

#### **Tenth Street Historic District Targeted Rehab Program Checklist**

Department of Housing & Neighborhood Revitalization | 1500 Marilla St., Room 6CN | Dallas, Texas 75201

This packet contains your checklist and application for applying to the Targeted Rehabilitation Program (TRP) for the Tenth Street Historic District. Please do call us with any questions at 214-670-3644 or refer to the FAQ and Program Information documents that can be found at www.dallashousingpolicy.com

#### **Historic Tenth Street Program**

The level of assistance for the Program is limited to the amount required to address the rehabilitation scope of work as defined by the City and that won't exceed the maximum allowable funding level of \$20,000.00. Assistance is provided in the form of a grant with deed restrictions including a five-year affordability period.

Please check off each required supporting item and make sure to attach a copy of it along with your complete filled out application:

## <u>Homeowner must supply:</u>

☐ Application form fully filled-out and signed by Applicant & Co-Applicant (if
applicable) □ Copy of current mortgage statement
□ Deed or Affidavit of Heirship
☐ Homeowner Insurance; Please attach the Declaration Page
- If you do not have homeowner insurance, you will need to be have it in place if qualified
All household members must supply:
□ Copy of non-expired government
issued ID
- Driver's License, state Identification Card or passport for everyone 18+
□ Copy of Birth Certificate (for minors only)
□ Copy of Social Security card
- Or the letter issued showing you have applied for your Social Security card or an ID that has your Social Security Number (SSN) on it
□ Copy of (1) month current checking/savings bank
statements - ALL pages included for each account, with non-redacted information

# **Income Supporting Information (Submit all that apply):** ☐ Copy of (1) month of most recent paycheck stubs (Monthly) One pay stub (Bi-weekly/Semi Monthly) 2 paystubs (Weekly) 4 pay stubs □ Copy of most recent (2) two years of federal tax returns -Signed; for SELF-EMPLOYED ONLY ☐ Copy of current pension letter/annuity letter -Must have current calendar year listed ☐ Copy of Social Security/Supplemental Security Award Letter -For current calendar year ☐ Copy of Unemployment Statement of Wages & Potential Benefit from TWC -For current calendar year ☐ Court ordered child support statement **Additional Supporting Items:** ☐ Copy of divorce decree (if applicable) -ALL pages included ☐ Copy of death certificate (if applicable) ☐ Copy of school registration -For children attending college & who reside in the home when not at school I/We certify that I have provided all the required documentation on or before 01/08/21 and that an incomplete application may not be processed. **Primary Applicant Signature** Date Co-Applicant Signature Date

Drop off Date: before Friday, January 08, 2021, at 5:00pm

## **Application Drop Off Location**

Eloise Lundy Rec Center: 1229 Reverend CBT Smith St. Dallas, TX 75203

COMPLETE applications can be DROPPED OFF\* anytime before Friday, January 08, 2021 at 5:00 PM. Please ensure you have attached all required documentation along with your application.

<sup>\*</sup>Homeowner can send a representative to drop off the application.



### **Tenth Street Historic District Targeted Rehab Program Application**

Department of Housing & Neighborhood Revitalization | 1500 Marilla St., Room 6CN | Dallas, Texas 75201

The information collected below will be used to determine whether you qualify for housing assistance through the City of Dallas program. Information provided will not be disclosed outside the City of Dallas program without your consent except to your employer for verification of income, employment, and to financial institutions for verification of information, and as required and permitted by law.

