



DUE September 14, 2018

Name: _____
Address: _____

Roof Repair Program – PHASE III

Dear Homeowner,

The Roof Repair Program provides Roof repairs to low-income City of Waco homeowners to correct problems, which pose an immediate threat to the health and or safety of the occupants.

To qualify for the Program, the following will be verified to determine eligibility. We will verify and request further documentation from you, if needed.

1. The homeowner must occupy the residence.
2. Applicant must own the home.
3. Property taxes must be current.
4. The home must be within the city limits of City of Waco.
5. The amount of your annual total household income must fall below 80% of City of Waco’s area median income. (see included HUD Home Income Limits)
6. The repair must fall under the guidelines of the Roof Repair Program.

Please provide the following:

1. Copy of **Driver’s License** or Picture I.D. for all household members age 18 and older
2. Copy of **Social Security Cards** for all household members
3. If you receive **Retirement and/or Social Security income**, we will need copies of the most recent Award letters, copies of checks, etc. matching the amounts deposited into your bank account.
4. If you receive **Disability income**, we need a copy of the most recent award letter, showing the amount deposited into your bank account.
5. If you receive any other form of income, including food stamps, we need a copy of the award letters.
6. **If you file taxes**, we need a copy of the last two years W-2 forms and CERTIFIED matching Tax Returns with all schedules attached from the IRS.
7. **If you are/were employed this year**, we need copies of last two months of pay stubs.
8. **Copies of the last two (2) months bank statement, with all pages. Bank statements only** – a printout of statement activity is not sufficient. If you do not have them, please request them from your bank.

Continued...Please provide the following:

9. **If you are SELF-EMPLOYED:** Need a current year-to-date Profit and Loss Statement signed and dated-certifying that all information is true and correct to the best of your knowledge. Will also need business tax returns for the last two years. If you are a Partnership, we will need the Partnership returns for the last two years. If you are a Corporation or S Corporation, we will need those returns for the last two years.
10. **Divorce Decree**, if applicable
11. **Child support orders** and printout from Attorney General/or letter explaining why child support is not received, if applicable
12. **Proof of Ownership:** If you are not listed as the sole owner of the home with McLennan County Appraisal District, please provide proof of ownership, i.e., documents to show proof of sale of real estate, proof of real estate ownership w/o liens, etc.
13. **Property Tax Letter of Deferral**, if applicable.
14. **If you are not an U.S. Citizen**, we need a copy of your U.S. Immigration Permit. (Green Card/Pink)
15. Copy of **Code Enforcement Citation**, if applicable
16. **Completed Package, including:**
 - Application for Roof Repair(A-C)
 - Roof Repair Program Authorization
 - Permission for Inspection & Permission to Perform Work
 - Release of all Claims & Indemnity Agreement
 - Pre-Renovation Form/Notice of Evaluation
 - HUD Home Inspection Notice
 - Lead Base Paint Disclosure Acknowledgement
 - Accommodations certification
 - Race/Ethnicity Form
 - Patriot Act Disclosure
 - Certification of who lives in the house
 - Income Questionnaire – Additional copy for each household member age 18 and older.
 - Roof Repair Needs Questionnaire

2017 HUD Home Income Limits – Effective 6/1/18

Family Size	1	2	3	4	5	6	7	8
% of Median								
30%	\$12,600	\$14,400	\$16,200	\$18,000	\$19,450	\$20,900	\$22,350	\$23,800
50%	\$21,000	\$24,000	\$27,000	\$30,000	\$32,400	\$34,800	\$37,200	\$39,600
60%	\$25,200	\$28,800	\$32,400	\$36,000	\$38,880	\$41,760	\$44,640	\$47,520
80%	\$33,600	\$38,400	\$43,200	\$48,000	\$51,850	\$55,700	\$59,550	\$63,400

Your **total annual household income must fall below 80%** of City of Waco’s area median income.

Roof Repair Program Process

Once you have gathered all documentation & completed the application:

1. Turn in the application and documents in person by September 14th to:
Grassroots Community Development, 1624 Colcord, Waco, TX 76707.
2. Meet with one of us, so we can go over and verify everything with you. Please do not just drop off.
3. Required paperwork must be returned to the Grassroots Community Development Corporation within 10 calendar days of the due date. Failure to submit required documents within 10 days will cause delays.
4. If you have questions, please call our office at 254.235-7358 Ext 206.

