



ARCHITECTURAL BARRIER REMOVAL PROGRAM (ABR) APPLICATION

MAILING ADDRESS: P. O. Box 1088 ● Austin, Texas 78767

DELIVERY ADDRESS: 1000 E. 11th Street, Suite 200

Phone: (512) 974-3119 ● Fax (512) 974-1048

Updated: 9/25/06

Information in this application is strictly confidential and will not be released to persons outside of the program without written permission from the applicant. Information is requested to establish eligibility and for federal reporting requirements. All assistance received through the Architectural Barrier Removal Program (ABR) is free of charge.

Section I - About the Applicant

Name _____ Social Security Number _____
Last First Middle Initial

Address _____ Austin, Texas Zip _____

Phone _____ Alternate Contact Name & Phone _____

Age: _____ Date of Birth: _____ Gender: Male Female

Race/Ethnicity: **(select only one)** ___ Caucasian ___ African American ___ Hispanic ___ Asian
___ Native American ___ Other

Are you a ___ U.S. Citizen ___ Permanent Resident Alien ___ Other (explain) _____

Is applicant head of household? (Circle One) Yes No

Marital Status (Circle One) Single Married Widowed

What Service is Required: (Example: wheelchair ramp, shower grab bars, toilet safety rails, door and telephone signaling devices)

Section II – Property Information

Do you live at the current address listed in this application? (circle one) Yes No

Are you a renter or a homeowner? (Circle One) Renter Homeowner If a renter, how much do you pay? _____

If renting, landlord or manager's name: _____ Phone Number: _____

What type of property? (Check One) _____ single family house _____ apartment _____ duplex _____ triplex

_____ fourplex _____ condo/townhome _____ manufactured home (mobile home) _____ other: _____

Section III - Household Composition and Income Information

For each household member over 18 years of age, attach documentation of income. Allowable income includes copies of two paychecks stubs or social security checks, obtain signature on income verification, social security eligibility letter with the amount of benefit stated. Other documentation may be approved. Contact the ABR program office if you have any questions– 974-3119.

(Attach additional page if necessary)

Name	Relationship	Age	Monthly	Annual
			Income	Income
(applicant)	Self			
		Total	\$	\$

Are any children under 18 living in the home? (circle one) Yes No

Are any children under 6 living in the home? (circle one) Yes No

(Please list)

Name	Age	Name	Age

Section IV – Applicant Acknowledgement

I certify that the information in this application is true and correct. I understand that any omissions or discrepancies found at any time may be grounds for disqualification from the program and may result in the demand for immediate repayment of any funds expended.

Signature of Applicant/Guardian

Date

The City of Austin is committed to compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended. Reasonable modifications and equal access to communications will be provided upon request. Please call 974-3863 (voice) or 974-3102 (TDD) for assistance. The City does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs and activities. If you have any questions or complaints regarding your ADA/ Section 504 rights, please call the ADA/Section 504 Coordinator at 974-3256 (voice) or 974-2445 (TTY).



ABR APPLICATION CHECK LIST

Updated: 9/25/06

- Original application form**, completed and signed by applicant and co-applicant
- Wages & salaries** N/A
Four (4) of the most recent pay stubs (Four consecutive; must be provided for every member of your household who is age 18 or older and employed) or other documentation of wages & salaries. We do not accept bank statements or copy of checks in lieu of pay stubs.
- Verification of Benefits and/or Pensions** N/A
Proof of amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic payment.
- Verification of other income** N/A
Proof of payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay. Net income from the operations of business. Proof of amount of periodic and determinable allowances, such as child support payments, spousal support/alimony payments, and regular contributions or gifts received from persons not residing in the dwelling
- Verification of assets** N/A
Last statements of bank accounts, equity, retirement and pension accounts, life insurance stocks, bonds, Treasury Bills, certificates of deposits or money market accounts. Inventory of Real Estate owned indicating address, value, equity percentage, and proof of indebtedness, if any. Copies of the most recent IRA, Keogh, retirement, and pension fund account statements. Copies of life insurance policies whose funds are available to household member before death (e.g., surrender value or a whole life or universal life policy). Indicate which household member is the beneficiary. Proof of cash value of revocable trusts available to applicant. Value of personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc. Value of lump sum or one time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments. Copies of mortgages or deeds of trust held by the applicant. Proof of and amount of interest in Indian trust lands; or other accounts