A. Eligibility						Check 1	
1. Are you the homeowner and does the pr						Yes	No
<ol><li>Do you qualify for this program based</li></ol>	on you	r househo	old size a	nd incom	e listed	Yes	No
below.							
Household Size 1 2 You earn less than \$48,300 \$55,200 \$6	3 52,100	4 \$68,050	5 74,500	6	7	8 ¢01.050	,
You earn less than \$48,300 \$55,200 \$6	52,100	\$68,950	74,500	80,000	85,000	\$91,050	)
3. Are you current on your mortgage, mear	ning no	more tha	n thirty (3	30) days p	ast due	Yes	No
including any unpaid fees?							
4. Have you owned your property for more	than si	x (6) mon	ths			Yes	No
5. Do you live in the property as your prima	ary resid	lence?				Yes	No
Any applicant that meets the criter of the criter of the second of the s	-					•	
B. Contact Information							
PRIMARY APPLICANT							
1. Name (First, Middle, Last)							
2. Birthdate (Month/Day/Year)  3. Social Security #							
4. Address (Street, City, State, Zip)							
E. Drimary Phono				Moh	ilo I	Jama	Morl
5. Primary Phone				Mob	_	Home	Worl
6. Secondary Phone				Mob	_	Home Home	
6. Secondary Phone 7. Email Address					_		Worl
6. Secondary Phone 7. Email Address CO-APPLICANT (If Applicable)					_		
6. Secondary Phone 7. Email Address CO-APPLICANT (If Applicable) 8. Name (First, Middle, Last)		10. Soci	al Securit	Mob	_		
6. Secondary Phone 7. Email Address  CO-APPLICANT (If Applicable) 8. Name (First, Middle, Last) 9. Birthdate (Month/Day/Year)		10. Soci	al Securit	Mob	_		
6. Secondary Phone 7. Email Address CO-APPLICANT (If Applicable) 8. Name (First, Middle, Last)		10. Soci	al Securit	Mob	_		
6. Secondary Phone 7. Email Address  CO-APPLICANT (If Applicable) 8. Name (First, Middle, Last) 9. Birthdate (Month/Day/Year)		10. Soci	al Securit	Mob	ile I		
6. Secondary Phone 7. Email Address  CO-APPLICANT (If Applicable) 8. Name (First, Middle, Last) 9. Birthdate (Month/Day/Year) 11. Address (Street, City, State, Zip)		10. Soci	al Securit	Mob	ile I	Home	Wor
6. Secondary Phone 7. Email Address CO-APPLICANT (If Applicable) 8. Name (First, Middle, Last) 9. Birthdate (Month/Day/Year) 11. Address (Street, City, State, Zip) 12. Primary Phone		10. Soci	al Securit	Mob	ile I	Home	Wor

2. Have you received prior assistance in repairing your home from the City of Dallas? Yes				
If yes, in what year did you receive assistance?				
3. Are there currently any unsatisfied judgements against you?	Yes	No		
4. Has either the Owner or Co-owner declared bankruptcy in the past two (2) years?	Yes	No		
5. Was your home built in or before 1978?	Yes	No		
6. Do you have homeowner's insurance?	Yes	No		
7. Are there any pregnant women in the household?	Yes	No		
8. Do you have any children under the age of 6 who stay in your home for three hours	Yes	No		
a day on two separate days a week?				
9. Are you or any member of your family a City of Dallas employee?	Yes	No		
If yes, please provide the name and position:				
10. How did you hear about our program? (Check all that apply)				
City of DallasTelevisionMailNewspaper				
City of DaliasNewspaper				
Mouth Website Media				
Other (Please				
Explain):				
<b>D. Household</b> List all household members				
PRIMARY APPLICANT				
Employer (if applicable)				
Work Start Date Work Phone				
Demographics				
Gender Male Female Other				
Marital Status				
SingleMarriedDivorcedWidowedSeparatedDomest	ic Partne	r		
Race (Select all that apply)				
Associate to disc. / Alaska Niskina Asian Disc. / African	<b>A</b>	- 0		
American Indian / Alaska NativeAsianBlack / African White	Americai	1 &		
American Indian / Alaska NativeAsian & WhiteNative Hawaiian / Other				
& White Pacific Islander				
American Indian/ Alaska NativeBlack / African AmericanWhite				
& Black / African American				
Are you Hispanic or Latino?	Yes	No		
Are you a veteran?	Yes	No		
Are you disabled?	Yes	No		
Are you over 65 years old?	Yes	No		
Are you a full-time student?	Yes	No		
CO-APPLICANT				
Relationship to Applicant				

