



Application for:  
Housing Rehabilitation  
&  
Lead Is Preventable Program



**CITY OF WACO  
COMMUNITY SERVICES**





Rehab & LIPP Application
Application Check List

The following items are required for each application – NO EXCEPTIONS

- 1. Application & all required completed forms in this packed (incomplete applications will be rejected)
2. Drivers' License or Picture I.D. - copy for each household member age 18 and older (if under 18, Birth Certificate is required).
3. Social Security Cards - copy for each household member
4. If not a U.S. Citizen: copy of U.S. Immigration Permit (green card) for each household member
5. Current Employment Paystub - Most recent 60 concurrent days of paycheck stubs
6. W-2 forms and matching Tax Returns - copy of the last 2 years for all household members over the age of 18.
7. For SELF-EMPLOYED Applicant(s) Profit and Loss Statement - Current year-to-date statement signed
8. Retirement / Pension / Social Security / Disability income – provide copies of most recent award letters for each household member receiving any of these incomes
9. Divorce Decree - if applicable
10. Child Support Court Order(s) – for each covered child
11. Bank Statements - copies of the last 6 months with all pages for all household member accounts
12. Rehab or LIPP: Proof of Ownership – warranty deed, etc.
Copy of lien documentation of each lien on the property, if applicable.
Proof of insurance on the home
Proof of paid property taxes

Table with 4 columns: Information was provided by, Staff Signature, Date, Time. Includes sub-sections for delivery methods like Face-to-Face Interview, Faxed, Mailed, and Emailed.



City of Waco

Rehab & LIPP Application  
**Applicant Information**

Community Services  
 300 Austin Waco TX 76701  
 254-750-5656 254-750-5604 (fax)

	Applicant				Co-Applicant			
Legal Name <i>(include Jr. or Sr. if applicable)</i>								
Preferred/Nick Name								
Social Security #								
Date of Birth <i>(mm/dd/yyyy)</i>								
Primary Phone #								
Alternate Phone #								
Email Address								
Marital Status & Dependents	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widowed
	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced
	<input type="checkbox"/>	Single	<input type="checkbox"/>		<input type="checkbox"/>	Single	<input type="checkbox"/>	
Other Information	<input type="checkbox"/>	# of Dependents	<input type="checkbox"/>	# of Years in School	<input type="checkbox"/>	# of Dependents	<input type="checkbox"/>	# of Years in School

Present Address	Own	Rent	Other:	Own	Rent	Other:
Address, City, State, Zip Code						
Landlord Name & Phone						
Monthly Rent & How long have you lived here?	Amount \$	# Years	# Months	Amount \$	# Years	# Months
Mailing Address <i>(if not present address)</i>						
<i>If residing at Present Address less than 2 years, complete the following:</i>						
Former Address	Own	Rent	Other:	Own	Rent	Other:
Address, City, State, Zip Code						
Landlord Name & Phone						
Monthly Rent & How long have you lived here?	Amount \$	# Years	# Months	Amount \$	# Years	# Months

Mortgage Information – Do you owe on your home?			
1 <sup>st</sup> Mortgage Amount:	\$	2 <sup>nd</sup> Lien <i>if applicable</i> :	\$

Property to Rehab			
Street Address		City: Waco, TX	Zip Code

Explain the Nature of the Requested Repairs to this home



**Information for Fair Housing Monitoring**

The following information is requested by the Federal Government in order to monitor the lender's compliance with equal credit opportunity, fair housing and home disclosure laws. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. You are not required to furnish this information, but are encouraged to do so. If you do not respond, under Federal regulation, this lender is required to note the information on the basis of visual observation and surname. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan.)

	Applicant	I don't wish to give response	Co-Applicant	I don't wish to give response
Ethnicity:	Hispanic or Latino	NOT Hispanic or Latino	Hispanic or Latino	NOT Hispanic or Latino
Race: <i>(select all that apply)</i>	American Indian or Alaska Native	African American or Black	American Indian or Alaska Native	African American or Black
	Asian	Native Hawaiian or Pacific Islander	Asian	Native Hawaiian or Pacific Islander
	White	More than 2 Races	White	More than 2 Races
Gender	Female	Male	Female	Male

**Declarations & Information**

To be eligible for Down Payment Assistance, applicants(s) must meet certain criteria. By checking these boxes, applicants(s) are declaring that you meet these criteria. In some cases, additional information / documentation may be required for eligibility determination. A YES response requires explanation.

