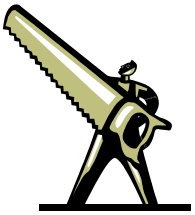


City of Arlington
Housing Modification for Disabled Tenants
PY 2009 Guidelines

Based on available funding, the City of Arlington provides eligible tenants a one-time grant of up to $5,000 within a three-year period for removal of barriers to mobility in their home. For renters to be eligible they must meet the following requirements:

- Must reside within the city limits of Arlington, TX.
- Must meet the Department of Housing and Urban Development's definition of low-income based on verified gross household income and household size.
- Improvements must be to *remove* architectural barriers that restrict mobility and accessibility for persons verified as elderly or physically disabled.
- Rental property owners must provide written authorization for improvements for an elderly or disabled tenant.

Definition of Low-Income

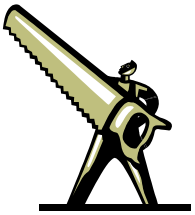
"Low-Income Household" shall mean all the persons occupying the housing unit whose total income does not exceed 80% of the area median income, adjusted for household size, as established by HUD.

HUD Income Guidelines for PY 2009

Household Size	1	2	3	4	5	6	7	8
Income Limit (<80% MI)	$36,950	$42,250	$47,500	$52,800	$57,000	$61,250	$65,450	$69,700

Household Income Calculations - The HUD definition of annual income is the gross amount of income of all adult household members that is *anticipated to be received during the coming 12-month period.* Income of all household residents aged 18 or over, unless they are a full-time student, will be included in the household income determination. This includes fulltime and part-time wages, self-employment wages, TANF, alimony, Social Security benefits, pensions, child support, and regular gifts of money from friends, family, church, or social agency. Money earned from providing services, and interest from bank accounts or investments must be disclosed.

Application Process - Architectural Barrier Removal applications are given priority in the scheduling of property inspections to verify that the problem(s) comply with the program guidelines listed above. However, an application must be completed and verified by City staff before any work is to be scheduled. Verification requirements are listed on the following page.



Housing Modification for Disabled Tenants
Income Verification Requirements

The following information is required in order to complete your application for the City of Arlington's Housing Modification for Disabled Tenants. Please contact the Rehabilitation Administrative Secretary to determine eligibility at 817-276-6707 to schedule your appointment.

PLEASE BRING THE FOLLOWING ORIGINAL DOCUMENTS

1. **Drivers License or picture identification**

2. **Written verification of all household income**

- Last 6 paycheck stubs (if working)
- Last year's income tax return. 1040 form with W2's
  (Last years income tax can only be used as verification of income if you are self-employed)
- Last 6 months bank statements.
- Social Security Award letter (if applicable)
- Proof of child support or Alimony (if applicable)
- Proof of retirement income (if applicable)
- All other income (i.e. contributions, gifts)

3. **Record of Assets**
   Yearly interest on all assets (stocks, bonds, certificates of deposits, passbook savings, etc.) must be counted as income. Written verification of the value of these assets and interest rate at which they are invested is necessary to complete you application.

4. **Written Authorization from Rental Property Owner**

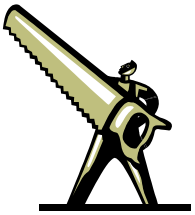
5. **Written third-party verification of disability (i.e., doctor, social service agency, etc.)**

Applicants must authorize City staff to verify the information provided by any means necessary to determine program eligibility. Applicants will be required to certify that the information provided is true and will be subject to federal prosecution for knowingly making false statements.

THIS INFORMATION WILL REMAIN CONFIDENTIAL, AND WILL BE USED SOLELY FOR THE PURPOSE OF ESTABLISHING YOUR ELIGIBILITY FOR THIS PROGRAM.

