HOMEOWNER REHABILITATION APPLICATION

CITY OF CONROE, TEXAS

2019

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

For City Use:

Date Application Received _______________________
Application Received By _______________________

COMMUNITY DEVELOPMENT

Nancy S. Mikeska
Director
300 West Davis, Suite 530 (936) 522-3060 Office
P.O. Box 3066 (936) 522-3064 Fax
Conroe, Texas 77305
HOUSING REHABILITATION PROGRAM
GENERAL INFORMATION

The City of Conroe will provide financial assistance for the rehabilitation of owner-occupied, single family homes. All applicants will be required to file a complete application before they can be considered. If you need assistance in completing this application, you should consult a relative, friend, or your minister.

Purpose of the Program

The purpose of the City of Conroe’s Housing Rehabilitation Program is to provide decent, safe, and sanitary housing for low and moderate income residents by the rehabilitation of existing structures to a condition which, at a minimum, brings the structure into compliance with the U. S. Department of Housing and Urban Development’s (HUD’s) Section 8 Housing Quality Standards and local codes and ordinances.

Type of Financial Assistance

1. The average amount of grant assistance to be provided to an applicant for rehabilitation assistance shall be Fifteen Thousand Dollars ($15,000.00). In the event that Fifteen Thousand Dollars ($15,000.00) is not sufficient to complete the needed repairs, the City Council may authorize that additional funds be made available to the applicant subject to the availability of funds, or the applicant may be required to: (a) place the necessary funds in escrow with the City when the grant agreement is executed, or (b) secure an approved home improvement loan from a financial institution to be used in conjunction with the rehabilitation funds, or (c) delete some of the general improvements (of non-HQS) items down to the average assistance amount. A letter of commitment from the financial institution must be in hand when the grant agreement is signed. Applicants have sixty (60) days to secure additional financing, where applicable, or the application may be rejected.

2. The minimum amount of grant assistance which may be provided to any applicant for rehabilitation assistance shall be One Thousand Dollars ($1,000.00).

3. No applicant may receive more than one (1) rehabilitation grant.

4. The financial assistance will be in the form of a no-interest, deferred, forgivable loan that will be forgiven at the end of a three (3) year period. If the home is sold prior to the three (3) year period, the owner will be required to repay the entire loan. However, if the property is sold as a result of the death of the homeowner, the City Council may elect to waive the repayment of such loan at
its discretion. The forgivable loan will be secured by a subordinate lien listing the position, except as otherwise approved by the City, and in no case shall the City's lien be lower than a third lien position.

Selection of Applicants

1. Applications will only be accepted from the City’s current waiting list of residents in need of rehabilitation assistance.

2. Upon receipt of the applications for rehabilitation assistance, applications will be screened for completeness and all information related to employment, income, assets and liabilities shall be verified in order to determine the applicant’s eligibility. The City’s CDBG Coordinator will be responsible for determining the eligibility of each applicant.

3. The applications that are eligible and complete will be submitted on a first come-first served basis to be approved for funding by the City Council. An application will not be considered complete until all requested information has been provided and all applicable forms have been completed and signed. The funding decision of the City Council shall be final.

4. All applicants selected for assistance shall then be counseled by the City’s CDBG Coordinator, regarding his or her housing needs and in determining the types of eligible repairs. The City’s CDBG Coordinator shall cause a written agreement to be executed with the applicant which outlines the responsibilities of the applicant and the City and the terms of the assistance.

Applicant Eligibility Requirements

1. Forms of Ownership – The applicant must own a single family dwelling in the City of Conroe and will be considered the owner if he or she:

   (a) Is the “owner of record” on the books at the County Court House having fee simple title;

   (b) Has a 99-year leasehold interest;

   (c) Possesses a life estate which has been, or may be, filed for record at the County Clerk’s office.