What to expect once your application has been submitted:

1. Applications will be reviewed & applicants contacted for further information/documentation, as needed.
2. Applicants will be ranked in priority, based on **Prioritization Point Table**.
3. **Based on priority**, applicant's roof will be evaluated by Grassroots Community Development.
4. **Based on priority**, applications will be taken to the City of Waco for review and approval.
5. **Once approved**, we will get bids to repair applicant's roof.
6. **To move forward**, the bid must fall within the guidelines of the Roof Repair Program.

Priority Point System will be considered for approval.

Approval of applications will be subject to priority point system. Those scoring highest on the priority point system will receive assistance first. See priority scoring table.

Prioritization Point Table	Possible Points		
Elderly	(62-69 yrs) +1	(70-79yrs) +2	(80+yrs) +3
Disabled	+1		
Children under the age of 6	+2		
Income Level	(50-60%) +1	(40-49%) +2	(below 39%) +3
Health & Security	+1-5		
Referral from Code Enforcement	+1		

APPLICATION FOR ROOF REPAIR SERVICES

A. <hr/> Name of Applicant or Head of Household Nombre del Solicitante o Responsable de la casa <hr/> Address, City Domicilio, Ciudad <hr/> Mailing Address – if different Domicilio Postal – Si es diferente	<hr/> Telephone #1 Teléfono #1 <hr/> County Condado <hr/> Zip Code Código Postal	<hr/> Telephone #2 Teléfono #2 <hr/> Zip Code Código Postal <hr/> Work Phone Teléfono de Trabajo
---	--	--

GIVE THE FOLLOWING INFORMATION FOR EACH PERSON LIVING IN THE HOME, INCLUDING YOURSELF:
 ESCRIBA LOS NOMBRES DE TODAS LAS PERSONAS QUE VIVEN EN LA CASA, INCLUYENDOSE A USTED:

B.	Name Nombre	Date of Birth Fecha de Nacimiento	*Age *Edad	*Sex *Sexo	*Race/Ethnicity *Raza/Etnicidad	*Handicapped/ Disabled? *Incapacitado/ discapacitado	
						Yes/ Si	No
1.		/ /					
2.		/ /					
3.		/ /					
4.		/ /					
5.		/ /					
6.		/ /					
7.		/ /					
8.		/ /					

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

***This information is voluntary and is requested to ensure benefits are provided without regard to race, color or national origin. It will not affect your eligibility or benefit level**

*Esta información es voluntaria y se solicita solo con el fin de asegurar que los beneficios se puedan ofrecer sin discriminación de raza, color u origen nacional. Esta información no afectara su elegibilidad ni la cantidad de su beneficio.

**ROOF REPAIR PROGRAM
APPLICANT'S AUTHORIZATION, UNDERSTANDING AND AGREEMENT**

This is an application for the Roof Repair Program to repair problems to which pose immediate threats to the health or safety of the occupants of your property. Your signature below certifies and affirms that you acknowledge, understand and consent to the following: (1) Actual authority is granted to the Grassroots Community Development Corporation from you, the homeowner, to act as your agent or representative in order to enter and inspect your property to determine all necessary Roof repairs; (2) The extent of all repairs shall be based on the sole judgment of the Grassroots Community Development; (3) After giving reasonable notice, the Grassroots Community Development Corporation is authorized to enter your property for the purpose of determining that the improvements specified in the Bid Packet have been completed in accordance with the terms; (4) The actual payment amount to the contractor who provides services under the Roof Repair Program will be based on the inspection of the Waco Community Development Corporation Inspector, ONLY; (5) Grassroots Community Development Corporation has the right to collect any cost related to Roof Repairs, including but not limited to a lawsuit for money damages resulting from false or misrepresented information provided in this application.

**PROGRAMA DE REPARACIONES DE PRIORIDAD
AUTORIZACION, ACUERDO, Y ENTENDIMIENTO DEL SOLICITANTE**

Esta es una solicitud para el programa de Reparaciones de Prioridad para reparar problemas en cuales haya una inmediata amenaza a la salud o seguridad de los residentes de su propiedad. Su firma certifica y afirma que usted reconoce, entiende y da su consentimiento a lo siguiente: (1) Toda autoridad es dada a la Grassroots Community Development departe de usted, el dueño, para actuar como su agente o representante para poder inspeccionar su propiedad y determinar todas las reparaciones de prioridad necesarias; (2) La extensión de todas las reparaciones será basada por la Grassroots Community Development; (3) Después de dar un aviso razonable, la Ciudad de City of Waco tiene la autoridad de entrar a su propiedad con el propósito de determinar que los arreglos especificados en el "Paquete de Propuesta" hayan sido terminados conforme a los términos del contrato; (4) El pago para el contratista que haga las reparaciones bajo el programa de Reparación de Prioridad será basado en la inspección del Inspector Grassroots Community Development; (5) Grassroots Community Development Corporation tiene el derecho de cobrar cualquier costo relacionado con los Repares de Prioridad, incluyendo pero sin limite a un "Pleito Legal" de dinero perdido en daños a causa de representar información incorrecta en esta solicitud.