	Applicant		Co-Applicant	
	Yes	No	Yes	No
a. Are there any outstanding judgements against you?				
b. Have you been declared bankrupt within the past 7 years?				
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the past 7 years?				
d. Are you a party to a lawsuit?				
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer or title in lieu of foreclosure, or judgement? <i>This would include such loans as: home mortgage, SBA, home improvement, educational, manufactured (mobile) home, any mortgage, financial obligation, bond or loan guarantee. If YES, provide details including date, name, and address of Lender, FHA or VA, case number if any, and reasons for the action.</i>				
f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?				
g. Are you obligated to pay alimony, child support, or separate maintenance?				
h. Is any part of the down payment borrowed?				
i. Are you a co-maker or endorser on a note?				
Item	Explanation for any YES response to the Declarations Above			
j. Do you intend to occupy the property as your primary residence?				
k. Have you had an ownership interest in a property in the last 3 years?				
If YES select type of property owned:		Primary Residence	Secondary Residence	Investment Property
If YES How did you hold title to the home:		Solely, Yourself	Joint with Spouse	Joint w/ Other Person
l. What is your current citizenship or legal residency in the United States? <i>(select one response only per applicant)</i>	US citizen		US Citizen	
	Permanent Legal Resident		Permanent Legal Resident	



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**Employment**

Community Services  
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<b>Employment Information</b>
Must represent a minimum of 2 years of employment.

<b>Current Employer</b>	<b>Applicant</b>				<b>Co-Applicant</b>			
Employment Status	Employed	Self Employed	Retired	Employed	Self Employed	Retired		
Employer:								
Position Title/Type of Business								
Address:								
Phone # to call for work verification:								
Employment Dates	From		To		From		To	
Monthly Income								

<b>Additional Employment (if applicable)</b>	<b>Applicant</b>				<b>Co-Applicant</b>			
Employer:								
Position Title/Type of Business								
Address:								
Phone # to call for work verification:								
Employment Dates	From		To		From		To	
Monthly Income								

<b>Previous Employer</b>	<b>Applicant</b>				<b>Co-Applicant</b>			
Employer:								
Position Title/Type of Business								
Address:								
Phone # to call for work verification:								
Employment Dates	From		To		From		To	
Monthly Income								



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**Household Information**

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<b>Household Composition:</b> List everyone who is <b>living in the house</b> , starting with name(s) of Applicant and Co-Applicant.						
Legal Name	Gender	Date of Birth	Age	Social Security #	Relationship to Applicant(s)	Monthly Income
<i>Applicant:</i>						\$
<i>Co-Applicant:</i>						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

<b>Annual Income:</b> ALL income for adults and children – <i>EXCEPT employment income for children under age 18.</i>						
Sources of Income	Applicant	Co-Applicant	Other Adults In Home	Child or Dependent	Other Adult or Child	Total
Salary from Primary Job						
Over Time Pay						
Tips / Bonuses / Commissions / Bonuses / Fees						
Salary from 2 <sup>nd</sup> Job						
Temporary Income <i>Explain:</i>						
Military Income						
Interest / Dividends						
Business Net Income						
Net Rental Income						
Social Security Income						
Disability / SSI - Supplemental Security Income						
Pension (all collectively)						
Retirement Fund Income (annually or monthly)						
Familial Support (routine or periodically)						
Unemployment benefits						
Workers' Compensation						
Alimony <i>Expires:</i>						
Child Support <i>Check Type:</i>						
<input type="checkbox"/> Anticipated <input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered (regardless if paid)						
AFDC / TANF						
Educational Scholarship / Grant / Loan						
Other: <i>Explain:</i>						



City of Waco

### Rehab & LIPP Application Household Information - Children

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**Potential Lead-Based Paint Verifications:** In the event that the home has lead-based paint, this criteria determines other program eligibility.

	Yes	No																		
Is the home built prior to 1970 (this information can be found on MCAD.ORG)																				
Do you know if the home is currently contaminated with lead-based paint?																				
Are there other VISITING children under the age of 6 that spend 3 hours per day and at least 2 days a week consistently throughout the year for 60 hours per year. NOTE: do not include RESIDENT children.																				
<table border="1"> <thead> <tr> <th>Name of Child Under the Age of 6</th> <th>Date of Birth MM/DD/YYYY</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>			Name of Child Under the Age of 6	Date of Birth MM/DD/YYYY																
Name of Child Under the Age of 6	Date of Birth MM/DD/YYYY																			

Have any of the RESIDENT or VISITING children under the age of 6 been tested for lead poisoning? NOTE: Staff can provide information on lead poisoning testing to help ensure the health and welfare of your family.			
Name of Child	Date of Test	Normal?	Lead-Positive?