2. Property Taxes – All property taxes shall be paid on the property or the property owner must have qualified for and received the tax deferral as allowed under Section 33.06 of the Texas Property Tax Code.
3. **Income** – Since these funds are intended to serve low and moderate income residents who have limited means of financing home repairs or improvements, such funds shall not be made available to any applicants who have substantial financial resources available. For these purposes, substantial financial resources shall mean at least $50,000 in cash or non-cash assets that can be converted to cash. Company retirement and pension funds, IRA, Keogh, and similar retirement savings accounts, equity in the applicant’s principal home, and child education funds and accounts will be exempt in computing whether the applicant has substantial financial resources available. The City’s CDBG Coordinator will be responsible for determining whether applicants have substantial financial resources. All sources of income and employment will be verified. In order to receive rehabilitation assistance, the combined income of the applicant and all other persons in the household over the age of eighteen (18) years cannot exceed 80% of the area’s median income.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Max. Income</th>
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<tbody>
<tr>
<td>1</td>
<td>$42,750</td>
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<tr>
<td>2</td>
<td>$48,850</td>
</tr>
<tr>
<td>3</td>
<td>$54,950</td>
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<tr>
<td>4</td>
<td>$61,050</td>
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<tr>
<td>5</td>
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<tr>
<td>6</td>
<td>$70,850</td>
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<tr>
<td>7</td>
<td>$75,750</td>
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<tr>
<td>8+</td>
<td>$80,600</td>
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</tbody>
</table>

In determining this eligibility, HUD’s Section 8 definition of “annual (gross) income” will be used.

4. The applicant must be a U.S. Citizen or a legal immigrant.

5. The applicant shall not have received assistance through the CDBG Program within the last five (5) years.

**Property Requirements**

1. To qualify for rehabilitation assistance, the applicant must be an individual or family who owns and occupies a single family dwelling within the City of Conroe. For these purposes, single family dwelling shall also include a condominium unit, a manufactured home (including mobile home) on a permanent foundation, and a cooperative unit.

2. The applicant must furnish evidence that the residence is insured with fire and casualty insurance in an amount sufficient to cover the fair market value of the dwelling after rehabilitation. Fire and casualty insurance is required for at least
a three (3) year period and must be effective from the date that rehabilitation assistance is provided to the applicant. The policy must list the City of Conroe as a lien holder and provide the city with at least thirty (30) days notice of cancellation for any reason. Any lapse of insurance coverage shall be grounds for recapture of the full amount of the loan.

3. If the property is located in a floodway, it will not be eligible for assistance. If the property is located in a flood plain, flood insurance will be required to be in place at the time assistance is provided by the city. Flood insurance coverage is required for at least a three (3) year period and must be effective from the date rehabilitation assistance is provided to the applicant. The policy must list the City of Conroe as a lien holder and provide the city with at least thirty (30) days notice of cancellation for any reason. Any lapse of coverage shall be grounds for recapture of the full amount of the loan.

4. The home must be capable of being brought in compliance with HUD’s Section 8 Housing Quality Standards and local codes within the available financial resources being provided by the city and the applicant. If the home cannot be brought up to meet such standards, the home will be deemed ineligible for improvements.

**Eligible Improvements and Expenses**

1. Rehabilitation funds shall be used for those repairs and/or replacements which are necessary to bring the structure in compliance with HUD’s Section 8 Housing Quality Standards and local codes.

2. Rehabilitation funds may also be used for general improvements that are “reasonable and customary” except as excluded herein. All improvements must be physically attached to the property and be permanent in nature. Air conditioning and heating systems, hot water heaters, and built-in kitchen stoves and ovens are eligible to be replaced under the program. Landscaping improvements are not eligible improvements except where landscaping of the grounds is necessary for adequate drainage.

3. No personal property shall be acquired with grant funds. Refrigerators, microwaves, and other appliances (except built-in kitchen stoves and ovens) such as washing machines and dryers are not eligible items under this program. In addition, grant funds may not be used for garage door openers, security systems, swimming pools, fences, detached storage buildings, television satellite dishes or any other luxury item.

4. The use of lead based paint is prohibited. In addition, any homes build before 1978 will be inspected for the open presence of lead based paint. Where this
hazard has been detected, the owner shall be notified. The abatement of lead based paint is an eligible cost under this program.

5. All city building permits shall be obtained by the contractor at his/her expense and may be included as part of the bid.