**I certify that the information I am providing is true and could be subject to verification at any time by a third party.
I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.**

Yo certifico que la información que estoy proveyendo es cierto y podría ser verificada en cualquier momento por una agencia sin interés. Yo reconozco que la provisión de falsa información puede ser sujetos a las penalidades de las leyes locales, estatales o federales.

WARNING: TITLE 18, SECTION 1001 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 OF THE UNITED STATES GOVERNMENT

Advertencia: Título 18, sección 1001 del código de los Estados Unidos afirma que una persona es culpable de un delito de felonía si voluntariamente hace declaraciones falsas de fraude a cualquier departamento de Gobierno de los Estados Unidos

<hr/>	<hr/>	<hr/>	<hr/>
Applicant Signature	Date	Co-Applicant Signature	Date
Firma de Solicitante	Fecha	Firma de Co-Solicitante	Fecha

*-If someone other than the applicant has prepared this application, that person must sign below.
-Si alguien aparte del solicitante preparo esta solicitud, esa persona necesita firmar debajo.*

Prepared by: _____ **Date:** _____
Preparado por: _____ Fecha: _____
Address: _____
Domicilio: _____
Telephone: (_____) _____
Teléfono: _____

The Roof Repair Program helps low-income City of Waco homeowners with roof repairs up to \$4,999 in repair work. Repairs are limited to one repair every 12 months.



**GRASSROOTS COMMUNITY DEVELOPMENT
ROOF REPAIR PROGRAM**

**PERMISSION FOR INSPECTION
&
PERMISSION TO PERFORM WORK**

Owner: _____

Property: _____

Date: _____

1. I/We are the Owner(s) of the Property. It is my/our primary residence.
2. I/We have made a written application to the Grassroots Community Development Corporation for services under the Roof Repair Program.
3. I/We understand that the Grassroots Community Development Corporation will send an inspector to inspect my house to determine if the repair meets City and federal guidelines for services provide by the Roof Repair Program.
4. I/We give permission for the Grassroots Community Development Corporation inspectors to enter the Property and perform all necessary inspections.
5. I/We give permission to the Grassroots Community Development Corporation and Contractor (s) hired by Grassroots Community Development Corporation to perform all necessary work on my/our Property. I/We agree to be present at the Property while the work is to be performed.
6. I/We release the Grassroots Community Development, the City of Waco and its employees, agents, officers and contractors from any and all claims which I/we may have as a result of any property damage, injury, or any other damage resulting from the inspection of the Property by Grassroots Community Development Corporation inspectors.
7. I/We understand that inspection is just one part of my/our qualification for services under the Roof Repair Program and does not mean that my/our application is approved.
8. **I/WE UNDERSTAND THAT NO INSPECTION OR WORK WILL OCCUR AND MY/OUR ELIGIBILITY FOR THE PRIORITY REPAIR PROGRAM CANNOT BE DETERMINED UNTIL I/WE SIGN THE ATTACHED RELEASE AGREEMENT. I/WE ACKNOWLEDGE THAT I/WE HAVE READ THE RELEASE AGREEMENT, HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT IT AND UNDERSTAND THAT IT MAY AFFECT MY/OUR LEGAL RIGHTS.**

Owner

Owner

THE RELEASE AGREEMENT MUST BE EXECUTED BY OWNER AND ATTACHED TO THIS PERMISSION FOR INSPECTION AND TESTING. NO INSPECTION OR TESTING OF THE PROPERTY WILL BE PERFORMED UNLESS THE RELEASE AGREEMENT IS SIGNED BY OWNER.

