



Austin Housing Finance Corporation

P.O. Box 1088, Austin, TX 78767-1088

(512) 974-3100 ♦ Fax (512) 974-3161 ♦ www.cityofaustin.org/ahfc

Thank you for your interest in the Home Rehabilitation Loan Program (HRLP). After reading the enclosed brochure if you are interested in applying for a zero (0%) percent loan then please complete the program application and other enclosed forms and gather up the required documentation from the list below. Once this is done then call Pam Skoglund, Housing Development Specialist, at (512) 974-3199 to set an appointment to meet with her at our office at 1000 East 11th St. 78702. Mailed or dropped off applications will not be accepted.

We can help make your detached single-family home safe and comfortable by providing income-eligible homeowners (with homes currently appraised at \$288,750 or less and within the Austin City Limits) with one of two types of zero percent (0%) loans for their principal place of residence. One is called a Rehabilitation Loan and it provides zero percent (0%) loans so that repairs can be done to bring your home up to code in such areas as foundation repair, roofing, plumbing, HV/AC system, electrical work and other major interior and exterior repairs. If your home repairs are too extensive and there is no current existing mortgage debt owed on your home then qualified income-eligible homeowners may obtain a zero percent (0%) Reconstruction Loan to demolish their existing home and have a comparable new 2 bedroom 2 bath or a 3 bedroom 2 bath home built in its place.

Please call Pam Skoglund at (512) 974-3199 to set the loan appointment. Please bring the following documents/information to the initial loan application meeting at our office at 1000 East 11th Street

1. The original, completed program application form (enclosed). Be sure the applicant and co-applicant sign and date all forms.
2. Copies of all pages of your last three years signed IRS Income Tax Returns from every member of your household who is 18 years and older and employed.
3. Copies of the last three years W-2's and/or 1099's from employment and/or Social Security and/or your Pension/Retirement to go along with the IRS Income Tax Returns from #2 above.
4. Copies of the most recent three months consecutive pay stubs from every member of your household who is age 18 or older and employed.
5. Paperwork to verify the monthly amount and term (is it for a life time or less) of your Social Security, Disability and/or Pension Benefits such as the most current annual Social Security Awards Letter, Military/VA Pension, TEC Form, Trust Fund Benefits, Annuities, etc.
6. Verification of any other income such as child support, welfare assistance, unemployment letter and the net income from the operations of business.
7. All pages of your most recent six (6) months checking account statements and all pages of one months savings, equity, 401 K and IRA retirement accounts, pension accounts and whole life insurance statements.

Board of Directors and Officers: Lee Leffingwell, President ♦ Mike Martinez, Vice President, ♦ Sheryl Cole, Director ♦ Chris Riley, Director ♦ Randi Shade, Director ♦ Laura Morrison, Director ♦ Bill Spelman, Director Marc A. Ott, General Manager ♦ Margaret Shaw, Treasurer ♦ Shirley Gentry, Secretary ♦ David Smith, General Counsel

The Austin Housing Finance Corporation is committed to compliance with the American with Disabilities Act and will provided reasonable modifications and equal access to communications upon request.

8. A copy of all pages of the Warranty Deed for your home that was recorded when the ownership interest in the home was transferred to the applicant's name(s). The ownership of the home must be in the applicant's name and the applicants must have clear title to the property. All who have an ownership interest in the home must apply and be qualified for the loan. All probate issues concerning the ownership interest in the home must be settled before the time of loan application.
9. Copies of the applicants and co-applicants social security cards.
10. Copies of applicants picture identification such as a Texas Driver's license, Texas Identification Card or Passport.
11. A copy of the most current home Hazard Property Insurance Policy and/or Flood Insurance (if applicable). If no property and/or flood insurance (if applicable) is currently in effect then a policy with the premium paid must be purchased and maintained for the life of the loan.
12. The completed Affidavit (enclosed). The form should be completed except for the signature(s). You should wait to sign it until you are in front of a notary. We can notarize it at our office if you are unable to have it notarized prior to the loan appointment.
13. Copies of the most current monthly mortgage loan statement(s) for both the first and second mortgage liens on your home.
14. All pages of all recorded Divorce Decrees and/or Child Support Decrees.
15. All property taxes for the home must be paid with a zero balance owed or deferred.
16. If any other agencies, such as Habitat for Humanity, Urban League etc., are doing repairs on your home please wait until their repair work is finished before setting the loan appointment with our office. Please bring in a copy of all Mechanics Lien Contracts for Improvements that were signed to have the repair work done.