Employer (if applicable)		
Work Start Date Work Phone		
Demographics		
GenderMaleFemaleOther		
Marital Status		
SingleMarriedDivorcedWidowedSeparatedDomest	ic Partner	
Race (Select all that apply)		
American Indian / Alaska NativeAsianBlack / African White	American 8	k
American Indian / Alaska NativeAsian & WhiteNative Hawaiia & White Pacific Islander	-	
American Indian/ Alaska NativeBlack / African AmericanWhite		
& Black / African American		
Are you Hispanic or Latino?	Yes	No
Are you a veteran?	Yes	No
Are you disabled?	Yes	No
Are you over 65 years old?	Yes	No
Are you a full-time student?	Yes	No
ADDITIONAL HOUSEHOLD MEMBER 1	<b>'</b>	
Name Relationship to Applicant		
Employer (if applicable)		
Work Start Date Work Phone		
Demographics		
GenderMaleFemaleOther		
Marital Status		
SingleMarriedDivorcedWidowedSeparatedDomest	ic Partner	
Race (Select all that apply)		
American Indian / Alaska NativeAsianBlack / African White	American 8	k
American Indian / Alaska NativeAsian & WhiteNative Hawaiia	-	
& White Pacific Islander		
American Indian/ Alaska NativeBlack / African AmericanWhite & Black / African American		
Are you Hispanic or Latino?	Yes	No
Are you a veteran?	1 03	
	Yes	No
Are you disabled?		
Are you disabled? Are you over 65 years old?	Yes	No

additional sheets.	<b>D MEMBER 2</b> If you have additional household members,	please add	
Name	Relationship to Applicant		
Employer (if applicable)			
Work Start Date	Work Phone		
Demographics			
<u> </u>	Male Female Other		
Marital Status			
SingleMa	rriedDivorcedWidowedSeparatedDon	nestic Partne	r
Race (Select all that apply			
American Indian / / American Indian / / & White American Indian/ / & Black / African A	White Alaska NativeAsian & WhiteNative Haw Pacific Islar Alaska NativeBlack / African AmericanWhite	can Americar vaiian / Other nder	
Are you Hispanic or Latino	9?	Yes	No
Are you a veteran?		Yes	No
Are you disabled?		Yes	No
Are you over 65 years old		Yes	No
Are you a full-time studen	ıt?	Yes	No
E. Asset Verification	Fill out for all household members with income		
PRIMARY APPLICANT	Bank or Financial Institution C	Commonat Vale	
Type of Asset Bonds	Bank or Financial Institution	Current Valu	je
Certificate of Deposit (CD)			
Checking Account(s)			
Life Insurance			
Other			
Real Estate			
Savings Account(s)			
Stocks			
CO-APPLICANT			
Type of Asset	Bank or Financial Institution C	Current Valu	IE
Bonds		valu	
Certificate of Deposit (CD)			
Checking Account(s)			
Life Insurance			
Other			

Real Estate						
Savings Account(s)						
Stocks						
ADDITIONAL HOUSEHOLD	MEMBER 1					
Type of Asset	Bank or Fir	nancial Institutio	n		Curr	ent Value
Bonds						
Certificate of Deposit						
(CD)						
Checking Account(s)						
Life Insurance						
Other						
Real Estate						
Savings Account(s)						
Stocks						
ADDITIONAL HOUSEHOLD	MEMBER 2	1				
Type of Asset	Bank or Fir	nancial Institutio	n		Curr	ent Value
Bonds						
Certificate of Deposit						
(CD)						
Checking Account(s)						
Life Insurance						
Other						
Real Estate						
Savings Account(s)						
Stocks						
F. Income Source Pr	ovide monthly	y calculation for each	ch source. Submit co	opies of state	ments	with application.
Source		PRIMARY	CO-APPLICANT	ADDITION	AL 1	ADDITIONAL 2
Unemployment Compens	ation					
Wages, salary, overtime,						
commissions, fees, tips, bonuses						
Net Income from business	and					
self-employment						
Interest, dividends from p	ersonal					
property Social Socurity						
Social Security						
Retirement / Pension / Ins	surance					
Policy / Annuities						
Disability or Death Benefit	IS	_				
Worker's Compensation & Severance pay						