RELEASE OF ALL CLAIMS AND INDEMNITY AGREEMENT

Owner: _____

Property: _____

Date: _____

Owner is applying for house repair work for the Property under the Roof Repair Program of Grassroots Community Development

NOW, THEREFORE, in consideration of the Grassroots Community Development Corporation accepting an application for services under the Roof Repair Program, Owner (whether one or more) makes the following representations and agrees to the following:

1. Owner is 18 or older, is of sound mind and is, in all things, competent to enter into this agreement.
2. Owner understands that work and services provided by the Roof Repair Program involving gas lines repairs, water lines repairs, sewer line repairs, electrical repairs, roof repairs, structural repairs may in certain rare instances be dangerous and might result in injury, property damage, or death.
3. Owner gives permission for the Grassroots Community Development Corporation and its hired Contractors to perform all necessary work. I/We agree to be present at the Property while the work is to be performed.
4. Owner understands that Owner is NOT a third-party beneficiary to any contract or contracts between the owner and the contractor hired performing the work. Owner understands and hereby releases and or forfeits any and all rights to sue Grassroots Community Development Corporation and the City of Waco as a third-party beneficiary.
5. If the Property is covered by a homeowners insurance policy and Owner makes a claim under such policy for any personal injury or damage to the Property suffered by Owner in connection with any activities under the Roof Repair Program, including inspection and work/services provided for the Property, Owner promises to pay any deductible and will not look to Grassroots Community Development Corporation or the City of Waco or any person or entity connected with, or in privity with, Grassroots Community Development Corporation or the City of Waco for payment of such deductible. **If any homeowner's insurance company asserts a claim against Grassroots Community Development Corporation or the City of Waco for subrogation, Owner promises to indemnify, protect and defend Grassroots Community Development Corporation or the City of Waco against any such claim.**
6. For the consideration mentioned above, **Owner does hereby release, acquit and forever discharge Grassroots Community Development Corporation or the City of Waco of and from any and all claims, rights and causes of action which Owner, Owner's representatives, heirs, estate, successors and assigns may ever have or claim as a result of any injury, death, property damage or other damage suffered by Owner as a result of Owner receiving any services under the Roof Repair Program.**

7. For the consideration mentioned above, Owner promises to **indemnify, protect and defend the Grassroots Community Development Corporation or City of Waco, its employees, agents, officers, officials, volunteers, contractors or other persons connected with, or in privity with, Grassroots Community Development Corporation or the City of Waco against any claim ever asserted by any third person arising out of the injury, death or property damage allegedly suffered by such third person as a result of Owner receiving any services under the Roof Repair Program.**
8. **IT IS OWNER'S INTENTION THAT THE TERMS OF THIS RELEASE OF ALL CLAIMS AND INDEMNITY AGREEMENT SHALL APPLY EVEN IF THE INJURY, DEATH OR PROPERTY DAMAGE ALLEGEDLY SUFFERED BY OWNER IS CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE, GROSS NEGLIGENCE, INTENTIONAL ACT OR OTHER FAULT OF GRASSROOTS COMMUNITY DEVELOPMENT CORPORATION OR THE CITY OF CITY OF WACO, ITS EMPLOYEES, AGENTS, OFFICERS, OFFICIALS, VOLUNTEERS, CONTRACTORS OR OTHER PERSONS CONNECTED WITH, OR IN PRIVITY WITH, GRASSROOTS COMMUNITY DEVELOPMENT CORPORATION OR THE CITY OF WACO.**
9. Owner agrees that the language in this agreement shall, in all cases, be construed as a whole according to its fair meaning and shall not be construed strictly for or against any party.

Owner

Owner

PRE-RENOVATION FORM

Occupant Confirmation Pamphlet Receipt

- I have received a copy of **The Lead Safe Certified Guide to Renovate Right** and **Protect Your Family from Lead in Your Home** information pamphlets informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received these pamphlets before the work began.

Printed Name of Owner-occupant

Signature of Owner-occupant

Signature Date

NOTICE OF EVALUATION

I hereby acknowledge receiving the letter of "NOTICE," Lead Hazard Presumption Notice on my property. I understand my obligation to retain and disclose this information as prescribed by law.

Name of Property Owners(s) / Occupant

Signature of Owner(s) / Occupant

Date

Property Address

City, State, Zip

Printed name of person delivering Notice - Witness

Telephone Number

Signature of person delivering Notice - Witness

Date

U.S. Department of Housing and Urban Development

NOTICE TO PURCHASERS

*****THE IMPORTANCE OF A HOME INSPECTION*****

HUD DOES NOT WARRANT THE CONDITION OF A PROPERTY. It is important for you to have a home inspection performed on the property you wish to purchase in order to identify any possible defects. Up to \$200 of the cost to perform the inspection may be financed into your mortgage. Names of home inspection companies can be found in the yellow pages of your telephone directory under the heading "Home Inspection Services."

