
  - ☐ Additional Household Members
    (Full time members of the household 18 years and older)
- ☐ **B.** Financial Accounts
  - ☐ Applicant
  - ☐ Co-Applicant
  - ☐ Additional Household Members
    (Full time members of the household 18 years and older; Do not include financial information for students, under 25, enrolled in at least 12 hours per semester)

☐ **Copy of Supporting Annual Income Documentation**

☐ **Copy of Supporting Financial Account Documentation**

Section 3: Assets

☐ **A.** Financial Assets

☐ Applicant
☐ Co-Applicant
☐ Additional Household Members
(Full time members of the household 18 years and older)

☐ **B.** Retirement Assets

☐ Applicant
☐ Co-Applicant
☐ Additional Household Members
(Full time members of the household 18 years and older)

☐ **C.** Additional Assets

☐ Applicant
☐ Co-Applicant
☐ Additional Household Members
(Full time members of the household 18 years and older)

☐ **Appendix C- Additional Assets Calculation Form**

☐ **Copy of Supporting Asset Documentation**

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.

Submit Application To:

CDBG Housing Enforcement & Repair Opportunity
Fire Admin Building
2703 Veterans Dr.
Pearland, TX 77584
281.652.1793

City of Pearland
Housing Enforcement & Repair Opportunity Program

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

Section 1: Primary Information

A. APPLICANT INFORMATION (Please Print) *The applicant is the Head of the Household, For the purpose of this application.*		
1. First Name:	2. Middle Name:	3. Last Name:
4. DOB	5. Phone Number:	6.Email:
7. Please Indicate the Following Citizenship Status: ☐ United States Citizen ☐ Legal Resident ☐ Non- Citizen or Legal Resident		
8. Marital Status: ☐ Married ☐ Cohabitating ☐ Single ☐ Widowed ☐ Divorced ☐ Separated		

B. CO-APPLICANT INFORMATION (Please Print) ☐ **DOES NOT APPLY** *Other members of the household who legally hold as much responsibility as the applicant notated in the property's deed history. This person is often referred as the co-owner of the property.*		
1. First Name:	2. Middle Name:	3. Last Name:
4. DOB:	5. Phone Number:	6. Email:
8. Please Indicate the Following Citizenship Status: ☐ United States Citizen ☐ Legal Resident ☐ Non- Citizen or Legal Resident		
9. Marital Status: ☐ Married ☐ Cohabitating ☐ Single ☐ Widowed ☐ Divorced ☐ Separated		

C. PROPERTY INFORMATION (Please Print)			
1. Address of Property:	2. City:	3. State:	4. Zip Code:
5. Total Number of Residents at This Address:	6. Number of Years at Address:	7. Estimated Year Built:	

D. INSURANCE DETAILS (Please Print) *Please indicate whether your home has the following policy in effect.*	
Type Of Policy	**Policy Carrier**
1. General Dwelling Unit Insurance ☐ Yes ☐ No (Fire, Damage, Liability, Etc.)	

2. Flood Insurance	☐ Yes ☐ No	
3. Wind Storm Insurance	☐ Yes ☐ No	
4. Has the Property Endured Any Flood Damage?	☐ Yes ☐ No	5. Year of Occurrence?

E. HOUSEHOLD COMPOSITION (Please Print)
List all full-time members of your household. Please start with Applicant and Co- Applicant (if applicable).

Household Number	Full Name	Relationship to Primary Applicant	DOB	Fulltime Student?
1.				☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No
5.				☐ Yes ☐ No
6.				☐ Yes ☐ No
7.				☐ Yes ☐ No
8.				☐ Yes ☐ No

Full-time student *shall mean: a person residing primarily at the address under 25 years of age, enrolled in courses or training equivalent to 12 hours, or more, for the current semester at an accredited school or similar trade program; who has either not fully entered the work-force, or works no more than part-time (32 hours) per week. Include additional source documentation as necessary.*

Section 2: Financial Information

A. ANNUAL INCOME

*The following income information should only be collected from the full- time members of your household **18 years and older**, starting with the Applicant and Co- Applicant (if applicable). For additional spacing please refer to **Appendix C.** **Please submit a copy of all supporting income documentation.***

