

APPLICANT'S CHECK LIST

PLEASE PROVIDE COPIES OF THE FOLLOWING ITEMS FOR CERTIFICATION PURPOSES:

- 1. Divorce Decree, Death Certificate of deceased spouse and Deed to Property
- 2. Copy of Drivers License (or I.D.) and Social Security Card
- 3. Proof of benefits from any of the following:
 - Social Security Administration (1-800-772-1213)
 - Veterans Administration (214-824-5440)
 - Retirement Pension
 - AFDC Payments
 - Unemployment Benefits
 - Workers Compensation
- 4. Employed: Please provide a letter on the company's letterhead stating the average hours worked weekly and rate of pay. Be sure to include the name of an administrator and phone number so that the information can be verified. ***This information is to be provided for every member of the household who is 18 years of age or older.***
- 5. IRS Returns and W-2 forms for the past two years.
- 6. Last 2 months of utility payments (water, gas, electricity)
- 7. Bank Information: Name and address, type of account(s), present balance and **amount of interest paid on account** and how often it is paid.
- 8. Proof of Homeowner's insurance coverage (if any).
- 9. Address of any other real property that is owned by family requesting the replacement housing loan.
- 10. Certified statement from the Child Support office stating the actual amount received and how often it is received.
- 11. Completed "Consent for Disclosure of Tax Information" (*Enclosed*)
- 12. Signed "Financial Privacy Act Notice" (*Enclosed*)
- 13. Signed "Authorization for Release of Information" (*Enclosed*)

PLEASE GO OVER YOUR CHECKLIST AND MAKE SURE YOU HAVE PROVIDED THE ABOVE INFORMATION THAT APPLIES TO YOUR HOUSEHOLD AND RETURN TO:

Dallas County Replacement Housing Program
500 Elm Street, Ste. 3100, Dallas, Texas 75202
214-653-7627
Karen Wavada, Housing Coordinator

General Information / Informacion Comun:

Name of Head of Household / Nombre del Amo de Casa: _____

Residence Address / Direccion de Residencia: _____

City, State, Zip Code / Ciudad, Estado, Zona de Correo: _____

Mailing Address/ Direccion Postal: _____
(P.O. Box / Calle o Postal)

Home Telephone / Telefono domicilio: _____

Single, Married, Separated, Widowed or Divorced? Circle one.
Soltero, Casado, Separado, Viudo o divorciado? Circule uno.

Race: White, Hispanic, Black/African American, Asian, American Indian,
Other: _____

Do you rent or own your home? Su casa es propia o es de renta? _____

Family Composition / Composicion de la Familia:

Give the following information about each household member, including **YOURSELF**.
Escriba los nombres de todas las personas que viven en su casa, incluyendo a usted:

Name / Nombre	Birthdate / Fecha de Nacimiento	Relation / Parentela	Sex / Race Sexo / Raza	Social Security Number Number de Seguro Social

List additional members on back or separate page. Si necesita mas espacio, escriba al reverso de esta pagina o en otro papel.

Is this a female headed household? _____ El amo de la casa es hombre? _____ O mujer? _____

Are there any members of the household that are disabled or handicapped? _____ If so, how many? _____

Hay miembros en su hogar con desventajas o incapacidad? _____ Que tantos? _____

Name of individual(s) _____ Nombre de el individuo, o individuos

Do they receive SSI and/or disability? _____ El individuo recibe beneficios del Seguro Social? _____

Income / Ingresos: Give the following information about household members who work. / *Escriba los nombres de todas las personas viviendo en esta casa que trabajan:*

Name of person working <i>Nombre de la persona que trabaja</i>	Employer's Name, Address & Telephone <i>Nombre, direccion, telefono de su patron</i>	Total Monthly Income <i>Ingresos Mensual Total</i>

How long at present job: _____ Cuanto tiempo tiene usted en su empleo: _____

Assistance: If any household members receive any of the following types of unearned income or benefits, check the type of benefit received *Asistencia:* *Indique en lo siguiente, los Ingresos que usted o otros miembros de su casa reciben.*

DO NOT INCLUDE FOOD STAMPS AS INCOME / NO INCLUYA "ESTAMPIAS DE COMIDA" (FOOD STAMPS) COMO INGRESOS.

