The Critical Repair Program is designed to assist Single Family owner occupied homes with critical repair problems that are a detriment to life, safety, or health of occupants, which require immediate action. These are homes with no water, gas, heat, electrical service, leaks in roofs, open sewers, or where handicap accessibility is needed. The Critical Repair Program will only correct problems deemed a critical situation. All applications will be taken, and only critical repairs as identified by the program guidelines will be addressed.

To qualify the household income must NOT be above the following maximum income limits: Income is calculated using GROSS amounts.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>$22,700 yr</td>
</tr>
<tr>
<td>2 person</td>
<td>$29,950 yr</td>
</tr>
<tr>
<td>3 person</td>
<td>$29,200 yr</td>
</tr>
<tr>
<td>4 person</td>
<td>$32,400 yr</td>
</tr>
<tr>
<td>5 person</td>
<td>$35,000 yr</td>
</tr>
<tr>
<td>6 person</td>
<td>$37,600 yr</td>
</tr>
<tr>
<td>7 person</td>
<td>$40,200 yr</td>
</tr>
<tr>
<td>8 person</td>
<td>$42,800 yr</td>
</tr>
</tbody>
</table>

Households must also meet the following criteria:

- Reside in the City of Abilene limits,
- Own the dwelling through Warranty Deed or Deed of Trust, no less than 6 months,
- Must occupy the dwelling unit as current resident,
- Effective 1/1/2008, homeowners may be eligible for only one (1) Critical repair in any twelve (12) month period.
- UNDER THE PROGRAM GUIDELINES “ANY PERSON THAT HAS BEEN PREVIOUSLY ASSISTED WITH THE SINGLE FAMILY REHAB PROGRAM IS NOT ELIGIBLE FOR ASSISTANCE FOR ANY OTHER REHAB PROGRAMS, (ADDITIONAL SINGLE FAMILY REHAB OR CRITICAL/LIMITED REPAIR PROGRAMS) PER ADDRESS/PER HOMEOWNER; IT IS THE RESPONSIBILITY OF THE HOMEOWNER TO MAINTAIN THE CONDITION OF THE HOME, ONCE REPAIRS HAVE BEEN COMPLETED.”

WARNING Title 18, Section1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the U.S. or the Department of Housing and Urban Development.
CHECKLIST REQUIRED DOCUMENTATION:

Incomplete, partial or missing documentation will not be accepted. All information must be current.

- Information regarding all types of GROSS income for 3 months current (Pay stubs, Social Security current Awards Letter, pension, employment, retirement, disability, Temporary Assistance for Needy Families (TANF), child support statement, etc. (W2’s and 1099’s will NOT be accepted)

- 3 months current complete banking statements and savings statements with the account numbers and the bank name for each household member 18 years and older

- Copy of the Deed of Trust/Warranty Deed to your home; must have owned and occupied no less than 6 months.

- Copy of your homeowner’s insurance policy and flood insurance (if applicable). Homeowner may need to seek a commitment letter from an insurance company.

- Income tax return for last year (ONLY if self-employed)

- Property Tax Statement from the Central Tax Authority at 1534 South Treadaway, Abilene, Texas. Taxes must be current or proof of payment plan must be submitted.

- Verification of mortgage along with your most recent statement.

- Copy of most recent utility bills (water, gas, and electric).

- Copy of Valid State Identification, & Social Security cards for EVERY MEMBER of the household.

If you have any question regarding the documentation listed above contact the office at (325) 437-4576.

In order to continue to process your request for repairs, the following application must be completed in its entirety and all of the following information MUST be submitted with your application:
**Critical Repair Application**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant:</td>
<td>Co-Applicant:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Date of Birth:</td>
</tr>
</tbody>
</table>

**Address:**
(Number)  (Street)  (City)  (State)  (Zip)

- Abilene  Texas

- Married  Separated  Unmarried (includes single, divorced, widowed)
- Married  Separated  Unmarried (includes single, divorced, widowed)

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Alternate Phone Number:</th>
</tr>
</thead>
</table>

- Do you own any other real estate property?  Yes  No  If “Yes”, please list address:

- Applicant Social Security #:  Co-Applicant Social Security #:  

**Please list the total number of persons living in the household:**

**Please list the names, relationships, social security #s and dates of birth of all other members in the household:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Social Security #:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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</table>

**Property Information**

- Age of Home:  Number of Rooms:  
- Number of Bedrooms:  Number of Bathrooms:  
- Insurance Carrier:  Expiration Date/Policy Term:  
- Amount of Coverage:  How long have owned and lived in this home as your primary residence?  $

**These Questions Apply to Both Head of Household and Spouse**

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Co-Applicant</th>
<th>Applicant</th>
<th>Co-Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / No</td>
<td></td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>Have you any outstanding judgments?</td>
<td>Yes / No</td>
<td>Are you a U.S. Citizen or permanent resident alien?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>In the last 7 years, have you been declared bankrupt?</td>
<td>Yes / No</td>
<td>Are you obligated to pay alimony, child support or separate maintenance?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Have you had property foreclosed upon or given title or deed in lieu thereof, in the last 7 years?</td>
<td>Yes / No</td>
<td>Do you have any past due obligations owed to or insured by any agency of the Federal government?</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>
Please provide a brief description of your critical repair needs:

<table>
<thead>
<tr>
<th>Damage to Property</th>
<th>Description</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Income Information

*We need to know about the income that each member of your household expects to receive in the next 12 months.*

*Check YES for any type of income a particular household member receives and provide monthly amount.*

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offence to willfully make false statements or misrepresentations of any material fact involving the use or obtaining of federal funds.