Please contact Pam Skoglund, Housing Development Specialist at (512) 974-3199 in order to set up an appointment to apply for an HRLP loan. She is looking forward to your call.

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HRLP ELIGIBILITY QUESTIONNAIRE

BRING THE "YES" ITEMS TO THE APPLICATION APPOINTMENT *Updated: 4/1/09*

If any of the answers are "YES," please attach support documentation. Please also bring a copy of three years tax returns, 1099's and W-2's. See HRLP Application Checklist for more details.

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 (Three month's (in a row) of the last pay stubs for all over 18 and three years W-2's and/or 1099's)
2. Does any member of the household have checking account(s)?
 Yes No (All pages of the most recent six (6) month's statement(s))
3. Does any member of the household have savings account(s)?
 Yes No (All pages of the most recent (one month) statement(s).)
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 (All pages of the most recent (one month) statement(s).)
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 (The awards letter and three years 1099's)
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 (The awards letter and the deposit statement)
7. Does any member of the household receive, or expect to receive in the next 12 months, Welfare Assistance?
 Yes No (The awards letter and the deposit statement)
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 (All recorded divorce decree(s), and child support statement(s))
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 (The mortgages or deeds of trust)
10. Does any member of the household have 401K, IRA, Keogh, retirement, or pension fund accounts?
 Yes No (All pages of the most recent (one month's) statement)
11. Does any member of the household have life insurance policies available before death (whole or universal life insurance)? Yes No (A copy of the policy)
12. Does any member of the household have, or expect to receive in the next 12 months, a revocable trust?
 Yes No (A copy of all pages of the revocable trust)
13. Does any member of the household hold personal property as an investment?
 Yes No (A copy of the mortgages or deeds of trust)
14. Has any member of the household received, or expect to receive in the next 12 months: a lump sum payment or receipt of inheritances, capital gains, lottery winnings, victim's restitution, or insurance settlements?
 Yes No (A copy of the awards letter)
15. Does any member of the household hold mortgages or deeds of trust? Yes No (A copy of the mortgages or deeds of trust)
16. Does any member of the household have any interest or receive payments from Indian trust lands?
 Yes No (Proof of and amount of interest in Indian trust lands)
17. Have the Applicant(s) been discharged from Chapter 7 bankruptcy within five years or discharged from Chapter 13 bankruptcy within two years of the date of the application for assistance under the Program?
 Yes No (Copy of initial & discharge of bankruptcy)

Applicant (original signature)

Date

Co-Applicant (original signature)

Date



HRLP APPLICATION CHECK LIST

BRING THESE ITEMS TO THE APPLICATION APOINMENT: Updated: 4/1/09

- Original application form** completed and signed by applicant and co-Applicant.
- Copies of all pages of Tax Returns** for the previous 3 years with original signatures (must be provided for every member of your household who is age 18 or older and employed).
- Copies of all W2's and 1099's** for the past 3 years (must be provided for every member of your household who is age 18 or older and employed).
- Wages & salaries** N/A
Three (3) months (in a row) of the most recent pay stubs (Three month's consecutive pay stubs 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 monthly amount received and the length of time you will receive it of payments received from Social Security (Awards Letter) and three years 1099's, 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 and the length of time it will be received, 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
All pages of the last six (6) month's checking account statements. All pages of one month's savings Accounts statement, 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 401K, 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 all pages of every **divorce decree(s)**. N/A
- Copy of **Warranty Deed** of your property. **The home's ownership interest is to be in the applicant and co-applicant's name only.**
- Copy of the **social security card** for the applicant and co-applicant.
- Copy of **picture identification** for the applicant and co-applicant. (Texas Driver's license or Texas Identification Card or Passport).
- Copy of Declarations page and paid invoice of the **Home Insurance Policy**
- Original and notarized **Affidavit** (attached). Sign in front of a notary. Can be notarized at our office.
- Last mortgage statement(s)** for first and second lien(s) on the home. N/A



Homeowner Rehabilitation Loan Program Application FY 2009/2010



1000 E. 11th Street, Suite 200 * Austin, Texas * 78702 * Phone (512) 974-3863 Fax (512)974-3161

Instructions: 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. If you need any help completing the form please call (512) 974-3863 for assistance.