1. Your Name: *(Primary Applicant)*	2. Currently Employed? ☐ Yes ☐ No ☐ Retired ☐ Student	3. Employer:
4. Salary: ☐ N/A	5. Social Security Income**:** ☐ N/A	6. Disability Income: ☐ N/A
7. Unemployment Assistance: ☐ N/A	8. Retirement Fund Income: ☐ N/A	9. Pension Income: ☐ N/A
10. Interest & Dividends Income: ☐ N/A	11. Income from Personal Owned Businesses: ☐ N/A	
12. Rental Property Income: ☐ N/A	13. Other Income: ☐ N/A	
14. Income Subtotal:		
15. Your Name:	16. Currently Employed? ☐ Yes ☐ No ☐ Retired ☐Student	17. Employer:
18. Salary: ☐ N/A	19. Social Security Income: ☐ N/A	20. Disability Income: ☐ N/A
21.Unemployment Assistance: ☐ N/A	22. Retirement Fund Income: ☐ N/A	23. Pension Income: ☐ N/A
24. Interest & Dividends Income: ☐ N/A	25. Income from Personal Owned Businesses: ☐ N/A	
26. Rental Property Income: ☐ N/A	27. Other Income: ☐ N/A	
28. Income Subtotal:		
30. Household Income Total: (Sum of Income for All Household Members BOXES 14, 28, and Appendix C)		

B. FINANCIAL ACCOUNT(S)

*The following information should only be collected from the full- time members of your household **18 years and older**, starting with the Applicant and Co- Applicant (if applicable). For additional spacing please refer to **Appendix C.** **Please submit a copy of all supporting financial account documentation.***

1. Your Name: *(Primary Applicant)*	2. Please List the Name of Your Financial Institution(s): 1. _____ 3. _____ 2. _____ 4. _____
3. Average Balance for All Checking Accounts:	4. Current Balance for ALL Savings Accounts:

5. Certificates of Deposits: ☐ N/A		6. Money Market Account: ☐ N/A	
	7. Subtotal		
8. Your Name:	9.. Please List the Name of Your Financial Institution(s): 1. _____ 3. _____ 2. _____ 4. _____		
10. Average Balance for All Checking Accounts:		11.. Current Balance for ALL Savings Accounts:	
12. Certificates of Deposits: ☐ N/A		13. Money Market Account: ☐ N/A	
	14. Subtotal		
15. Household Financial Account Total: (Sum of Financial Accounts for All Household Members BOXES 7, 14, and Appendix C)			

Section 3: Assets

A. FINANCIAL ASSETS *The following information should only be collected from the full- time members of your household **18 years and older**, starting with the Applicant and Co- Applicant (if applicable). For additional spacing please refer to **Appendix C.** **Please submit a copy of all supporting Financial Asset documentation.***		
1. Name: *(Primary Applicant)*		
2. Please Indicate Whether You Have the following Financial Assets:		3. Current Value
☐ Trust Fund		
☐ Stocks		
☐ Bonds		
☐ Mutual Fund		
☐ Treasury Bills		
	4. Subtotal	

5. Name:	
6. Please Indicate Whether You Have the following Financial Assets: ☐ Trust Fund ☐ Stocks ☐ Bonds ☐ Mutual Fund ☐ Treasury Bills	7. Current Value
8. Subtotal:	
9. Household Financial Assets Total: (Sum of Financial Accounts for All Household Members BOXES 4, and Appendix C)	

C. ADDITIONAL ASSETS

*The following information should only be collected from the full- time members of your household **18 years and older**, starting with the Applicant and Co- Applicant (if applicable). For additional spacing please refer to **Appendix C.** **Please submit a copy of all supporting Additional Asset documentation.***

1. Name: *(Primary Applicant)*	
2. Please Indicate if You Have Any of The Following Additional Assets: ☐ Investment Properties ☐ Lump-sum Receipt ☐ Capital Investments ☐ Mortgage Deed of Trust ☐ Personal Property for Investment ☐ Life Insurance Policy	3. Current Value
4. Subtotal	

5. Name:	
6. Please Indicate if You Have Any of The Following Additional Assets:	7. Current Value
☐ Investment Properties	
☐ Lump-sum Receipt	
☐ Capital Investments	
☐ Mortgage Deed of Trust	
☐ Personal Property for Investment	
☐ Life Insurance Policy	
8. Subtotal	
9. Household Additional Assets Total: (Sum of Financial Accounts for All Household Members BOXES 4, 8 and Appendix C)	

Appendix A- Voluntary Self Identification Form

Why Are You Being Asked to Complete This Form?

The City of Pearland aims to provide a fair and equal opportunity as well as outstanding customer service to its residents seeking assistance in the Housing Enforcement Repair Program. Such information will aid in the service provided and completion of this application.

My Ethnicity Is:
(Please Select all that apply)

☐ Asian ☐ Black/ African

☐ Caucasian ☐ Hispanic/ Latino

☐ Native American ☐ Pacific Islander

☐Prefer not to answer ☐ Other

Do I Have A Disability?

