

Hurricane Harvey Recovery Homeowner Assistance Program (HoAP) Intake Application and Packet



This Section is for Office Use Only

Date/Time Application Received:

Applicant ID #:

Application Received By:

NOTES:



Homeowner Assistance Program (HoAP)

Intake Application and Packet

This section(s) to be completed by Applicant/Co-Applicant.

Application ID #:	
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1. APPLICANT INFORMATION

The applicant is the Head of Household, for the purpose of this application

First Name:	Middle Name:	Last Name:
Damaged Property Address: <i>(Damaged by Hurricane Harvey)</i>		Damaged Property City, State, Zip: <i>(Damaged by Hurricane Harvey)</i>
Is the Damaged Property Address above where you receive mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Mailing Address: <i>(If different from Damaged Address)</i>	
	Current Mailing City, State, Zip: <i>(If different from Damaged City, State, Zip)</i>	
Home Phone:	Daytime Phone:	Cell Phone:
Email Address:	Date of Birth:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		

2. CO-APPLICANT INFORMATION *(If Applicable)* DOES NOT APPLY

List other members of the household who hold as much responsibility for the property as the Applicant. This person is often referred to as the co-owner of the property

First Name:	Middle Name:	Last Name:
Current Address: <i>(Where Co-Applicant Resides)</i>		Current City, State, Zip: <i>(Where Co-Applicant Resides)</i>
Mailing Address: <i>(If different from Current Address)</i>		Mailing City, State, Zip: <i>(If different from Current City, State, Zip)</i>
Home Phone:	Daytime Phone:	Cell Phone:
Email Address:	Date of Birth:	
Relationship to Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____		

3. COMMUNICATION DESIGNEE OR ALTERNATIVE CONTACT(S) *(If Applicable)* DOES NOT APPLY

(If you assign a Communication Designee or Alternative Contact(s), complete Attachment B, HoAP Communication Designee Form for each designee/alternative contact.)

First Name:	Middle Name:	Last Name:
Current Address:		
City, State, Zip:		
Home Phone:	Daytime Phone:	Cell Phone:
Email Address:		
Relationship to Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____		



4. HEAD OF HOUSEHOLD DEMOGRAPHIC INFORMATION FOR HUD REPORTING (check only one)

Race of Head of Household:

American Indian or Alaskan Native American Indian/Alaskan Native and White
 Asian American Indian/Alaskan Native and Black/African American
 Black/African American Asian and White
 Native Hawaiian/Other Pacific Islander Black/African American and White
 White Other _____

Ethnicity of Head of Household:

Hispanic/Latino – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or Origin, regardless of race.
 Non-Hispanic/Latino – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or Origin, regardless of race.

5. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List all household members and provide the requested information. "Household" is defined as all persons living in the same dwelling unit, regardless of relationship or age.

Household Member Name	Relationship to Head of Household	Gender	Date of Birth mm/dd/yyyy	Dependent (Y/N)	Disabled? (Y/N)	Veteran (Y/N)

a. In the next twelve (12) months, are you expecting an increase or decrease in income? Increase Decrease No Change
 If Yes, please explain: _____

b. In the next twelve (12) months, are you expecting an increase or decrease in household members? Yes No Unknown
 If Yes, please explain: _____

6. GENERAL INFORMATION

a. Did this property sustain damage from Hurricane Harvey? Yes No

b. Did you own the damaged property on August 25, 2017? Yes No

c. Was this your primary residence on August 25, 2017? Yes No

d. Are any household members over 18 responsible for child support payments? Yes No
 If **YES**, is the responsible party current on payments for child support? Yes No
 Is the responsible party on an approved payment plan for child support? Yes No

e. Are property taxes current for the damaged property? Yes No
 If **NO**, are the taxes on an approved payment plan? Yes No
 Is a copy of the payment plan included with this application? Yes No

f. Does the damaged property have any Homeowner Association requirements of deed restriction? Yes No



7. DAMAGED PROPERTY INFORMATION

a. Has the damaged property been demolished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do you have a mortgage that you are currently paying for your damaged property? If YES , are you current on the mortgage payments?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
c. Are you also currently living in and paying rent at a different location from the damaged property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the damaged property currently in foreclosure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are there any liens on the damaged property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
f. Do you have a deed on the damaged property? If YES , provide information below for all parties listed on the deed (including any entity, for example, a Trust): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. What type of structure is the damaged property? <input type="checkbox"/> Single-Detached <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Manufactured Housing Unit (MHU) <input type="checkbox"/> Modular-detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Other _____		
h. If the damaged property is a MHU, do you have a valid Statement on Location (SOL) filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If you are seeking assistance for a manufactured housing unit, do you own the land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. TEMPORARY RELOCATION & MOVING AND STORAGE ASSISTANCE