Type of Assistance <i>Tipo de Asistencia</i>	Case Number <i>Numero del Caso</i>	Monthly Amount <i>Cantidad Mensual</i>	Check Here <i>Marque Aqui</i>
AFDC / <i>Asistencia AFDC</i>			
SSI / <i>Ingresos de Seguridad Suplimental</i>			
Social Security / <i>Seguro Social</i>			
Veterans Benefits / <i>Beneficios de Veteranos</i>			
Retirement Benefits / <i>Beneficios de Retiro</i>			
Military Allotment / <i>Repartimiento de Sueldo Militar</i>			
Child Support / <i>Sostenimiento para Ninos</i>			
Unemployment / <i>Compensacion de Desempleo</i>			
Workers Compensation / <i>Compensacion de Trabajadores</i>			
Contributions / <i>Contribuciones o regalos</i>			
Other (specify): <i>Otro (especificue):</i>			

Assets: This should include checking and savings accounts, liquid assets such as securities, Certificates of Deposit, and IRA's.

Fondos: *Incluye cuenta de cheques, cuenta de ahorros, valores y Certificados de Deposito.*

Bank / <i>Banco</i>	Address / <i>Direccion</i>	Type of Account / <i>Tipo de Cuenta</i>	% Rate

Homeowner Insurance Verification / Verificacion de Aseguranza de hogar:

Insurance Company / Compania de Asegurancia: _____

Address / Direccion: _____

Phone Number / Telefono _____

Insured Replacement Value: _____ Expiration Date: _____

Tax Verification:

Do you receive a homestead exemption? / Recibe usted la exencion general?

Name of the school district that you pay taxes to / El nombre del distrito de la escuela a la cual paga impuestos? _____

Are your city, county and school taxes current? / Estan corrientes sus impuestos del condado, ciudad y escuela? _____

If not, how many years are owed? / Si debe, cuantos anos? _____

Have you made arrangements to pay them? If yes, describe these arrangements and provide history of payments / Ha hecho arreglos para pagarlos? _____

Comments / Comentarios: _____

Lot / Parcela: _____ Block / Bloque: _____ Addition / Adicion: _____

Heirs to the property / Herederos: (Please list all heirs to the property. Do NOT include yourself).

Name / Nombre	Relation / Parentela	Address / Direccion	Phone / Telefono

Do you have a written will? Yes _____ No _____
Tiene usted un testamento? Si _____ No _____

CERTIFICATION

I certify that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a forgivable loan/grant under the Dallas County Replacement Housing Program and is true and complete to the best of my knowledge and belief. I further certify that I am the owner/occupant of the property to be replaced. I further certify that it is my intention to occupy this property for the next fifteen (15) years. I certify that I have received a copy of the Financial Privacy Act Information Notice.

I certify that any misrepresentation of the above information is illegal and fraudulent under U.S.C. Title 18, Section 1001.

Signature of Applicant

Date

Signature of Spouse/Other

Date

PLEASE NOTE:

**ALL PERSONS WHO RESIDE IN THE
HOUSEHOLD THAT ARE EIGHTEEN
(18) YEARS OF AGE OR OLDER MUST
SIGN THE BELOW MENTIONED
DOCUMENTS:**

**“AUTHORIZATION FOR RELEASE OR
INFORMATION”**

“FEDERAL PRIVACY ACT NOTICE”

“REQUEST FOR COPY OF TAX FORM”



DALLAS COUNTY
COMMISSIONERS COURT - Planning & Development
REPLACEMENT HOUSING PROGRAM

FINANCIAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) collects information on homeowners in HUD-assisted Housing Programs. The U.S. Privacy Act of 1974 established requirements governing HUD's use and disclosure any information it collects on individuals and families.