You are considered to have a disability if you have a physical or mental impairment that substantially limits a major life activity, or ~~is~~ you have a history or record of such an impairment or medical condition. **Please note that there will not be any discrimination based on the responses provided.**

Disabilities include but are not limited to:

☐ Blindness ☐ Hearing Impairment ☐ Cancer ☐ HIV/AIDS ☐ Multiple Sclerosis (MS)

☐ Missing or Partially Missing Limbs ☐ Impairments requiring the use of a wheelchair

☐ Other

☐ I Do Not Have a Disability

Appendix B- Definitions

ANNUAL INCOME: Shall be the total amount of money received by an individual within a year's span from an entity. Income sources or entities include but are not limited to:

- Salary, Commissions, Tips, Etc.;
- Social Security;
- Disability;
- Unemployment Assistance;
- Retirement Funds and Pensions *(Amount of money received of a regular basis for primary income purpose after an individual is no longer employed by a company)*;
- Interest and Dividends *(The distribution of a corporation's earnings to stockholders)*;
- Revenue generated through the operation of business's, rental property etc.

Income sources **not** included are:

- Casual, sporadic or irregular gifts, inheritances, or tax refunds;
- Reimbursement of medical expenses or other similar costs;
- Insurance payments under health, accident, worker's compensation insurance;
- Educational scholarships paid directly to the student or educational institution;
- Veteran's educational expenses paid by the federal government;
- Special pay to armed forces personnel, head of a family away from home and exposed to hostile fire;
- Foster childcare payments; and
- Payments received from participation in National Volunteer Anti-Poverty Programs *(VISTA, Service Learning Programs and Special Volunteer Programs)* and National Older American Volunteer Program (*Retired Senior Volunteer Programs, Foster Grandparent Program, Older American Community Service Program, National Volunteer Program to Assist Small Business Experience, Service Corps of Retired Executives, and Active Corps of Executives)*.
- Temporary Aid to Needy Families (TANF);
- Child Support/Alimony.

Money Market Account: Is a type savings account typically set with a minimum deposit that also has some checking capabilities**.**

Certificates of Deposits: Is a type of savings account that is geared to generate an interest rate premium from the financial institution in exchange an agreement from the customer involved to not use funds during a predetermined and set timeframe.

Financial Assets: Are assets that are able to liquidate or convert into monetary source that gets its value from a contractual right or ownership claim.

Trust Fund: Are a legal entity (property, money, personal items, etc.) held for the benefit of another person, group or organization.

Appendix B- Definitions *(Continued)*

Stocks: Stocks are an investment that allows you to own a portion of a public corporation. They're also called shares or equities.

Bonds: A bond is a fixed income instrument that represents a loan made by an investor to a borrower (typically corporate or governmental).

Mutual Fund: Is an investment program funded by shareholders that trades in diversified holdings and is professionally managed.

Treasury Bills: Are a short-term debt obligation backed by the U.S. Treasury Department with a maturity of one year or less.

Retirement Assets: Shall be the amount of money available to you to borrow or withdraw from a company's retirement system or supplemental entity while still employed.

401k Account: Is a tax-advantaged, retirement account offered by many employers. For the purpose of this application it shall be noted if you are currently employed with a company and have funds available for lend or if you are no longer employed and are actively receiving fund distribution as form or regular income.

Keogh Account: Is a plan is a tax-deferred pension plan available to self-employed individuals or unincorporated businesses for retirement purposes.

Pension Account: Is another form of retirement account where the employer or the employee can make contributions. Usually, Employees do not have control of investment decisions with a pension account.

Supplemental Account(s): Are any additional retirement-based accounts offered by other secondary entities.

Appendix C - Additional Household Members Information

C-A. ANNUAL INCOME *The following income information should only be collected from the full- time members of your household* ***18 years and older. Please submit a copy of all supporting income documentation.***		
1. Your Name:	2. Currently Employed? ☐ Yes ☐ No ☐ Retired ☐ Student	3. Employer:
4. Salary: ☐ N/A	5. Social Security Income**:** ☐ N/A	6. Disability Income: ☐ N/A
7. Unemployment Assistance: ☐ N/A	8. Retirement Fund Income: ☐ N/A	9. Pension Income: ☐ N/A
10. Interest & Dividends Income: ☐ N/A	11. Income from Personal Owned Businesses: ☐ N/A	
12. Rental Property Income: ☐ N/A	13. Other Income: ☐ N/A	
	14. Income Subtotal:	

C-B. FINANCIAL ACCOUNT(S) *The following information should only be collected from the full- time members of your household* ***18 years and older****.* ***Please submit a copy of all supporting financial account documentation.***	
9.. Please List the Name of Your Financial Institution(s): 1. _____ 3. _____ 2. _____ 4. _____	
10. Average Balance for All Checking Accounts:	11.. Current Balance for ALL Savings Accounts:
12. Certificates of Deposits: ☐ N/A	13. Money Market Account: ☐ N/A
14. Subtotal	

C- C. FINANCIAL ASSETS *The following information should only be collected from the full- time members of your household* ***18 years and older. Please submit a copy of all supporting Financial Asset documentation.***

