

OWNER-OCCUPIED HOME REHABILITATION APPLICATION



Submit completed application to office by Appointment ONLY
 City of Victoria
 Development Services
 702 N. Main St., Suite 129
 Victoria, TX 77901
 Email: zwendel@victoriatx.gov
 Phone: (361) 485-3360



We do business in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Applicant must occupy the home as a primary residence.

Do you expect to move within the next year? Yes No

If Yes, please list reason for moving: Please use back for additional information

HOUSEHOLD INFORMATION

Applicant (Legal Name)	Birth Date:	Disabled? If Yes, please describe. <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Phone #:	
Co-Applicant (if applicable)	Birth Date:	Disabled? If Yes, please describe. <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Phone #:	

OTHER HOUSEHOLD RESIDENTS

Name	Relationship	Birth Date	Disabled? Yes/No	If Yes, please describe.

HOME INFORMATION

Address:	Unit #		
City:	State:	Zip Code:	Country:
Was the home built before 1978?			
Are there other listed owners besides the applicant and co-applicant?			
Legal name(s) of additional owner(s): <u>Please use back for additional information.</u>			

MARITAL STATUS

Single Married Separated Divorced Widowed Other: _____

RACE & ETHNICITY OF APPLICANT

Select the appropriate RACE of the Applicant (Must Check At Least One Below):

- White
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander
- Black/African American & White
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African American
- Asian & White
- Other/Multi-Racial: _____

Select the appropriate ETHNICITY of the Applicant (Must Check One Below):

- Hispanic/Latino
- Not Hispanic/Latino

Are you a citizen or permanent resident of the United States? Yes No

How many individuals live in your household, including the applicant? _____

MONTHLY EXPENSES

Monthly Expense	Monthly Payment (Applicant)	Monthly Payment (Co-Applicant)
Mortgage		
Homeowner's Insurance		
Electricity		
Water/Sewer		
Natural Gas		
Child Support		
Alimony		

HOUSEHOLD INCOME

Please indicated an amount and if you are paid weekly (W), bi-weekly (BW), bi-monthly (BM), monthly (M), or annually (A).

MONTHLY INCOME

Source	Applicant	Co-Applicant	Other Members (18+)
Gross Wages			
Overtime, Tips, Bonuses			
Supplemental Security Income (SSI)			
Social Security Disability (SSDI)			
Pensions, Retirement, Veterans Benefits (Veterans Affairs), etc.			
Child Support Income/ Alimony			
Business Net Income			
Rental/Real Estate Income			
Welfare Payments (TANF)			
Other			
Totals:			

ASSETS

Type	Applicant	Co-Applicant	Other Members (18+)
Checking			
Savings			
Cash/Bank Card			
401K Retirement			
Stocks, Bonds, Mutual Funds			
Money Market			
Other Accounts			
Other Property Owned			
Life Insurance			
Vehicles (other than main vehicle)			
Totals:			

SHARING PERSONAL INFORMATION

Is there anyone you would like to authorize us to communicate with on your behalf regarding your project and information? (case worker, health navigator, friend, relative, etc.?)

Yes No

If Yes, fill out the next sections:

Name:	Relationship:
Phone Number:	Email:

_____ **(Initial)** I give the City of Victoria my consent to share my application/project with the person listed above.

HOMEOWNER ACKNOWLEDGEMENT

I certify that the facts set forth in this application are true and complete. I understand that I may be declined or removed from the program if the information provided is later determined to be untrue. I further understand that by completing this application, I am submitting myself and any household member over 18 years of age. I realize I have the right to dispute the information reported.

I agree to all the above and sign this of my own free will.

_____ **Applicant Signature**

_____ **Date**

_____ **Co-Applicant Signature**

_____ **Date**

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Date Received: _____

Date Reviewed: _____

Reviewed by (staff signature): _____



**EQUAL HOUSING
OPPORTUNITY**

We do business in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988) and therefore do not discriminate against applicants on the basis of race, color, religion, sex, handicap, familial status, or national origin.



INCOME GUIDELINES

(30% - 80% of Area Median Family Income for Victoria, TX)

Yearly Gross Household Income (before taxes):

2023 INCOME LIMITS								
Victoria, TX MSA								
FY 2023 Median Family Income (MFI): \$69,700								
	Persons In Household							
	1	2	3	4	5	6	7	8
30% MFI Very Low	\$15,400	\$17,600	\$19,800	\$21,950	\$23,750	\$25,500	\$27,250	\$29,000
50% MFI Low	\$25,650	\$29,300	\$32,950	\$36,600	\$39,550	\$42,500	\$45,400	\$48,350
80% MFI Moderate	\$41,000	\$46,850	\$52,700	\$58,550	\$63,250	\$67,950	\$72,650	\$77,300

HOME REPAIRS NEEDED

Please describe the repairs you are requesting next to the Area of Repair, otherwise leave section blank.
The City of Victoira's Owner-Occupied Home Rehabilitation Program may be unable to complete all of the repairs requested and prioritize repairs to complete based on homeowner affordability and the repair's effect on the safety, accessibility and/or preservation the home.

Area of Repair	Description
Accessibility Modifications: Examples: wheelchair ramp, bathroom grab bars, handrails, step in shower, widen doorways, etc.	
Door and Windows: Describe any repairs to locks, glass, frames, weather-stripping, etc.	
Roofing Repairs: Identify where roof leaks. How many years has it been since the roof was replaced?	
Exterior Repairs: Describe repairs required. Examples: siding, painting, skirting, windows, steps, etc.	
Interior Repairs: Describe repairs required. Examples: paint, sheetrock, flooring, sub-floor repair, electrical, etc.	
Safety Concerns: Examples: holes in floor, wall, mold, etc.	
Other: Identify other repairs requested but not listed above.	

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