Date

Signature

Date

Signature

(tear here)

*****WATCH OUT FOR LEAD-BASED PAINT POISONING!*****

If the home you intend to purchase was built before 1978, it may contain lead-based paint. About three out of every four pre-1978 buildings have lead-based paint.

WHAT IS LEAD POISONING?

Lead poisoning means having high concentrations of lead in the body. LEAD CAN:

- ❖ Cause major health problems, especially in children under 7 years old.
- ❖ Damage a child's brain, nervous system, kidneys, hearing, or coordination.
- ❖ Affect learning.
- ❖ Cause behavior problems, blindness, and even death.
- ❖ Cause problems in pregnancy and affect a baby's normal development.

WHO GETS LEAD POISONING?

Anyone can get it, but children under 7 are at the greatest risk, because their bodies are not fully-grown and are easily damaged. The risk is worse if the child:

- ❖ Lives in an older home (built before 1978, and even more so before 1960).
- ❖ Does not eat regular meals (an empty stomach accepts lead more easily).
- ❖ Does not eat enough foods with iron or calcium.
- ❖ Have parents who work in lead-related jobs.
- ❖ Has played in the same places as brothers, sisters, and friends who have been lead poisoned. (Lead poison cannot be spread from person to person. It comes from contact with lead).

Women of childbearing age are also at risk, because lead poisoning can cause miscarriages, premature births, and the poison can be passed onto their unborn babies.

WHERE DOES IT COME FROM?

The lead hazards that children most often touch are lead dust, leaded soil, loose chips and chewable surfaces painted with lead-based paint. A child may be harmed when it puts into its mouth toys, pacifiers, or hands that have leaded soil or lead dust on them. Lead also comes from:

- ❖ Moving parts of windows and doors that can make lead dust and chips.
- ❖ Lead-based paint on windows, doors, wood trim, walls and cabinets in kitchens and bathrooms, on porches, stairs, railings, fire escapes and lampposts.
- ❖ Soil next to exterior of buildings that have been painted with lead-based paint and leaded gasoline dust in soil near busy streets.
- ❖ Drinking water (pipes and solder)
- ❖ Parents who may bring lead dust home from work on skin, clothes, and hair.

- ❖ Colored newsprint and car batteries.
- ❖ Highly glazed pottery and cookware from other countries.
- ❖ Removing old paint when refinishing furniture.

In recent years some uses of lead in products that could cause lead poisoning have been reduced or banned. This is true for lead in gasoline, lead in solder used in water pipes, and lead in paint. Still, a great deal of lead remaining in and around older homes, and lead-based paint and accompanying lead dust are seen as the major sources.

HOW DO I KNOW IF MY CHILD IS AFFECTED?

Is your child:

- * cranky? * unable to concentrate? * vomiting? * hyperactive
- * tired? * playing with children who have these symptoms? * unwilling to eat or play?
- * complaining of stomachaches or headaches?

These can be signs of lead poisoning. However, your children might not show these signs and yet be poisoned; only your clinic or Doctor can test for sure.

WHAT CAN I DO ABOUT IT?

Your child should first be tested for lead in the blood between six months and one year old. Ask the clinic or your doctor to do it during a regular checkup. Your doctor will tell you how often you should have your child tested after that. A small amount of lead in the blood may not make your child seem very sick, but it can affect how well he or she can learn. If your child does have high amounts of lead in the blood, you should seek treatment and have your home tested for lead-based paint and lead dust.

HOW DO I KNOW IF MY HOME HAS LEAD-BASED PAINT?

The HUD inspection does not determine whether a home actually has lead-based paint. Therefore, the only way you can know for sure is to have the home tested by a qualified firm or laboratory. Both the interior and exterior should be tested. You should contact your local health or environmental office for help.

WHAT DO I DO IF MY HOME *DOES* HAVE LEAD?

Do not try to get rid of lead-based paint yourself, you could make things worse for you and your family. If your home contains lead-based paint, contact a company that specializes in lead-based paint abatement. Have professionals do the job correctly and safely. This may cost thousands of dollars, depending on the amount of lead-based paint and lead dust found in your home, but it will also protect you and your children from the effects of lead poisoning. In the meantime, there are things you can do *immediately* to protect your child:

- Keep your child away from paint chips and dust.
- Wet-mop floors and wipe down surfaces often, especially where the floors and walls meet be sure to clean the space where the window sash rests on the sill. Keeping the floor clear of paint chips, dust and dirt is easy and very important. *Do not sweep or vacuum lead-based paint chips or lead dust with an ordinary vacuum cleaner.* Lead dust is so fine it will pass through a vacuum cleaner bag and spread into the air you breathe.
- Make sure your children wash their hands frequently and always before eating.
- Wash toys, teething rights, and pacifiers frequently.