Does a pregnant woman currently reside in the home?	
Due Date	MM/YYYY

I certify that the information provided above is true and correct as of the date set forth opposite my signature below. I acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained in this form may result in civil liability and/or criminal penalties including, but not limited to fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the City of Waco, its agents, successors and assigns, and any other person who may suffer any loss due to reliance upon any misrepresentation which I have made on this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



City of Waco

*Rehab & LIPP Application*  
**Assets & Outstanding Debts**

Community Services  
 300 Austin Waco TX 76701  
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**Assets and Outstanding Debt**

This section must be completed jointly by all applicants.  
 Each line must have a response or "n/a" if not applicable

Checking & Savings Accounts	Current Balance	Outstanding Debt	Monthly Payment	Unpaid Balances
<i>Financial Institution Name</i>	\$	<i>Creditor Name</i>	\$	\$
Account #		Account #		
<i>Financial Institution Name</i>	\$	<i>Creditor Name</i>	\$	\$
Account #		Account #		
<i>Financial Institution Name</i>	\$	<i>Creditor Name</i>	\$	\$
Account #		Account #		
<i>Financial Institution Name</i>	\$	<i>Creditor Name</i>	\$	\$
Account #		Account #		
<i>Financial Institution Name</i>	\$	<i>Creditor Name</i>	\$	\$
Account #		Account #		
Stocks & Bonds <i>Financial Institution Name</i>	\$	<i>Creditor Name</i>	\$	\$
Account #		Account #		
Life Insurance Net Cash Value Face Policy Value: \$	\$	Student Loan:	\$	\$
<b>Subtotal Cash Assets</b>	\$	Alimony/Child Support Owed To:	\$	\$
Vested Interest in Retirement Fund	\$	Child Care:	\$	
Net Worth Business(s) Owned	\$			
Automobile Owned (make & year)	\$	Job Related Expenses Explain:	\$	
Automobile Owned (make & year)	\$	Other - Explain:	\$	
Other Assets - Itemize \$	\$	Other - Explain:	\$	
<b>Total Assets</b>	\$	<b>Total Outstanding Debt</b>	\$	





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Rehab & LIPP Application
Release of Information

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Release and Share Information Authorization

To Whom It May Concern:

- 1. I/We have applied, or live with the party who has applied for a loan, assistance or have an existing loan from a lender and/or the City of Waco. As part of the process, they may verify any and all information contained in my/our application and in other documents required in connection with the loan or assistance, either prior to closing or after closing.
2. I/We authorize you to provide the lender and/or the City of Waco any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns during processing and after the loan closes.
3. I/we further agree and authorize the City of Waco and the lender may share and furnish to each other and to any non-profit assisting with education, savings program, etc., including but not limited to, NeighborWorks, Grassroots Community Development, Habitat for Humanity, and any subsidiaries or agents of those non-profit organizations, any information that I/we have furnished to either, as well as any other information either has received that pertains to my/our mortgage loan application or to the mortgage loan I may receive from the City of Waco.
4. The lender and the City of Waco or any investor may address this authorization to any party named in the application during or after the closing of the loan.
5. I/we agree to indemnify, protect and hold harmless the City of Waco, its employees, agents, and servants of and from all claims, demands, and causes of actions of every kind and character, including the cost of defense thereof, for any injury to, including the death of persons or any losses for damages to property caused by or alleged to be caused, arising out of, or alleged to arise out of, either directly or indirectly or in connection with this mortgage loan application, whether or not said claims, demands, causes of actions are caused by the sole negligence of the City of Waco, its employees, agents, or servants, or whether it was caused by concurrent negligence of the City of Waco and a party to this agreement, or whether it was caused by concurrent negligence of the City of Waco and some other third party.
6. A copy of this authorization may be accepted as an original.
7. The City of Waco may share information with any lender or counseling agency the performance of the mortgage loan or assistance made through the City of Waco after closing.
8. Your prompt reply to the City of Waco, or investor, is appreciated.

Applicant (print name)
[Signature line]

Co-Applicant (print name)
[Signature line]

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_