The Dallas County Replacement Housing Program, which provides replacement housing for low to moderate income families, does provide information to HUD on family composition, income, etc. This information is given by the homeowners when applying for the program. It is transferred to HUD forms used for data collection. The forms may be sent to a computer who keypunches the information in preparation for processing by HUD computers.

USE: HUD uses the information for budget development, program evaluation and planning reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility and rent and to verify the accuracy and completeness of the income information.

PUBLIC ACCESS: Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State or local agencies to verify information relevant to eligibility and when applicable to other civil, criminal or regulatory matters.

The Privacy Act restricts HUD's disclosure of information on individuals and families but does not restrict Dallas County's Replacement Housing Program from releasing such information. There are State and local laws and regulations that govern disclosure by the Dallas County Replacement Housing Program.

INFORMATION REQUIREMENTS: Giving your Social Security number to HUD or Dallas County Replacement Housing is required. Failure to give it will affect your eligibility. HUD uses the Social Security number as an identifier in computer matching to check eligibility determinations made by Dallas County Replacement Housing.

The other information must be provided to HUD so that it can carry out its monitoring and data collection responsibilities. Failure to do so may result in the withdrawal of replacement housing assistance.

AUTHORITY: HUD is permitted to ask for the information by the U.S. Housing Act of 1937 as amended, 42 U.S.C., 1437 et. Seq., the Housing and Community Development Act of 1981, Public Law 97-35, 85 Stat., 348, 408.



DALLAS COUNTY
COMMISSIONERS COURT- *Planning & Development*
REPLACEMENT HOUSING PROGRAM

Note: Financial records involving your transactions will be available to the U.S. Department of Housing and Urban Development (HUD) during the term of the grant and three years thereafter without further notice or authorization, but will not be disclosed or released to another agency or department without your consent except as required by law.

Please sign and date below indicating that you have read and understand the Financial Privacy Act Statement.

Applicant/Homeowner

Date

Spouse/Other

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590 or you may call the Regional Ft. Worth office at metro 817-429-8386.

DALLAS COUNTY
COMMISSIONERS COURT - Planning & Development
REPLACEMENT HOUSING PROGRAM

TO WHOM IT MAY CONCERN:

I, _____, authorize Dallas County Replacement
Print your name here
Housing Program to use photographs of my home for the intent of promoting its program.
This includes, but is not limited to Outreach Programs, Public Hearings, newspaper articles or
news stations.

Homeowner/Applicant's Signature

Date

NOTE: *The homeowner is under NO obligation to sign this form. Pictures of your home
can ONLY be used by Dallas County with YOUR consent.*

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Organization requesting release of information:

*Dallas County Replacement Housing Program
500 Elm Street, Suite 3100
Dallas, Texas 75202*

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

- Banks & Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Employers, Past & Present
- Landlords/Mortgage Companies/Insurance
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utilities Companies
- Welfare Agencies
- Providers of:
 - Alimony, Child Care & Child Support
 - Credit
 - Handicapped Assistance
 - Medical Care Agencies
 - Pensions & Annuities
 - Schools & Colleges

PURPOSE

The U.S. Department of Housing and Urban Development (HUD) and Dallas County may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I authorize the release of any information including documentation and other materials pertinent to eligibility for or participation under:

Dallas County Replacement Housing Program

I authorize Dallas County and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD and/or Dallas County to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered Inquiries may be made about:

Child Care Expenses, Credit History, Criminal Activity, Family Composition, Employment, Income, Pensions and Assets, Federal, State, Tribal or Local Benefits, Handicapped Assistance Expenses, Identity & Marital Status, Medical Expenses, Social Security Numbers, Residences & Rental History.

COMPUTER MATCHING NOTICE AND CONSENT

I agree that a Public Housing Agency, Dallas County or HUD may conduct computer matching programs with other government agencies including Federal, State, Tribal or Local agencies. The governmental agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

CONDITIONS

I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand that it may not be possible to determine if I am eligible for this program.

Printed Name of Applicant

Signature of Applicant

Date

Printed Name of Spouse/Other

Signature of Spouse/Other

Date

NOTE: ORIGINAL IS RETAINED BY REQUESTING ORGANIZATION