HOUSING MODIFICATIONS FOR DISABLED TENANTS

APPLICATION



SECTION A. APPLICANT DATA

DATE_____

HEAD OF HOUSEHOLD

NAME _____

SOCIAL SECURITY #_____ AGE_____

ADDRESS: _____ZIP CODE: _____

YEARS AT CURRENT ADDRESS: _____ PHONE: _____

SPOUSE

NAME _____

SOCIAL SECURITY #_____ AGE_____

INCOME_____MO/YR

Is either Homeowner a student? ___Y ___N
If yes, were you claimed by parents last year? ___Y ___N

Race and Ethnicity of Head of Household. Check One. (This information is being collected to assure compliance with fair housing and equal opportunity rules).

Do you consider yourself to be Hispanic? _____ Yes _____ No

Please check the appropriate race category for your household:

____White ____Black ____Asian/Pacific Islander ___ American Indian/Alaskan Native

____Native Hawaiian/ Other Pacific Islander

Multi-race:
___American Indian/Alaskan Native & White ___Black/African American & White

___American Indian/Alaskan Native & Black/African American ____Asian & White ___Other

OTHERS RESIDING IN HOME

1) NAME_____ RELATIONSHIP_____

SOCIAL SECURITY #_____ AGE_____

INCOME _____MO/YR

2) NAME_____ RELATIONSHIP_____

SOCIAL SECURITY #_____ AGE_____

INCOME _____MO/YR

3) NAME_____ RELATIONSHIP_____

SOCIAL SECURITY #_____ AGE_____

INCOME _____MO/YR

4) NAME_____ RELATIONSHIP_____

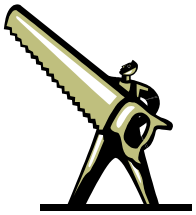
SOCIAL SECURITY #_____ AGE_____

INCOME _____MO/YR

SECTION B. SOURCE OF INCOME

Income includes all money flowing into the household from all persons over 18 years old. Self-employment wages, TANF, alimony, Social Security benefits, pensions, child support and regular gifts of money from friends, family, church, or other social agencies must be disclosed. Money earned from providing services and interest from bank accounts or investments must be reported.

Household Member	Wages/Salaries	Benefits/ Pensions	Other Financial Assistance	Asset Income



Please provide the name, address and telephone number of employer(s): (INCLUDE LAST 6 PAY STUBS)

Employee_____ Employer_____

Address_____ PH#_____

Employee_____ Employer_____

Address_____ PH#_____

Employee_____ Employer_____

Address_____ PH#_____

LIST ALL BANK/SAVINGS ACCOUNTS: (PROVIDE COPIES OF EACH FOR PREVIOUS 6 MONTHS)

CHECKING:

Name on Account: _____

Institution _____

Account #_____ Balance $_____

SAVINGS:

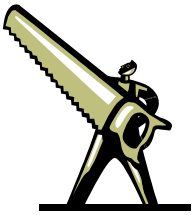
Name on Account: _____

Institution _____

Account #_____ Balance $_____

_____

*****If more room is required, please attach information on a separate piece of paper and attach to the application. *****



SECTION C. EXPENSES

MONTHLY MORTGAGE PAYMENT: _____ BALANCE OWED: _____

UTILITIES: Electric: _____ Gas: _____ Water: _____ Phone: _____
Cable_____

CAR PAYMENT _____ CREDIT CARDS _____

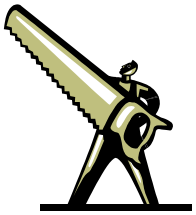
LOANS _____

OTHER HOUSEHOLD EXPENSES _____

SECTION D. ARCHITECTURAL BARRIER MODIFICATIONS

Please give a brief description of the repairs needed and the date that you first noticed the problem.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____



I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS COMPLETE, TRUE, AND CORRECT TO THE BEST OF MY BELIEF AND KNOWLEDGE, AND I DO HEREBY AUTHORIZE THE STAFF OF THE CITY OF ARLINGTON TO VERIFY THE INFORMATION TO APPROVE ELIGIBILITY BY WHATEVER MEANS NECESSARY, INCLUDING, BUT NOT LIMITED TO, WAGES, PENSIONS, INVESTMENTS, AND RESIDENCY. I FURTHER CERTIFY THAT THIS PROPERTY IS NOT BEING OFFERD FOR SALE AND IS MY PRIMARY RESIDENCE.

IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GRANTED FOR THE SOLE PURPOSE OF CERTIFYING ELIGIBILITY FOR THE CITY OF ARLINGTON HOUSING REHABILITATION PROGRAM AND THAT ALL INFORMATION ACQUIRED IN THIS REGARD WILL REMAIN CONFIDENTIAL.

I ALSO UNDERSTAND THAT IF MY APPLICATION IS DENIED FOR ANY REASON, I CAN APPEAL IN WRITING TO THE ASSISTANT DIRECTOR, DAVID ZAPPASODI, AT 501 W. SANFORD STREET, SUITE 20, ARLINGTON, TX 76011.

_____	_____
SIGNATURE OF APPLICANT	**SIGNATURE OF APPLICANT**
_____	_____
COMMUNITY SERVICES STAFF	**DATE RECEIVED**

WARNING: IT IS A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION (SECTION 1001 OF TITLE 18, U.S. CODE).

FREQUENTLY ASKED QUESTIONS
HOUSING REHABILITATION PROGRAM

Accessibility Modifications for the Disabled and Elderly Homeowner

1. What is the Housing Rehabilitation Program?

The Housing Rehabilitation Program provides an opportunity for homeowners to bring their properties into compliance with local codes and provide safe, decent housing.

2. How do I apply for the housing rehabilitation assistance?

You must complete a preliminary application and send it to:

Arlington Housing Authority
Attn: Housing Rehabilitation Program
501 W. Sanford Street, Suite 20
Arlington, TX 76011

You can download a copy of the application from our website at www.arlingtonhousing.us or you may call (817) 276-6707 and ask for a preliminary application to be sent to you.

3. Will the program also provide wheelchairs, portable shower lift or modified vans or cars?

No, the program will only allow improvements to the structure.

4. What kind of repairs/upgrades can be made?

Priority is given to fixing code violations such as electrical, plumbing, air conditioning, heating, leaky roofs, foundations and peeling paint.

AHA will also help persons who are disabled and elderly who need assistance due to their physical limitations. AHA can install wheelchair ramps, wheelchair accessible showers, lower light switches and widen doorways. AHA will assist elderly/disabled persons to determine what type of assistance they need.

5. How much will it cost me to have the repairs/modifications done?

There is no cost to have these repairs/modifications completed at your property. The program requires you to enter into an agreement where the

City loans you up to $24,500 for 5 years at zero percent interest. The loan is forgiven on a monthly-prorated basis over the five-year period. Should the property change ownership during that period, the owner must reimburse the City from the sale's proceeds for that prorated portion of the loan that has not yet been forgiven.

6. What if the property does not need $24,500 in repairs, can the property qualify for a lesser amount?

Yes, the program provides up to $24,500 in repairs. If your home only needs $10,000 in repairs then you do not have to spend more than that amount. However, you may choose to have additional work completed at your home such as installation of energy efficient windows, attic insulation, storm doors, replacement of kitchen and/or bathroom cabinets and installation of carpet or vinyl flooring.

7. Why does the City place a 5-year lien against my property?

A lien is placed against the property to protect the City's investment.

8. What are the tenant eligibility requirements?

Eligibility requirements are based on gross income of everyone in the household, verification of the title report, verification of property taxes being current, verification of mortgage being current, proof of hazard insurance on the property and proof of flood insurance if in a designated flood zone.

9. What if problems arise after the rehabilitation has been completed?

We require the contractor to provide a one year warranty on labor and materials an a two year warranty on a new roof. If a problem occurs after the work is completed, contact the contractor that completed the work first, if no response, contact the Arlington Housing Authority.

10. If my property was rehabilitated in the past, may apply for another forgivable loan at the same property?

No.

11. Why do you need the social security number for everyone in my household?

Social security numbers must be submitted for everyone in the household, so that we may verify household income.

12. How long is the waiting list?

The program assists applicants on a first-come, first-serve basis. Because we have more applicants than available funding we have created a waiting list. At this time new applicants are waiting between 12 and 24 months or longer, depending on the availability of funds.