1. **Employment**
   - Wages
     - Yes $________
     - No
   - Salaries
     - Yes $________
     - No
   - Overtime Pay
     - Yes $________
     - No
   - Commissions
     - Yes $________
     - No
   - Fees
     - Yes $________
     - No
   - Tips
     - Yes $________
     - No
   - Bonuses
     - Yes $________
     - No
   - Any other wages
     - Yes $________
     - No

2. **Benefit Payments**
   - Social Security
     - Yes $________
     - No
   - SSI
     - Yes $________
     - No
   - Worker’s Comp
     - Yes $________
     - No
   - Disability Pay
     - Yes $________
     - No
   - Severance Pay
     - Yes $________
     - No
   - Annuities
     - Yes $________
     - No
   - Insurance Pay
     - Yes $________
     - No
   - Pension
     - Yes $________
     - No
   - Retirement Fund
     - Yes $________
     - No
   - Death benefit
     - Yes $________
     - No
   - Any other benefit
     - Yes $________
     - No

3. **TANF Assistance**
   - Yes $________
   - No

4. **Alimony and/or Child Support**
   - Yes $________
   - No

5. **Interest, dividends, and other income from household assets.**
   - Interest from bank
     - Yes $________
     - No
   - Dividends from stocks
     - Yes $________
     - No
   - Money from rent
     - Yes $________
     - No
   - Any other interest, dividends, or rent
     - Yes $________
     - No

6. **Money or gifts regularly given by a person not living in the unit**
   - Yes $________
   - No

7. **Any other source of income?**
   - Yes $________
   - No

   If “YES”, please specify: ____________________________

   ____________________________
   ____________________________

---

I/We do hereby swear and attest that all of the information above is true and correct. I/We also understand that all changes in household income, as well as any changes in household composition that occur during the processing of this application must be reported to the Office of Neighborhood Services in writing immediately. I/We understand that it is a federal crime punished by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts as applicable under the provision of the United States Criminal Code.

I/We □ do or □ do not currently occupy the property as my/our primary residence.

---

Applicant’s Signature            Date            Co-Applicant’s Signature            Date
Demographic Information for Head-of-Household

The following information is requested by the Federal Government if this application is related to a dwelling, in order to monitor compliance with equal credit opportunity and housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender/agency may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the below information, please initial below.

<table>
<thead>
<tr>
<th>I do NOT wish to provide this information.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity:</td>
</tr>
<tr>
<td>☐ Hispanic or Latino ☐ Not Hispanic or Latino</td>
</tr>
<tr>
<td>Race:</td>
</tr>
<tr>
<td>☐ White ☐ Asian ☐ Black/African-American ☐ Asian/White</td>
</tr>
<tr>
<td>☐ Black/African American &amp; White ☐ American Indian/Alaskan Native ☐ American Indian/Alaskan Native &amp; Black</td>
</tr>
<tr>
<td>☐ Native Hawaiian/Pacific Islander ☐ Other</td>
</tr>
<tr>
<td>Sex:</td>
</tr>
<tr>
<td>☐ Female ☐ Male</td>
</tr>
<tr>
<td>Elderly (62 or above): ☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

To be completed by City Staff:

This information was provided:

- ☐ In a face-to-face interview
- ☐ In a telephone interview
- ☐ By the applicant and submitted by fax or email
- ☐ By the applicant and submitted via e-mail or the Internet
- ☐ By the applicant and in person

City Staff Signature:

___________________________________________________  ____________________________
Signature                                                                                                   Date
(Interpreters) for the Blind, Deaf, and Language Barriers

1. Department of Family and Protective Services (Braille)
   • 3610 Vine St 325-691-8100
   • 4601 S. 1st St. 325-795-5755

2. Disabilities in Action (Deaf Resources) Katherine Ballard
   • 317 North Willis St. 325-400-5782
   • TTY 325-672-5460
   a. Visibility Relay service/Videophone
   b. Fluent in Sign language
   c. Language interpreters
   d. Deaf caller
   e. STAP Program (Specialized Telecommunication Assistance Program)
   f. Making available communication devices to individuals whose deafness, hard of hearing or other disabilities.

3. Abilene Health Department Interpretations for Foreign Languages
   a. 850 North 6th 325-692-5600

Telecommunication for the Deaf is 325-676-6568