



Name: _____
Address: _____

Roof Repair Program – PHASE IX

Dear Homeowner,

The Roof Repair Program provides asphalt roof replacement 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 where the repairs are to be made.
2. Applicant must own the home as your primary residence.
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 household income must fall below 80% of City of Waco’s Area Median Family Income. (See included HUD Income Limits on page 2)
6. The repair must fall under the guidelines of the Roof Repair Program.

Required Documentation as Proof of Total Household Income:

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 need copies of the most recent **award letters**, matching the amounts deposited into your bank account.
4. If you receive **Disability Income**, we need a copy of the most recent **award letter**, matching the amount deposited into your bank account.
5. If you **File Taxes**, we need a copy of the **last two years of W-2** forms and CERTIFIED matching **Tax Returns** with all schedules attached from the IRS.
6. If you are/were **Employed this year**, we need copies of the last **2 Months of pay stubs**. Pay stubs must include gross and net pay.
7. Copies of the last **2 months of ALL checking/savings account statements**, 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.

8. If you are **SELF-EMPLOYED**: Provide a current year-to-date **Profit and Loss Statement**, signed & dated, certifying that all information is true and correct to the best of your knowledge. Also provide **business tax returns** for the last **2 years**. If you are a Partnership, Corporation or S Corporation, we will need those returns for the last 2 years.
9. **Divorce Decree**, if applicable.
10. **Child Support Orders** and printout from Attorney General/or letter explaining why child support is not received, if applicable.
11. **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 documents to show proof of sale of real estate, proof of real estate ownership w/o liens, updated deed, etc.
12. **Property Tax Letter of Deferral**, if applicable.
13. If you are **not a U.S. Citizen**, we need a copy of your **U.S. Immigration Permit**. (Green Card/Pink)
14. Copy of **Code Enforcement Citation**, if applicable.
15. **Completed Application, 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/ Lead Base Paint Disclosure Acknowledgement
 - Accommodations Certification
 - Roof Repair Needs Questionnaire
 - Additional Income Questionnaire – **Copy for each household member aged 18 and older.**

2023 HUD Home Income Limits – Effective 6/15/23

Family Size	1	2	3	4	5	6	7	8
% of Median								
30%	\$15,500	\$17,800	\$20,000	\$22,200	\$24,000	\$25,800	\$27,550	\$29,350
50%	\$25,900	\$29,600	\$33,300	\$37,000	\$40,000	\$42,950	\$45,900	\$48,850
80%	\$41,450	\$47,400	\$53,300	\$59,200	\$63,950	\$68,700	\$73,450	\$78,150

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: November 2nd 2023 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 additional paperwork must be returned to Grassroots Community Development within 10 calendar days of the date requested. Failure to submit required documents within 10 days will hold up your application.
4. If you have questions, please call Brian at 254-235-7358 Ext 210. Please leave a message if no one answers.

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**, the 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 the applicant’s roof.
6. **To replace the roof**, 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/> Email Address El correo electrónico <hr/> Name of Alternate Contact Nombre del contacto alternativo	<hr/> Telephone #1 Teléfono #1 <hr/> County Condado <hr/> Zip Code Código Postal <hr/> Telephone #1 Teléfono #1	<hr/> Telephone #2 Teléfono #2 <hr/> Zip Code Código Postal <hr/> Work Phone Teléfono de Trabajo <hr/> Telephone #2 Teléfono #2
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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 *Raza	*Ethnicity *Etnicidad	Handicapped/ Disabled? Incapacitado/ discapacitado	
							Yes/Si	No
1.		/ /						
	Income Amount:	<i>Circle One:</i> Hourly Weekly Bi-weekly Monthly Annually						
2.		/ /						
	Income Amount:	<i>Circle One:</i> Hourly Weekly Bi-weekly Monthly Annually						
3.		/ /						
	Income Amount:	<i>Circle One:</i> Hourly Weekly Bi-weekly Monthly Annually						
4.		/ /						
	Income Amount:	<i>Circle One:</i> Hourly Weekly Bi-weekly Monthly Annually						
5.		/ /						
	Income Amount:	<i>Circle One:</i> Hourly Weekly Bi-weekly Monthly Annually						

***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.

C. Income Questionnaire:

This questionnaire must be submitted for **each member of the household over the age of 18.** Please print and complete an additional copy of this questionnaire for each.

Household Member's Name:			
Please circle "Yes" or "No."		If "yes" to the following questions, please bring documentation:	
Are you now, or have you been employed this year?	Yes	No	Pay stubs for last 2 months; W-2s and tax returns for previous 2 years
Are you now, or have you been self-employed this year?	Yes	No	Current year-to-date profit & loss statement, certified correct; business tax returns for previous 2 years.
Do you receive disability benefits?	Yes	No	Award letter and copy of your check or bank statement.
Do you receive unemployment benefits?	Yes	No	Award letter and copy of check.
Have you received unemployment benefits in the past 12 months?	Yes	No	
Do you receive public assistance? (TANIF, food stamps, or other regular payment from the government?)	Yes	No	Award letter and copy of check
Has a court ordered child support to be paid to you?	Yes	No	Copy of the court order.
If "Yes," do you receive child support?	Yes	No	
Do you receive any other income from any source?	Yes	No	Provide documentation to allow verification.
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 may 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, its 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 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

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.



**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 PRIORITY FOR THE 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

Co-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: _____

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 THE 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.

Date _____

Owner Signature _____

Co-Owner Signature _____

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

ACCOMMODATION CERTIFICATE

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

YES

No

If yes, what accommodation do you need?

Applicant 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 bucket?

If yes, how many?