13. Why is the wait so long?

Because we lack a sufficient supply of available resources to assist all applicants at the same time.

14. What are the different preferences used to select applicants from the waiting list?

1. Disabled/Elderly
2. Elderly (62 or older) and
3. No disability, non-elderly.

15. When I complete and submit the preliminary application, when will I know if I am eligible?

In the Housing Rehabilitation program, when a preliminary application is received, the applicant's name is placed on the waiting list based on preference. When the applicant's name reaches the top of the waiting list, staff will schedule an appointment to meet with the applicant to determine eligibility. The current waiting period is between 12 and 24 months.

City of Arlington
Housing Rehabilitation Program
Forgivable Loan Preliminary Application

The purpose of this form is to place your name on the Rehabilitation Waiting List. This form does not qualify your household for participation in this program.

You may qualify for this program if you meet the following criteria:

- Current Arlington homeowner residing within the city limits of Arlington, TX.
- Must own or be in the process of purchasing a home that has been vacant at least 90 days (contract for deeds or land contracts are not considered a means of purchase).
- Must meet the Department of Housing and Urban Development's definition of low income based on verified gross household income and household size.
- Must have standard homeowner's insurance.
- Must be current on property taxes.
- Must not have more than two eligible liens against the home.
- Must certify that the property is not being offered for sale and is the primary residence.
- Homes must have a market value as listed on the Tarrant Appraisal District (TAD) website of less than the annual FHA 203(b) limit.

HUD Income Guidelines for PY 2009

Household Size	1	2	3	4	5	6	7	8
Income Limit (<80% MI)	$36,950	$42,250	$47,500	$52,800	$57,000	$61,250	$65,450	$69,700

Race and Ethnicity of Head of Household (Check One):
(This information is being collected to assure compliance with fair housing and equal opportunity rules).

Do you consider yourself to be Hispanic? _____ Yes _____ No

Please check the appropriate race category for your household:
_____White _____Black _____Asian/Pacific Islander _____ American Indian/Alaskan Native

_____Native Hawaiian/ Other Pacific Islander

Multi-race:
___American Indian/Alaskan Native & White ___Asian & White ___Black/African American & White

_____American Indian/Alaskan Native & Black/African American _____Other

WAITING LIST APPLICATION

DATE_____

SECTION A. APPLICANT DATA

Please include all types of income such as alimony, child support, savings, investments, real estate, part-time and full-time wages, Social Security Benefits, TANF, etc.

HEAD OF HOUSEHOLD:

NAME _____

SOCIAL SECURITY #_____

ADDRESS: _____ZIP CODE: _____

YEARS AT CURRENT ADDRESS: _____ PHONE: _____

IS THIS YOUR PRIMARY RESIDENCE? _____Yes _____ No

DATE OF BIRTH: _____ AGE: _____

INCOME_____MO/YR

SPOUSE:

NAME _____

SOCIAL SECURITY #_____

DATE OF BIRTH: _____ AGE: _____

INCOME_____MO/YR

OTHERS RESIDING IN HOME:

1) NAME_____ RELATIONSHIP_____

SOCIAL SECURITY #_____ AGE_____

INCOME _____MO/YR

2) NAME_____ RELATIONSHIP_____

SOCIAL SECURITY #_____ AGE_____

INCOME _____MO/YR

3) NAME_____ RELATIONSHIP_____

SOCIAL SECURITY #_____ AGE_____

INCOME _____MO/YR

4) NAME_____ RELATIONSHIP_____

SOCIAL SECURITY #_____ AGE_____

INCOME _____MO/YR

5) NAME_____ RELATIONSHIP_____

SOCIAL SECURITY #_____ AGE_____

INCOME _____MO/YR

REASONABLE ACCOMODATION INFORMATION

The information gathered in this section will help the City of Arlington, Housing Rehabilitation Program, better serve the housing needs of persons with disabilities. The special features are known as "reasonable accommodations." A reasonable accommodation is a change that can be made to allow a person with disabilities to have the same opportunity for housing as any other applicant. **YOU ARE NOT REQUIRED TO DISCLOSE A DISABILITIY. THIS INFORMATION, IN PART, WILL BE USED IN DETERMINING THE ORDER IN WHICH YOUR APPLICATION WILL BE PROCESSED.**

