

CITY OF SANTA FE HOME PROGRAM

APPLICATION PACKET



WHAT IS THE Home PROGRAM?

The Home Program was created to help homeowners within the Santa Fe city limits that are unable to complete necessary repairs to their homes because of difficulties or circumstances beyond their control. Homeowners may qualify for assistance with roofing, plumbing, electrical work, railing installation, wheelchair ramps, minor drainage issues, smoke detectors, handyman chores and similar repairs. Exclusions would include remodeling improvements not related to health, safety or accessibility needs. The maximum amount of assistance is five thousand dollars (\$5,000). Grant recipients will be determined by the Home Program Committee.

AM I ELIGIBLE FOR THE HOME PROGRAM?

The Home Program is designed to provide help to those homeowners who are in the greatest need of assistance and are unable to perform the necessary work themselves. A homeowner must meet one or more of the following criteria to be considered eligible for assistance through the Home Program: handicapped, disabled, elderly, or low income and a resident of the City of Santa Fe, Texas. Additionally, this program is limited to those homeowners who meet certain income restrictions and have lived at their current residence for a minimum of two (2) years. To determine if you are eligible for this program, please complete the attached application and a member of the Home Program Committee will contact you to discuss your situation. If you need assistance completing the application, please call City Hall at 409-925-6412. Application forms are available at City Hall or on the city's website at www.ci.santa-fe.tx.us under public notices.

Applications are due no later than May 31, 2018, in order to be considered. Recipients will be selected by the committee in June, 2018.

PLEASE MAIL OR DELIVER THE COMPLETED PACKET IN ITS ENTIRETY TO:

Joe Dickson
City of Santa Fe
P.O. Box 950 / 12002 Hwy. 6
Santa Fe, Texas 77510-0950

CITY OF SANTA FE HOME PROGRAM

**APPLICANT MUST BE THE LEGAL OWNER OF THE PROPERTY
AND RESIDE AT THE ADDRESS INDICATED ON THIS FORM**

APPLICANT CONTACT INFORMATION:

Name: _____ Date: _____

Street Address: _____

City: _____ Zip Code: _____

Email: _____

Date of Birth: _____ Drivers Lic. # _____

Home Phone: _____ Alt. Phone: _____

Best time to call? _____ Best time to come by? _____

Personal Reference: Name _____

Address _____

Phone _____

How long have you lived at this residence? Years _____ Months _____

Are you behind on your mortgage? Yes No

If you answered yes, how many months behind are you? _____ Is your home:

Electric Only Gas and Electric

Must meet one of the following criteria to receive assistance:

(Check all of the following that apply)

- Handicapped Low Income
- Disabled
- 65 years of age or older

How many people currently live in your home? _____ Please provide their ages and relationship to you.

Age: _____ Relationship: _____ Age: _____ Relationship: _____

Age: _____ Relationship: _____ Age: _____ Relationship: _____

Age: _____ Relationship: _____ Age: _____ Relationship: _____

Based on number of occupants, does your TOTAL HOUSEHOLD INCOME fall below the level indicated on the chart below? Yes No

(Total household income includes the total of all income from all persons living at the property including wages, retirement, child support, alimony, etc.)

Number of Occupants:	1	2	3	4	5	6	7	8 or more
Income Levels	\$25,050	\$28,600	\$32,200	\$35,750	\$38,650	\$41,500	\$44,350	\$47,200

Galveston County, TX FY 2017 Very Low Income Limits. This chart is adopted from the U.S. Department of Housing and Urban Development (HUD) Houston-The Woodlands-Sugar Land, Texas HUD Metro FMR Area which contains Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller Counties, Texas.

Are you receiving assistance from any other source? (circle all that apply and give amount)

- Relief charities** \$ _____
- Non-profit organizations** \$ _____
- Go Fund Me** \$ _____
- Individuals** \$ _____
- Other** \$ _____

Do you have documentation to support your answers? Yes No

Are you financially able to pay for house repairs? Yes No

Do you own any other properties? Yes No

Are you willing to provide copies of this documentation for verification? Yes No

Are you planning to sell this property within the next two (2) years? Yes No

Other assets (including but not limited to stocks, bonds, autos, collections, etc.)? _____



**CITY OF SANTA FE HOME PROGRAM
CERTIFICATION OF INCOME**

APPLICANT INFORMATION:

Date: _____

Name: _____

Street Address: _____ Zip Code: _____

Please list **all** household members (including applicant) that earn an income of any type (retirement, unemployment, social security, wages, tips, etc.)

<u>Last Name</u>	<u>First Name</u>	<u>Age</u>	<u>Monthly Income</u>	<u>Source of income</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Please use additional space on the back of this form if needed

TOTAL number of occupants living in the household full time: _____

TOTAL anticipated annual household income from all sources: \$ _____

In order to verify household income you must submit:

- Most recent federal tax return, **and**
- Either the last 6 months of income statement/pay stubs **or** the last 3 months of bank statements

Once income verification is completed, all financial documents provided will be shredded, please do not send originals of any required paperwork.

Certification: I certify that the information I am providing is true and could be subject to verification at any time by a third party. **I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.**

Signature of Applicant

Date

OFFICE USE ONLY:		
Annual Income: \$ _____	Household size: _____	Income statements received: Y / N
Income Limit: \$ _____	Applicant qualifies for assistance: Y / N	

OFFICE USE ONLY

PROPERTY TAX VERIFICATION : ____/____/____ _____

OWNERSHIP VERIFICATION : ____/____/____ _____

OUTSTANDING LIENS : ____/____/____ _____

CODE/PUBLIC SAFETY : ____/____/____ _____

NARRATIVE SECTION

Please use the space below to describe what repairs you feel are necessary at your home. You may attach additional sheets of paper if needed. If you have received any bids or quotes for the work you would like assistance with, please attach a copy.