Adoption Assistance Payments  Alimony or Child Support  Re-occurring Cash Gifts from private / nonprofit / charity or friends/family Other:  TOTAL  G. Mortgage Provide the following information if you currently have a mortgage on your property.  FIRST MORTGAGE LENDER  1. Is there a first mortgage on the property? Yes No 2. Mortgage Lender Name 3. Mortgage Lender Address 4. Monthly Mortgage Payments 5. Next Payment Due Date 6. Are there escrow taxes/insurance? Yes No SECOND MORTGAGE LENDER 7. Is there a second mortgage on the property? Yes No 8. Mortgage Lender Name 9. Mortgage Lender Name 10. Monthly Mortgage Payments 11. Next Payment Due Date 12. Are there escrow taxes/insurance? Yes No H. Repairs 1. Category of Repairs Requested (select all that apply) Code ViolationFoundationInsulationDoors or WindowsGarage DoorsInternal WallsElectricGas LinesPest ControlPest Control	Regular pay, special pay, and						
Adoption Assistance Payments  Alimony or Child Support  Re-occurring Cash Gifts from private / nonprofit / charity or friends/family Other:  TOTAL  G. Mortgage Provide the following information if you currently have a mortgage on your property.  FIRST MORTGAGE LENDER  1. Is there a first mortgage on the property?  2. Mortgage Lender Name  3. Mortgage Lender Address 4. Monthly Mortgage Payments 6. Are there escrow taxes/insurance?  FECOND MORTGAGE LENDER  7. Is there a second mortgage on the property?  No  8. Mortgage Lender Name  9. Mortgage Lender Address 10. Monthly Mortgage Payments 11. Next Payment Due Date  12. Are there escrow taxes/insurance?  No  H. Repairs  1. Category of Repairs Requested (select all that apply)  Code Violation Foundation Insulation Doors or Windows Garage Doors Internal Walls Electric Gas Lines Pest Control External Walls Handicap Accessibility Plumbing Floors HVAC Roof	housing allowance for the Armed						
Alimony or Child Support  Re-occurring Cash Gifts from private / nonprofit / charity or friends/family Other:  TOTAL  G. Mortgage Provide the following information if you currently have a mortgage on your property. FIRST MORTGAGE LENDER  1. Is there a first mortgage on the property?  2. Mortgage Lender Name 3. Mortgage Lender Address 4. Monthly Mortgage Payments 5. Next Payment Due Date 6. Are there escrow taxes/insurance? 7. Is there a second mortgage on the property? 8. Mortgage Lender Name 9. Mortgage Lender Address 10. Monthly Mortgage Payments 11. Next Payment Due Date 12. Are there escrow taxes/insurance?  Honthly Mortgage Payments 12. Are there escrow taxes/insurance?  Honthly Mortgage Payments 12. Are there escrow taxes/insurance?  Mes No  H. Repairs 1. Category of Repairs Requested (select all that apply)  ———————————————————————————————————							
Re-occurring Cash Gifts from private / nonprofit / charity or friends/family Other:  TOTAL  G. Mortgage Provide the following information if you currently have a mortgage on your property.  FIRST MORTGAGE LENDER  1. Is there a first mortgage on the property?  2. Mortgage Lender Name  3. Mortgage Lender Address  4. Monthly Mortgage Payments  5. Next Payment Due Date  6. Are there escrow taxes/insurance?  Yes No  SECOND MORTGAGE LENDER  7. Is there a second mortgage on the property?  9. Nortgage Lender Address  10. Monthly Mortgage Payments  11. Next Payment Due Date  12. Are there escrow taxes/insurance?  Yes No  H. Repairs  1. Category of Repairs Requested (select all that apply)  —Code Violation —Foundation —Insulation —Doors or Windows —Garage Doors —Internal Walls —Electric —Gas Lines —Pest Control —External Walls —Handicap Accessibility —Plumbing —Floors —HVAC —Roof	Adoption Assistance Fayments						