- Copy of your social security card
- Copy of picture identification by the applicant and co-applicant (Texas Driver's license or Texas Identification Card or Passport)
- Applicants under the age of 62, must provide any of the following documents:**
 - Copy of Medicare card; or
 - Copy of Supplemental Security Income (if applicable); or
 - Verification of Disability Form (See attached). This document should be completed by the applicants and their medical doctor.



ARCHITECTURAL BARRIER REMOVAL PROGRAM (ABR) RELEASE

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R E L E A S E

State of Texas, County of Travis

I, _____ residing at _____ Austin, Travis County, Texas in consideration of the service and/or equipment provided in my home by the Austin Housing Finance Corporation under the Architectural Barrier Removal Program knowingly and voluntarily execute this release for the purpose of and intending to release and hold harmless the Austin Housing Finance Corporation and the City of Austin from any claims arising out of the service or equipment provided.

It is my intention and I understand that I am binding myself, my heirs, executors, administrators, assigns, and successors in interest, and understanding this, so hereby expressly release and discharge the Austin Housing Finance Corporation, its successors, administrators, assigns and agents from any claims against the Austin Housing Finance Corporation, as well as the City of Austin, a Texas home rule city, created by or arising out of, or in any way whatsoever related to the service or equipment provided at my residence on this date. I understand that my claims, which may in the future arise out of personal injuries, injuries to the residence or injuries to my property of any kind are hereby waived.

I have read this release and understand its terms. I am entering into it voluntarily and with full knowledge and understanding of its significance and in consideration of the service or equipment provided.

SIGNED this _____ day of _____, 20_____

X _____



ABR ELIGIBILITY QUESTIONNAIRE

Updated: 5/5/06

If any of the answers are “YES,” please attach the required documentation as indicated by the corresponding number on the Application Checklist

1. Does any member of the household have, or expect to receive in the next 12 months, wages, salaries, overtime pay, commissions, fees, tips, bonuses, or other compensation for personal services?
 Yes No
2. Does any member of the household have checking account(s)?
 Yes No
3. Does any member of the household have savings account(s)?
 Yes No
4. Does any member of the household have, or expect to receive income or gain in the next 12 months from: stocks, bonds, Treasury Bills, CDs, brokerage accounts, or money market accounts?
 Yes No
5. Does any member of the household receive, or expect to receive in the next 12 months, periodic payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, or similar types of periodic payments?
 Yes No
6. Does any member of the household receive, or expect to receive in the next 12 months, payments in lieu of earnings, such as unemployment and disability compensation, worker’s compensation, or severance pay?
 Yes No
7. Does any member of the household receive, or expect to receive in the next 12 months, Welfare Assistance?
 Yes No
8. Does any member of the household receive, or expect to receive in the next 12 months, periodic and determinable allowances (such as child support, spousal support/alimony, or regular contributions or gifts from persons not residing in the household including scholarships, parental gifts for tuition, etc.)?
 Yes No
9. Does any member of the household own, or expect to own in the next 12 months real estate (other than the primary residence) or other capital investments?
 Yes No
10. Does any member of the household have IRA, Keogh, retirement, or pension fund accounts?
 Yes No
11. Does any member of the household have life insurance policies available before death (whole or universal life insurance)?
 Yes No
12. Does any member of the household have, or expect to receive in the next 12 months, a revocable trust?
 Yes No
13. Does any member of the household hold personal property as an investment?
 Yes No