a. Are you currently living in the damaged property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If you are living in the damaged property and you are required to move as a result of the repair work, will you need moving and storage assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. If you are required to move as a result of the repair work, have you made arrangements for a place to live temporarily? If YES , where? _____ If NO , will you need temporary housing assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
d. If you are not living in the damaged property, are you receiving temporary housing assistance? If YES , who is providing the assistance? <input type="checkbox"/> FEMA <input type="checkbox"/> Insurance <input type="checkbox"/> Non-Profit _____ <input type="checkbox"/> Other _____ Did you also receive moving and storage assistance for your temporary housing assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
e. Are you willing to relocate during the rehabilitation or reconstruction of the property?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Please note that rehabilitation and reconstruction pathways require relocation.		
f. Did the damaged property have a tenant in place as of August 25, 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Has the damaged property had a tenant at any time since August 25, 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. ENVIRONMENTAL INFORMATION

a. Was the damaged property built AFTER January 1, 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the City of Houston provide your drinking water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
c. Is there a gas or fuel storage tank connected to the damaged property that is in use for heating or cooking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
d. Are there pungent, foul, or noxious odors typically noticeable at the damaged property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the yard area of the damaged property cleared of debris, non-working vehicles, non-working appliances, storage tanks and/or drums with potentially hazardous materials? If NO , are you able to clear the damaged property for an Environmental Inspection to be conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
f. What is the site history of the damaged property? <input type="checkbox"/> Residential <input type="checkbox"/> Farm / Business <input type="checkbox"/> Other: _____		
g. Did the site historically include any of the following? <input type="checkbox"/> Septic System <input type="checkbox"/> Water Well <input type="checkbox"/> Underground Storage Tank <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____		

10. OTHER ASSISTANCE RECEIVED AND EXPENDITURES

Complete the **HoAP Insurance, Benefits and Expenditures Certification** (Form C)

11. INCOME CERTIFICATION INFORMATION

Complete the **HoAP Household Income Certification (HIC)** (Form D1) or **HoAP Income Self-Certification** (Form D4). Please submit all requested supporting income documentation and, if applicable, the **HoAP Adjusted Gross Income Worksheet** and/or the **HoAP Certification of Zero Income**.

12. PRIOR FEDERAL ASSISTANCE

Did the damaged property sustain damages due to any federally declared disaster between January 1, 1994 and December 31, 2016? Yes No Unknown



13. APPLICANT RELEASE AND CERTIFICATION

Applicant Name:	Damaged Property Address: <i>(Street, City, State, Zip)</i>
Co-Applicant Name: <i>(If Applicable)</i>	

RELEASE

1. I/We authorize the City of Houston/HCDD to use photographs of my/our property in City of Houston and HCDD affiliate promotional materials. I/We also understand that I/we may opt out or in of this photograph release in writing at any time. Please confirm that you agree or disagree with these statements:
 - a. I Agree
 - b. I Disagree
2. I/We authorize the City of Houston and any of its duly authorized representatives to verify all information provided on this application, including obtaining information about me/us, my/our household, and its members, that is pertinent to determining my/our eligibility for participation in the City of Houston’s Homeowner Assistance Program (HoAP).
3. I/We understand the following inquiries may be made to obtain third party information to any of the following:
 - a. Disaster Assistance (FEMA, SBA, Insurance, etc.);
 - b. Income (all sources);
 - c. Assets (all sources);
 - d. Occupancy Preference (Special needs, if applicable);
 - e. Child Support Payment Verification;
 - f. Property Tax Payment Verification.
4. I/We acknowledge and understand that:
 - a. A photocopy of this form is as valid as the original;
 - b. I/We have the right to review information received using this Release;
 - c. I/We have the right to a copy of information provided to the entity and to request correction of any information I/We believe to be inaccurate;
 - d. Documents submitted may become electronically permanent.

CERTIFICATION

1. I/We certify that I/we are the owner of the home located at the above-referenced address.
2. As the Applicant/Co-Applicant, I/we acknowledge responsibility for completing and returning all required documentation to the Homeowner Assistance Program (HoAP) within the time period stated on the application materials. If I/we fail to provide these documents in a timely manner, or if I/we fail to respond to any inquiries made by the Homeowner Assistance Program (HoAP) regarding my/our application for assistance, I/we may be disqualified from participating in this program and receiving benefits, or I/we may have to reapply and, consequently, my/our original submission date is no longer effective.
3. I/We understand there is a limitation of funding for the Program, and even if I/we are determined eligible for assistance, this does not mean an award is guaranteed.
4. I/We understand I/we may be responsible for obtaining and maintaining hazard insurance, flood and/or windstorm insurance, if applicable, following the completion of assistance as required by law.
5. I/We understand that providing false statements or information is grounds for ineligibility and termination of housing assistance and is punishable under federal law.
6. I/We certify that, to the best of my/our knowledge, all required documents and materials I/we have completed and submitted for my/our application for assistance are true and correct.

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

<i>Applicant – Printed Name</i>	<i>Applicant – Signature</i>	<i>Date</i>
<i>Co-Applicant – Printed Name (If Applicable)</i>	<i>Co-Applicant – Signature (If Applicable)</i>	<i>Date</i>