Re-occurring Cash Gifts from private / nonprofit / charity or friends/family Other:  TOTAL  G. Mortgage Provide the following information if you currently have a mortgage on your property.  FIRST MORTGAGE LENDER  1. Is there a first mortgage on the property?  2. Mortgage Lender Name  3. Mortgage Lender Address  4. Monthly Mortgage Payments  5. Next Payment Due Date  6. Are there escrow taxes/insurance?  Yes No  SECOND MORTGAGE LENDER  7. Is there a second mortgage on the property?  9. Nortgage Lender Address  10. Monthly Mortgage Payments  11. Next Payment Due Date  12. Are there escrow taxes/insurance?  Yes No  H. Repairs  1. Category of Repairs Requested (select all that apply)  —Code Violation —Foundation —Insulation —Doors or Windows —Garage Doors —Internal Walls —Electric —Gas Lines —Pest Control —External Walls —Handicap Accessibility —Plumbing —Floors —HVAC —Roof	Alimony or Child Support						
/ nonprofit / charity or friends/family Other:  TOTAL  G. Mortgage Provide the following information if you currently have a mortgage on your property.  FIRST MORTGAGE LENDER  1. Is there a first mortgage on the property?  2. Mortgage Lender Name 3. Mortgage Lender Address 4. Monthly Mortgage Payments 5. Next Payment Due Date 6. Are there escrow taxes/insurance?  7. Is there a second mortgage on the property?  8. Mortgage Lender Name 9. Mortgage Lender Name 9. Mortgage Lender Name 9. Mortgage Lender Address 10. Monthly Mortgage Payments 11. Next Payment Due Date 12. Are there escrow taxes/insurance?  13. Are there escrow taxes/insurance?  14. Next Payment Due Date 15. Are there escrow taxes/insurance?  16. Are there escrow taxes/insurance?  17. Nonthly Mortgage Payments 19. Mortgage Lender Address 10. Monthly Mortgage Payments 11. Next Payment Due Date 12. Are there escrow taxes/insurance?  13. Nonthly Mortgage Payments 14. Next Payment Due Date 15. Are there escrow taxes/insurance?  16. Nonthly Mortgage Payments 17. Nonthly Mortgage Payments 19. Mortgage Lender Address 10. Monthly Mortgage Payments 11. Next Payment Due Date 12. Are there escrow taxes/insurance?  13. Mortgage Lender Address 14. Next Payment Due Date 15. Next Payment Due Date 16. Are there escrow taxes/insurance?  17. Nonthly Mortgage Payments 19. Nonthly Mortgage Payments 11. Next Payment Due Date 11. Next Payment Due Date 12. Are there escrow taxes/insurance?  13. Nonthly Mortgage Payments 14. Next Payment Due Date 16. Are there escrow taxes/insurance?  17. Ves Nonthly Mortgage Payments 19. Nonthly Mortgage Payments 19. Nonthly Mortgage Payments 10. Mortgage Payments 11. Next Payment Due Date 12. Are there escrow taxes/insurance? 13. Nonthly Mortgage Payments 14. Nonthly Mortgage Payments 15. Next Payment Due Date 16. Are there escrow taxes/insurance? 17. Nonthly Mortgage Payments 19. Nonthly Mor	,						
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Other:  TOTAL  G. Mortgage Provide the following information if you currently have a mortgage on your property.  FIRST MORTGAGE LENDER  1. Is there a first mortgage on the property?  2. Mortgage Lender Name 3. Mortgage Lender Address 4. Monthly Mortgage Payments 5. Next Payment Due Date 6. Are there escrow taxes/insurance?  Yes No  SECOND MORTGAGE LENDER  7. Is there a second mortgage on the property?  No 8. Mortgage Lender Name 9. Mortgage Lender Address 10. Monthly Mortgage Payments 11. Next Payment Due Date 12. Are there escrow taxes/insurance?  No  H. Repairs  1. Category of Repairs Requested (select all that apply)	/ nonprofit / charity or						
G. Mortgage Provide the following information if you currently have a mortgage on your property.  FIRST MORTGAGE LENDER  1. Is there a first mortgage on the property?  2. Mortgage Lender Name 3. Mortgage Lender Address 4. Monthly Mortgage Payments 5. Next Payment Due Date 6. Are there escrow taxes/insurance?  First mortgage Lender Address 4. Monthly Mortgage Payments 5. Next Payment Due Date 7. Is there a second mortgage on the property? 8. Mortgage Lender Name 9. Mortgage Lender Name 9. Mortgage Lender Address 10. Monthly Mortgage Payments 11. Next Payment Due Date 12. Are there escrow taxes/insurance?  H. Repairs 1. Category of Repairs Requested (select all that apply)	friends/family						