Section I - About the Head of Household

Name _____ Social Security Number _____
Last First Middle Initial Maiden Name

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Driver's License Number _____ Date of Birth _____

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

Section II - Co-Applicant Information

Name _____ Social Security Number _____
Last First Middle Initial Maiden Name

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Driver's License Number _____ Date of Birth _____

Relationship to Applicant _____

Section III - Employment and Income History

Employer Name _____ Occupation _____

Gross Monthly Income \$ _____ Number of Years with Employer _____

Co-Applicant's Employment History

Employer Name _____ Occupation _____

Gross Monthly Income \$ _____ Number of Years with Employer _____

Section IV - Other Family Members

Provide the names, ages of all members of your household, and employment and income for all members in your household eighteen (18) years of age or older.

Name	Age	Relationship	Gross Monthly Income

Section V - About the Home

Address _____ City _____ State _____ Zip _____

of Home to be Repaired

Purchase Price \$ _____ Year House was Purchased _____ Year House was Built _____ Estimated Property Value _____

Residence Own Rent Property Type Single Family Multi-Family No. of Units _____ How many years have you lived at this address? _____

Mortgage Company _____ Current Loan Balance \$ _____ Mortgage Payment \$ _____

Do you have a Second Mortgage on this property? Yes No

Current Second Mortgage Loan balance \$ _____ Current Monthly Payment \$ _____

Amount of assistance requested \$ _____ Loan Term Desired _____

Are Taxes and Insurance included in your monthly mortgage payment? Yes No Condition of Property Excellent Good Fair Poor

What kind of improvements do you want to make to the property?

Section VI - Documents/Information to bring for your application.

1. This original application form, completed and signed by applicant and co-applicant
2. Copies of signed Tax Returns for the previous 3 years (must be provided for every member of your household who is age 18 or older and employed). If do not file tax returns then bring 1099's or W-2's.
3. W2's and 1099's for the past 3 years (All W2's and 1099's must be provided for every member of your household who is age 18 or older and employed)
4. Wages & salaries: Three (3) month's of the most recent consecutive pay stubs (consecutive pay stubs must be provided for every member of your household who is age 18 or older and employed). We do not accept bank statements or copy of checks in lieu of pay stubs
5. Verification of Benefits and/or Pensions: Social Security Award Letter, Child Support/Alimony Statement, Military/VA Pension, TEC Form, Trust Fund Benefits, Annuities, etc.) and 3 years' 1099's.
6. Verification of other income (net income from the operations of business, child support, welfare assistance, unemployment letter) along with all pages of divorce decree(s)
7. Verification of assets: Six (6) month's checking statements. One (1) month of statements from savings, equity, retirement and pension accounts, life insurance.
8. Copy of Warranty Deed of your property. Deed to be in Applicant and Co-Applicant name only.
9. A copy of your social security card from the applicant and co-applicant
10. A copy of picture identification by the applicant and co-applicant (Texas Driver's license or Texas Identification Card or Passport.)
11. A copy of Home Insurance Policy
12. Original and notarized Affidavit (Attached). Signatures can be notarized at our office.
13. Last bank mortgage statement for first and second lien(s) (if applicable)

Section VII – Acknowledgment and Agreement

I/we have read the Homeowner Rehabilitation Loan Program Application Form and understand that my/our answers to all of the previous questions and the statements I/we have made are true and correct to the best of my/our knowledge and belief. I/we authorize AHFC and its designated agents to contact any source to solicit and/or verify information necessary for any eligibility determination for the purpose of the Homeowner Loan Programs. I/we also agree to provide the AHFC or its designated agents with any information necessary to verify my/our credit worthiness. I/we understand that any discrepancy or omissions in the information I/we have provided may disqualify me/us from participation in the Homeowner Rehabilitation Loan Programs. If such discrepancies or omissions are discovered after any loan is approved or granted to me/us, I/we understand that any outstanding Loan balance may immediately become due and payable.

X _____ **X** _____
 Signature of Applicant Date Signature of Co-Applicant Date

Section VIII – Information for Government Monitoring Purposes

OPTIONAL INFORMATION PROVIDED BY APPLICANT			
Race/Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other			
Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
OPTIONAL INFORMATION PROVIDED BY APPLICANT			
Race/Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other			
Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
FOR OFFICE USE ONLY			
Application Received by _____		Date Received _____	
<input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> in Person (Office)		Application Number _____	
Program Recommendation: _____ HOME Rehabilitation Loan Program (HRLP)			
Staff Contact to Client on: _____ (insert date) by phone or mail			

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 974-3100 (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. Dolores Gonzalez has been designated as the City's ADA/Section 504 Coordinator. Her office is located at 206 East 9th Street, Suite 14.138. 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).

This publication is available in alternative formats. Please call 974-3100 (voice) 974-3102 (TDD) for assistance

