



City of Plano Community Services
Housing Rehabilitation Program
ADULT OCCUPANT INFORMATION

To apply for assistance, the entire household must meet the following income criteria:

Household Size	Maximum Income Limits	Types of Income
1	\$46,550	When calculating the maximum household gross income, the following types of income are included: employment, tips, bonuses, child support, Social Security, disability payments (SSI), Worker’s Compensations, retirement benefits, AFDC, cash welfare benefits, Veteran’s benefits, rental property income, stock dividends, income from bank accounts, alimony, unemployment, retirement accounts, and any other source
2	\$53,200	
3	\$59,850	
4	\$66,500	
5	\$71,850	
6	\$77,150	
7	\$82,500	
8	\$87,800	

- NOTE:** Approval criteria above may change subject to changes in program parameters. Applicants and non-owner adults are urged to contact the Housing Coordinator (972-208-8150) prior to completion and submission of this form.

Please complete this form COMPLETELY and ACCURATELY. Failure to provide complete and accurate information may result in a loss or denial of assistance. Only complete applications will be accepted.

I. Occupant Information

Occupant 1 Name (include Jr. or Sr. if applicable)			Occupant 2 Name (include Jr. or Sr. if applicable)		
Social Security #	Home Phone (incl. area code)	DOB	Social Security #	Home Phone (incl. area code)	DOB
Cell Phone Number:			Cell Phone Number:		
E-mail address:			E-mail address :		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		# of Dependents	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		# of Dependents
Relationship to Head of Household:		Full time Student?	Relationship to Head of Household:		Full time student?

II. Employment Information

<i>Occupant 1</i>		<i>Occupant 2</i>	
Name and Address of Employer:		Name and Address of Employer:	
Work Phone #	Fax #	Work Phone #	Fax #
How long have you worked at your present job?		How long have you worked at your present job?	
Position/Title/Type of Business:		Position/Title/Type of Business:	
Rate of Pay:		Rate of Pay:	
Frequency of pay: (weekly, monthly, etc...)		Frequency of pay: (weekly, monthly, etc...)	
Additional Income: (Child support, additional part time job, Social Security, etc...)		Additional Income: (Child support, additional part time job, Social Security, etc...)	

III. Combined Monthly Income

List all income received from household members. This includes money from employment, tips, bonuses, child support, Social Security, disability payments (SSI), Worker’s Compensations, retirement benefits, AFDC, cash welfare benefits, Veteran’s benefits, rental property income, stock dividends, income from bank accounts, alimony, unemployment, retirement accounts, and any other source.

Gross Monthly Income	Occupant 1	Occupant 2
Base Employment Income	\$	\$
Overtime		
Bonuses		
Commissions		
Child Support/Alimony		
Social Security/Disability Benefits		
Veteran’s Benefits		
Stock/Dividends/Interest		
Section 8		
Food Stamps		
Rental Income		
Retirement/Pension		
Unemployment Benefits		
Other:		
Other:		
TOTAL 1		

Combined Monthly Expenses	
Mortgage	\$
Utilities (total of gas, water, and electric)	\$
Credit Cards (total of minimum monthly payments)	\$
Student Loans (total of minimum monthly payments)	\$
Auto Loans	\$
Other loans	\$
Medical (prescriptions, co-pays, etc..)	\$
Childcare	\$
Food (total monthly food expenses – groceries and restaurants)	\$
Gasoline and other automotive expenses	\$
Cable/Phone/Internet	\$
Other:	\$
Other:	\$

All Bank Accounts:	Occupant 1		Occupant 2	
(includes: CD’s, 401K, checking, savings, etc.)	Last 4 digits of account #	Current Balance	Last 4 digits of account #	Current Balance
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
TOTAL:		\$		\$

ADULT OCCUPANT INFORMATION

OCCUPANT LAST NAME: _____

Form Effective Date 06-21-2019

IV. Declarations

Answer “Yes” or “No” to the following questions.