Appendix C - Additional Household Members Information *(Continued)*

1. Please Indicate Whether You Have the following Financial Assets:	2. Current Value
☐ Trust Fund	
☐ Stocks	
☐ Bonds	
☐ Mutual Fund	
☐ Treasury Bills	
3. Subtotal	

C- D. ADDITIONAL ASSETS

The following information should only be collected from the full- time members of your household ***18 years and older. Please submit a copy of all supporting Additional Asset documentation.***

Please note additional information will asked within* ***Appendix C *of this application.*

1. Please Indicate if You Have Any of The Following Additional Assets:	2. Current Value
☐ Investment Properties	
☐ Lump-sum Receipt	
☐ Capital Investments	
☐ Mortgage Deed of Trust	
☐ Personal Property for Investment	
☐ Life Insurance Policy	
3. Subtotal	

Appendix C - Additional Household Members Information *(Continued)*

C-E. ANNUAL INCOME *The following income information should only be collected from the full- time members of your household **18 years and older**, starting with the Applicant and Co- Applicant (if applicable). **Please submit a copy of all supporting income documentation.***		
1. Your Name:	2. Currently Employed? ☐ Yes ☐ No ☐ Retired ☐ Student	3. Employer:
4. Salary: ☐ N/A	5. Social Security Income**:** ☐ N/A	6. Disability Income: ☐ N/A
7. Unemployment Assistance: ☐ N/A	8. Retirement Fund Income: ☐ N/A	9. Pension Income: ☐ N/A
10. Interest & Dividends Income: ☐ N/A	11. Income from Personal Owned Businesses: ☐ N/A	
12. Rental Property Income: ☐ N/A	13. Other Income: ☐ N/A	
	14. Income Subtotal:	

C- F. FINANCIAL ACCOUNT(S) *The following information should only be collected from the full- time members of your household **18 years and older. Please submit a copy of all supporting financial account documentation.***	
9.. Please List the Name of Your Financial Institution(s): 1. _____ 3. _____ 2. _____ 4. _____	
10. Average Balance for All Checking Accounts:	11.. Current Balance for ALL Savings Accounts:
12. Certificates of Deposits: ☐ N/A	13. Money Market Account: ☐ N/A
14. Subtotal	

C- G. FINANCIAL ASSETS *The following information should only be collected from the full- time members of your household **18 years and older. Please submit a copy of all supporting Financial Asset documentation.***

Appendix C - Additional Household Members Information *(Continued)*

1. Please Indicate Whether You Have the following Financial Assets:	2. Current Value
☐ Trust Fund	
☐ Stocks	
☐ Bonds	
☐ Mutual Fund	
☐ Treasury Bills	
3. Subtotal	

C- H. ADDITIONAL ASSETS

The following information should only be collected from the full- time members of your household ***18 years and older. Please submit a copy of all supporting Additional Asset documentation.***

1. Please Indicate if You Have Any of The Following Additional Assets:	2. Current Value
☐ Investment Properties	
☐ Lump-sum Receipt	
☐ Capital Investments	
☐ Mortgage Deed of Trust	
☐ Personal Property for Investment	
☐ Life Insurance Policy	
3. Subtotal	

Appendix D – FAQ's

How much does this program cost me?

The HERO program is a federal based program through Community Development Block Grant (CDBG) funding from the U.S. Department of Housing and Urban Development (HUD) and requires no cost from Pearland homeowners. Although the program requires no upfront cost from Pearland homeowners, a forgivable 5-year lien will be placed on the property for the cost of repairs. This lien will lessen over the course of 5 years and will be forgiven at the end of that time.

Will I have to repay the cost of my repairs back to the City of Pearland?

No. Applicants are not required to pay back any monetary expenses for the total cost of repairs.

How do I become eligible for this program?

The HERO program follows many set Federal and City guidelines for applicant and property eligibility such as, Ownership, Occupancy, Income limitations, Location and type of structure. To begin the process to find out if you're eligible, please fill out the interest form.

What type of repairs am I allowed to make?

The HERO program provides minor home repairs that prevent hazardous health conditions, and deterioration which include but not limited to Electrical, Plumbing, Drywall, HVAC, Roofing, Siding, Doors and Windows, etc.

How long will this process take place?

Each home repair is unique to the given circumstances and can vary in length based on the application status, review of information, and scope of work. The staff member assigned to you will provide timely status updates for your specific circumstance. The general construction period usually takes 1-3 business days.

Why do I need to provide so much personal financial information?

The HERO program follows many set Federal guidelines for its participants. Income and other financial documentation are needed to ensure that applicants have met the essential eligibility requirements.

I have other residents that are non-related (i.e. roommates) will they need to submit their financial information as well?

Yes. Federal guidelines require the financial documentation of all household members occupying the home 18 years or older, excluding unrelated live-in caregivers.