ACKNOWLEDGEMENT

I acknowledge that I have received and read a copy of this Notice.

Date

Signature

Signature

Accommodations Certification

Do you need special accommodations because of a disability or language barrier?

Yes

No

If yes, what accommodations do you need?

Applicant Signature

Date

Applicant Signature

Date

PATRIOT ACT INFORMATION DISCLOSURE

Applicant Name _____

Co-Applicant Name _____

Present Address _____

Mailing Address _____

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I/we acknowledge that I/we received a copy of this disclosure.

Applicant

Date

Applicant

Date

Certification of Who Will Live In the Home

Name: _____ SSN _____ - _____ - _____
Age: _____ DOB _____ / _____ / _____
Income: _____ *Circle One: Hourly/Weekly/Bi-weekly/Monthly/Annually*
Relationship: **Self**

Name: _____ SSN _____ - _____ - _____
Age: _____ DOB _____ / _____ / _____
Income: _____ *Circle One: Hourly/Weekly/Bi-weekly/Monthly/Annually*
Relationship: _____

Name: _____ SSN _____ - _____ - _____
Age: _____ DOB _____ / _____ / _____
Income: _____ *Circle One: Hourly/Weekly/Bi-weekly/Monthly/Annually*
Relationship: _____

Name: _____ SSN _____ - _____ - _____
Age: _____ DOB _____ / _____ / _____
Income: _____ *Circle One: Hourly/Weekly/Bi-weekly/Monthly/Annually*
Relationship: _____

Name: _____ SSN _____ - _____ - _____
Age: _____ DOB _____ / _____ / _____
Income: _____ *Circle One: Hourly/Weekly/Bi-weekly/Monthly/Annually*
Relationship: _____

Name: _____ SSN _____ - _____ - _____
Age: _____ DOB _____ / _____ / _____
Income: _____ *Circle One: Hourly/Weekly/Bi-weekly/Monthly/Annually*
Relationship: _____

Name: _____ SSN _____ - _____ - _____
Age: _____ DOB _____ / _____ / _____
Income: _____ *Circle One: Hourly/Weekly/Bi-weekly/Monthly/Annually*
Relationship: _____

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Income Questionnaire

Each member of the household over the age of 18 must complete this questionnaire and submit supporting information. Please print additional copy for each person over the age of 18.

Household Member's Name: _____

*If "yes" then you
need to bring:*

Are you employed at this time?	Yes	No	<i>2 months paystubs, W-2s and tax returns for previous 2 years</i>
--------------------------------	-----	----	---

Provide name and address of employer: _____

Do you receive disability benefits (Social Security or VA)?	Yes	No	<i>Award letter and copy of your check or bank statement</i>
---	-----	----	--

Do you receive unemployment?	Yes	No	<i>Award letter and copy of check or bank statement</i>
------------------------------	-----	----	---

Have you received unemployment any time in the past year?	Yes	No	
--	-----	----	--

Do you receive public assistance? (TANIF, food stamps, or any other regular check from the government)	Yes	No	<i>Award letter and copy of check or bank stmt</i>
---	-----	----	--

Has a court ordered child support to you?	Yes	No	<i>Copy of court order</i>
---	-----	----	----------------------------

If yes, do you receive it	Yes	No	
---------------------------	-----	----	--

Do you receive ANY OTHER Income from ANY SOURCE ?	Yes	No	
--	-----	----	--

Are you married	Yes	No	
-----------------	-----	----	--

I certify that the information provided above is true and correct as of the date set forth opposite my signature on this form and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained in this form my result in civil liability and/or criminal penalties including, but not limited to fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the City of Waco, it agents, successors and assigns, and any other person who may suffer any loss due to reliance upon any misrepresentation which I have made on this application.

All information will be verified.

Signature

Date



Roof Repair Needs Questionnaire

Name: _____

Address: _____

1. Do you have any leaks you can see on the walls or ceilings of your home?

If yes, how many?

2. Do you have stains on your walls/ceiling?

If yes, how many?

3. Do you have to catch the water with a pot/bucket?

If yes, how many?

4. Why do you need help? Please give details of problems with your roof.