G. Mortgage Provide the following information if you currently have a mortgage on your property.  FIRST MORTGAGE LENDER  1. Is there a first mortgage on the property?  2. Mortgage Lender Name 3. Mortgage Lender Address 4. Monthly Mortgage Payments 5. Next Payment Due Date 6. Are there escrow taxes/insurance? 7. Is there a second mortgage on the property? 7. Is there a second mortgage on the property? 8. Mortgage Lender Name 9. Mortgage Lender Address 10. Monthly Mortgage Payments 11. Next Payment Due Date 12. Are there escrow taxes/insurance? 12. Are there escrow taxes/insurance? 13. Are there escrow taxes/insurance? 14. Next Payment Due Date 15. Are there escrow taxes/insurance? 16. No  17. No  18. Mortgage Lender Address 19. Mortgage Lender Address 10. Monthly Mortgage Payments 11. Next Payment Due Date 12. Are there escrow taxes/insurance? 13. Next Payment Due Date 14. Are there escrow taxes/insurance? 15. No  16. H. Repairs 17. Category of Repairs Requested (select all that apply)  18. Letter escrow taxes/insurance? 19. No  19. H. Repairs 10. Category of Repairs Requested (select all that apply)  19. Letter escrow taxes/insurance? 10. Monthly Mortgage Payments 11. Next Payment Due Date 12. Are there escrow taxes/insurance? 13. Next Payment Due Date 14. Next Payment Due Date 15. Next Payment Due Date 16. Are there escrow taxes/insurance? 17. Next Payment Due Date 18. No  19. Letter escrow taxes/insurance? 19. No  10. Mortgage Lender Address 10. Mortgage Payments 11. Next Payment Due Date 11. Next Payment Due Date 12. Are there escrow taxes/insurance? 13. Nortgage Payments 14. Letter escrow taxes/insurance? 16. Are there escrow taxes/insurance? 17. Is there a second mortgage on the property? 18. Nortgage Payments 19. Letter escrow taxes/insurance? 19. Nortgage Payments 19. Nortgage Payments 19. Letter escrow taxes/insurance? 19. Nortgage Payments 19. Letter escrow taxes/insurance? 19. Nortgage Payments 19. Letter escrow taxes/insurance? 19. Nortgage Payments 19. Nortgage Payments 19. Letter escrow taxes/insur	Other:						
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### FIRST MORTGAGE LENDER  1. Is there a first mortgage on the property?  2. Mortgage Lender Name  3. Mortgage Lender Address  4. Monthly Mortgage Payments  5. Next Payment Due Date  6. Are there escrow taxes/insurance?  7. Is there a second mortgage on the property?  7. Is there a second mortgage on the property?  8. Mortgage Lender Name  9. Mortgage Lender Address  10. Monthly Mortgage Payments  11. Next Payment Due Date  12. Are there escrow taxes/insurance?  12. Are there escrow taxes/insurance?  13. Category of Repairs Requested (select all that apply)  ### Code Violation							
### FIRST MORTGAGE LENDER  1. Is there a first mortgage on the property?  2. Mortgage Lender Name  3. Mortgage Lender Address  4. Monthly Mortgage Payments  5. Next Payment Due Date  6. Are there escrow taxes/insurance?  7. Is there a second mortgage on the property?  7. Is there a second mortgage on the property?  8. Mortgage Lender Name  9. Mortgage Lender Address  10. Monthly Mortgage Payments  11. Next Payment Due Date  12. Are there escrow taxes/insurance?  12. Are there escrow taxes/insurance?  13. Category of Repairs Requested (select all that apply)  ### Code Violation	G. Mortgage Provide the following	information if	you currently have	e a mortgage on your	property.		
2. Mortgage Lender Name 3. Mortgage Lender Address 4. Monthly Mortgage Payments 5. Next Payment Due Date 6. Are there escrow taxes/insurance?  7. Is there a second mortgage on the property? 7. Is there a second mortgage on the property?  8. Mortgage Lender Name 9. Mortgage Lender Address 10. Monthly Mortgage Payments 11. Next Payment Due Date 12. Are there escrow taxes/insurance?  12. Are there escrow taxes/insurance?  13. Category of Repairs Requested (select all that apply)  14. Code Violation			, ,	00,	,		