I am not requesting a reasonable accommodation at this time. ☐

If you are requesting a reasonable accommodation, complete the questions below:

1. Do you need parking for a raised roof van or wheelchair lift? ☐ Yes ☐ No

2. Do you or anyone you live with use any of the following devices? (Check all that apply):

   ☐ Wheelchair ☐ Walker ☐ Crutches ☐ Cane ☐ Other (specify) _____

3. What, if any, modifications do you or anyone in household need in your bathroom? (Check all that apply)

   ☐ Grab bars ☐ Roll in shower ☐ Extendable hand shower ☐ Raised toilet seat
   ☐ Lower toilet seats ☐ Extended handles on faucets
   ☐ Other (specify) _____

4. Is it hard for you or anyone who will live with you to:

   ☐ Open room doors ☐ Open kitchen appliances such as refrigerator, stove, microwave
   ☐ Turn on sinks, tubs, flushing toilets ☐ Lift ☐ Reach
   ☐ Other (specify) _____

5. Do you need:

   ☐ Lower light switches ☐ Lower room temperature control (thermostat)
   ☐ Adjustment of plumbing fixtures (sinks, toilets, tubs, showers, etc.)
   ☐ Adjustment of electrical appliances (refrigerators, stoves, laundry machines)
   ☐ Adjustment of table/counter height
   ☐ Other (specify) _____

6. Do you need flashing warning lights for:

   ☐ Smoke-detection ☐ Doorbell ☐ Security purposes

7. Do you or anyone you live with use a service animal? ☐ Yes ☐ No

8. Do you or any household member need any accommodation (s) not mentioned? ☐ Yes ☐ No
   If yes, please indicate how the City of Arlington, Housing Rehabilitation Program could accommodate your family:

   _____

   _____

   _____

   _____

   _____

_____ _____

SIGNATURE OF APPLICANT **SIGNATURE OF CO-APPLICANT**

WARNING: IT IS A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION (SECTION 1001 OF TITLE 18, U.S. CODE).

Mail Application to:

Attn: Marisa Loera
City of Arlington
Housing Rehabilitation Program
P.O. Box 90231 MS 28-0100
Arlington, TX 76004-3231

HOUSING REHABILITATION PROGRAM
FREQUENTLY ASKED QUESTIONS

Accessibility Modifications for Disabled and Elderly Tenants

1. **What is the Housing Rehabilitation Program?**

   The Housing Rehabilitation Program assists low-income elderly and disabled tenants with housing modifications to their home to allow greater mobility and quality of life.

2. **What type of modifications can be made?**

   The program allows for modifications to the structure to allow greater accessibility to and in the structure such as:
   a. Installation of ramps, safety rails and grab-bars
   b. Widening of doors
   c. Lowering of light switches, thermostats and cabinets/sinks
   d. Installation of non-skid flooring

3. **Will the program also provide wheelchairs, portable shower lift or modified vans or cars?**

   No, the program will only allow improvements to the structure.

4. **Does the property owner have to agree to the modifications?**

   Yes, the property owner has to agree to allow the work to be done.

5. **How much can I receive in assistance?**

   You are eligible to receive a one-time grant up to $5,000 during a three-year period.

6. **Does the money have to be paid back if I leave my apartment or rental home during the three-year period?**

   No, the $5,000 is provided to you as a grant.

7. **Will the grant also pay for the replacement of the roof, new water heater or other items?**

   No, the property owner is responsible for making these types of repairs. The apartment or rental home must meet minimum code standards prior grant approval.

8. **What if the property owner does not agree to bring the property into compliance with minimum code standards?**

   If the property owner does not agree to bring the property into compliance with minimum code standards, your application would be denied.

9. **Once the property owner signs the contract o have the modifications made, how long does the contractor have to complete the work?**

   The contractor has sixty (60) calendar days to complete the work.

10. **What if my application is denied?**

    If your application is denied, you may submit a written appeal to the denial to the program administrator.