1. Do you occupy the property as your primary residence? _____
2. Do you intend to occupy the house as your primary residence for the next 12-month period? _____
3. Do you own other real estate property? ____ If yes, address: _____ Value: \$ _____
4. If yes to the above, do you receive rental income from this property? ____ If yes, how much? _____
What is the lease term? _____

VI. Federal Privacy Statement

The United States Department of Housing and Urban Development (HUD) is authorized to collect information about applicants and participants receiving housing assistance in the form of rehabilitation assistance, emergency assistance and first time home buyer assistance programs through the Community Development Block Grant (Title I of the Housing and Community Development Act of 1974, as amended) and HOME (Title II of the Cranston-Gonzalez National Affordable Housing Act, as amended, 42 U.S.C. 12701, et seq., and 42 U.S.C. 12704) programs. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older.

The household income and other information are being collected by the City and HUD to determine the household’s eligibility (24 CFR Part 570, 24 CFR Part 5), and the amount, if any, the household will pay towards the housing rehabilitation assistance.

HUD uses the household income and other information to assist in managing and monitoring all HUD-assisted housing programs, to protect the Federal governments’ financial interests, and to verify the accuracy of the information provided by the household. This information may be released to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

VII. Certifications

Occupant Certification:

The occupant certifies that all information given and furnished in this application is given for the purpose of qualifying the household for housing rehabilitation assistance. The occupant also certifies that all information is true and complete to the best of the occupant’s knowledge and beliefs. The occupant also understands that incomplete, incorrect, or false information on the applicant application and provided in this will make the occupant liable for reimbursement to the City of Plano any payments made on my/our behalf for the housing rehabilitation completed on my/our residence, and are grounds for denial or termination of the rehabilitation assistance. The occupant additionally certifies that the property is his/her principal residence.

Penalty for False or Fraudulent Statement:

The occupant understands that the U.S.C. Title 18, Part I, Chapter 47, Sec. 1001, provides that: “...whoever, in any matter within the jurisdiction of any department or agency of the Government of the United States, knowingly and willfully falsifies...or makes any fictitious or fraudulent statements or representation(s), or

makes or uses a false writing or document knowing the same to contain false, fictitious, or fraudulent statement or entry, will be fined under this title, imprisoned not more than 5 years...”

Occupant 1 Signature

Date

Occupant 2 Signature

Date

IX. Acknowledge and Agreement
Please initial below.

Occupant 1		Occupant 2		Authorizations to Release/Disclose Information
Authorize	Not authorize	Authorize	Not authorize	
				I hereby authorize the City of Plano to verify or re-verify any information contained in this application or obtain any information or data relating to obtaining housing rehabilitation assistance, for any legitimate business purpose through any source, including a source I named in this application, the USA Patriot Act list, or a credit reporting agency.
Agree	Disagree	Agree	Disagree	Acknowledgments and Agreements
				I understand that the City of Plano may request additional information outside of the information listed in this application. Said additional information may be necessary to clarify or support the original application information provided. The City of Plano will notify me in writing in the event the information contained herein is insufficient whereby I may be required to provide a release to obtain said additional information.
				I further understand that my failure to provide authorization to the City of Plano to gather any financial, credit and other information necessary for housing rehabilitation assistance eligibility listed in this application may impact the approval of said assistance.
				I understand that the City may retain the original and/or an electronic record of this application, whether or not the housing rehabilitation assistance is approved.
				I understand that the City may rely on the information contained in the application; and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to written approval.
				I will occupy the property as indicated in the application.

Occupant Name (print)

Occupant Name (print)

Occupant Signature

Occupant Signature

Social Security Number

Social Security Number

Date

Date

Application taken by:

Staff Signature

Date

IX. Supporting Documentation

The following information must be submitted along with your completed application.

_____ Photo identification (driver's license, passport, resident alien cards, etc.)

_____ Social Security card

_____ Last 2 year's tax returns (Provide the last 3 years' returns if self-employed)

_____ Last 6 paycheck stubs

_____ Verification of any other sources of earned and unearned income for all family members (Social security, SSI, TANF, unemployment, Medicaid, child support, alimony, retirement, food stamps, etc.)

_____ Last 6 complete bank statements (All pages on ALL accounts including: checking, savings, etc.)

_____ Most current investment account or retirement plan statement (annuity, 401K, IRA, CD, etc.)

If applicable:

_____ If co-signor for or owner of another real estate property, copy of the current mortgage statement, deed-of-trust, and proof of paid taxes

_____ If self-employed, copies of company profit and loss statements, bank statements, assets

_____ Verification of full-time student status

_____ Court ordered child support information

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OCCUPANT LAST NAME: _____

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