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4. Monthly Mortgage Payments  6. Are there escrow taxes/insurance?  7. Is there a second mortgage on the property?  8. Mortgage Lender Name  9. Mortgage Lender Address  10. Monthly Mortgage Payments  11. Next Payment Due Date  12. Are there escrow taxes/insurance?  14. Are there escrow taxes/insurance?  15. Are there escrow taxes/insurance?  16. Category of Repairs Requested (select all that apply)  17. Code Violation	2. Mortgage Lender Name				1		
6. Are there escrow taxes/insurance?  SECOND MORTGAGE LENDER 7. Is there a second mortgage on the property?  8. Mortgage Lender Name 9. Mortgage Lender Address 10. Monthly Mortgage Payments 11. Next Payment Due Date 12. Are there escrow taxes/insurance?  H. Repairs 1. Category of Repairs Requested (select all that apply)	3. Mortgage Lender Address						
7. Is there a second mortgage on the property? Yes No  8. Mortgage Lender Name  9. Mortgage Lender Address  10. Monthly Mortgage Payments 11. Next Payment Due Date  12. Are there escrow taxes/insurance? Yes No  H. Repairs  1. Category of Repairs Requested (select all that apply)	4. Monthly Mortgage Payments		5. Next Paymer	nt Due Date			
7. Is there a second mortgage on the property?  8. Mortgage Lender Name  9. Mortgage Lender Address  10. Monthly Mortgage Payments  11. Next Payment Due Date  12. Are there escrow taxes/insurance?  H. Repairs  1. Category of Repairs Requested (select all that apply)	6. Are there escrow taxes/insurance?				Yes	No	
8. Mortgage Lender Name  9. Mortgage Lender Address  10. Monthly Mortgage Payments  11. Next Payment Due Date  12. Are there escrow taxes/insurance?  H. Repairs  1. Category of Repairs Requested (select all that apply)	·						
9. Mortgage Lender Address  10. Monthly Mortgage Payments  11. Next Payment Due Date  12. Are there escrow taxes/insurance?  H. Repairs  1. Category of Repairs Requested (select all that apply)	7. Is there a second mortgage on the	property?			Yes	No	
10. Monthly Mortgage Payments  11. Next Payment Due Date  12. Are there escrow taxes/insurance?  H. Repairs  1. Category of Repairs Requested (select all that apply)	8. Mortgage Lender Name						
12. Are there escrow taxes/insurance?  H. Repairs  1. Category of Repairs Requested (select all that apply)							
H. Repairs  1. Category of Repairs Requested (select all that apply) Code ViolationFoundationInsulationDoors or WindowsGarage DoorsInternal WallsElectricGas LinesPest ControlExternal WallsHandicap AccessibilityPlumbingFloorsHVACRoof	10. Monthly Mortgage Payments 11. Next Payment Due Date						
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2. Please describe the repairs needed:		:					
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I certify that the information contained in this application is correct understand that to falsify information is grounds for refusing services.	to the best of my knowledge. I
I authorize any person, organization or company listed on this application concerning my previous employment, education and qualification for to request and receive such information.	•
In consideration for assistance, I agree to abide by the rules and regulat TRP which rules may be changed, withdrawn, added or interpreted a sole option and without prior notice to me.	
Primary Applicant Signature	Date
Co-Applicant Signature	Date