Please use this section to explain your current situation to the Home Program Committee. For example: What circumstances led you to need assistance with home repairs? Why should your home be considered for this program instead of another one in your neighborhood? You may attach additional sheets of paper if needed. Once you are finished please sign and date the bottom of the form.

By signing this form I understand submission of this application does not guarantee I will qualify for or receive assistance from the City of Santa Fe Home Program. I further understand that more documentation may be required to verify portions of this application.

Signature: _____

Date: _____

CITY OF SANTA FE HOME PROGRAM

HOMEOWNER WAIVER OF LIABILITY AND DISCLAIMER

(READ CAREFULLY BEFORE SIGNING)

I, _____, hereby acknowledge that I am the legal owner of the property located at _____ ("Property") and that I have voluntarily agreed to participate in the Home Program ("Program") for certain construction and/or repairs (collectively the "Work") to the residence located on the Property.

I am at least eighteen (18) years of age and legally competent to sign this Waiver of Liability and Disclaimer ("Waiver"). I understand the Program, and Work associated with the Program, involves certain risks that are inherent in such activities, specifically including, but not limited to, property loss/damage, personal injury that may require certain first aid and/or medical treatment, and risks that I may not be able to foresee or anticipate.

In consideration of my participation in the Program, I hereby acknowledge that I assume and accept all risks in connection with the Program, and Work associated with the Program, for any harm, injury, or damage that may befall me or my Property as a result of the Program, Work associated with the Program, and/or my participation in the Program, including activities preliminary and subsequent to the Work and the Program, whether foreseen or unforeseen.

I understand and agree and hereby acknowledge that I will not attempt to hold the Program or any of the Released Persons (as defined below) liable in any way for any occurrences arising out of the Program, Work associated with the Program, and/or my participation in the Program that may result in injury, death, or other damages to me or my Property.

I DO HEREBY EXEMPT AND RELEASE THE CITY OF Santa Fe, CITY OF SANTA FE HOME PROGRAM, ITS STAFF MEMBERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS, AFFILIATES, AGENTS, AND ATTORNEYS (COLLECTIVELY, THE "RELEASED PERSONS") FROM ANY AND ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY THE ACTS OR OMISSIONS OF ANY ONE OR MORE OF THE RELEASED PERSONS ARISING OUT OF THE PROGRAM, WORK ASSOCIATED WITH THE PROGRAM, OR MY PARTICIPATION IN THE PROGRAM, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO, ANY SUCH LIABILITY ARISING OUT OF A CONSTRUCTION DEFECT, WHETHER LATENT OR NOT LATENT, CAUSED BY THE NEGLIGENCE, GROSS NEGLIGENCE AND/OR WILLFUL OR INTENTIONAL MISCONDUCT OF ANY ONE OR MORE OF THE RELEASED PERSONS, OR THE BREACH OF ANY WARRANTIES, WHETHER EXPRESS OR IMPLIED, ARISING OUT OF COMMON LAW, CONTRACT, OR STATUTE, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS, REPAIR, HABITABILITY, SUITABILITY, CONSTRUCTION, AND SERVICES PERFORMED IN A GOOD AND WORKMANLIKE MANNER.

I FURTHER HEREBY ACKNOWLEDGE AND AGREE TO DEFEND, INDEMNIFY, SAVE, HOLD HARMLESS, AND COVENANT NOT TO SUE THE RELEASED PERSONS FOR ANY AND ALL CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION AND SUITS IN EQUITY, WHETHER ARISING OUT OF COMMON LAW, EQUITY, ARBITRATION OR STATUTE, NOW OR HEREAFTER ARISING, KNOWN OR UNKNOWN, ASSERTED BY ME AND/OR MY ESTATE, HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS) ARISING OUT OF THE PROGRAM, ASSOCIATED WITH THE PROGRAM, OR MY PARTICIPATION IN THE PROGRAM, WHETHER SUCH CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION AND SUITS ARISE OUT OF A CONSTRUCTION DEFECT, WHETHER LATENT OR NOT LATENT, THE NEGLIGENCE, GROSS NEGLIGENCE AND/OR WILLFUL OR INTENTIONAL MISCONDUCT OF ANY ONE OR MORE OF THE RELEASED PERSONS; OR THE BREACH OF ANY WARRANTIES, WHETHER EXPRESS OR IMPLIED, ARISING OUT OF COMMON LAW, CONTRACT, OR STATUTE, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS, REPAIR, HABITABILITY, SUITABILITY, CONSTRUCTION, AND SERVICES PERFORMED IN A GOOD AND WORKMANLIKEMANNER.

I also hereby grant and convey unto the City of Santa Fe Home Program all right, title, and interest in any and all photographic images and video or audio recordings made during the Program and/or Work associated with the Program, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Initial: _____ Date: _____

Homeowner Waiver of Liability and Disclaimer

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I hereby acknowledge and expressly agree that all indemnities, releases and waivers contained in this Waiver are intended to be as broad and inclusive as permitted by the laws of the State of Texas and that, if any portion of the agreements in this Waiver are held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This Waiver contains the entire agreement between me and the City of Santa Fe Home Program regarding the Program, Work associated with the Program, and my participation in the Program. I understand the terms herein are contractual and not merely recitals, and that I have signed this document of my own free will.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER BY READING IT BEFORE I SIGNED IT.

SIGNED this the _____ day of _____ 20 ____.

Signature: _____

Printed Name: _____

Address: _____

Telephone Number: _____