Grievance Procedure

Each applicant or participant shall have the right to appeal any decision of or grievance against the contractor, the City’s CDBG Coordinator, or other program staff personnel to the Assistant City Administrator; provided such appeal is made within fifteen (15) days from when the decision has been rendered or the grievance occurred and/or became known to the applicant. If the applicant/participant is not satisfied with the decision of the Assistant City Administrator, he or she may then appeal his or her grievance to the City Administrator provided such appeal is made within ten (10) days from the date of the decision of the Assistant City Administrator. If the applicant/participant is not satisfied with the decision of the City Administrator, he or she may then appeal his or her grievance to the City Council provided such appeal is made within ten (10) days from the date of the decision of the City Administrator. The decision of the City Council shall be final.

City Employees and Representatives Not To Be Held Liable

No member of the governing body nor any representative, officer or employee of the City of Conroe who exercises any functions or responsibilities in connection with the administration and implementation of this program shall be liable for the exercise thereof. This provision shall be liable for the exercise thereof. This provision shall not exclude liability for any illegal acts.

Deny Assistance

Assistance from the City of Conroe Community Development Block Grant Department may be denied under reasonable determination that any household member is currently engaging in or has engaged in or is on or has been on probation or parole or the subject property is being used or has been used for any of the following during the previous three (3) years prior to application for assistance:

(1) Drug-related criminal activity;
(2) Violent criminal activity;
(3) Other criminal activity that would threaten the health or safety, of the residents of neighboring property, or the right to peaceful enjoyment of such neighboring property; or

(4) Other criminal activity that would threaten the health or safety of any employee, contractor, subcontractor or agent of the City of Conroe who is involved in any Community Development Block Grant activity.
CITY OF CONROE
OWNER OCCUPIED REHABILITATION ASSISTANCE APPLICATION
COMMUNITY DEVELOPMENT BLOCK Grant PROGRAM

Name

Address

Home Phone               Work Phone

List all persons residing at this address including yourself:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Sex</th>
<th>Social Security Number</th>
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</tbody>
</table>

Marital status of applicant:  _____ Married  _____ Separated
                                            _____ Unmarried (single, divorced, or widowed)

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

Are you the owner/occupant of said property?  ____ Yes  ____ No

How long have you owned said property?  ____________  Age of property  ____________

EMPLOYMENT INFORMATION: List the employer of each household member over the age of 18. (Attach a separate sheet if necessary.)

Applicant’s Employer’s Name

Employer’s Address

Employer’s Phone            Job Title

Salary $___________  hr./mo./yr. (circle one)  How long employed?  ____________

Page 7 of 15
Spouse’s Employer’s Name _____________________________________________

Employer’s Address ________________________________________________

Employer’s Phone _______ Job Title _________________________________

Salary $___________ hr./mo./yr. (circle one) How long employed? ______

Other Family Member’s Employer’s Name ______________________________

Employer’s Address ________________________________________________

Employer’s Phone _______ Job Title _________________________________

Salary $___________ hr./mo./yr. (circle one) How long employed? ______

**SPECIFY OTHER INCOME:** (Social Security, Retirement, Rental Income, Unemployment, Welfare, etc.)

<table>
<thead>
<tr>
<th>Source</th>
<th>Monthly Amount</th>
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<tbody>
<tr>
<td></td>
<td>$</td>
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<td>$</td>
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</tbody>
</table>

**MONTHLY HOUSING EXPENSES:**

Current mortgage payment including taxes and insurance $_________________

Mortgage Company ____________________________________________________

Mortgage Company Address ____________________________________________

Mortgage Acct. No. __________________________________________________

Does mortgage payment include property taxes? ______ Yes ______ No

Does mortgage payment include homeowners insurance? ___Yes _____No

Name of insurance company ___________________________________________
### OTHER LIABILITIES:

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount Owed</th>
<th>Monthly Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automobile #1</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Automobile #2</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Credit Cards</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Insurance Policies</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Bank Loan</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Other (Specify)</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Other (Specify)</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### ASSETS:

<table>
<thead>
<tr>
<th>Specify Source</th>
<th>Value or Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Bank:</td>
<td>$</td>
</tr>
<tr>
<td>Savings Acct. No:</td>
<td></td>
</tr>
<tr>
<td>Name of Bank:</td>
<td>$</td>
</tr>
<tr>
<td>Checking Acct. No:</td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>$</td>
</tr>
<tr>
<td>Bonds</td>
<td>$</td>
</tr>
<tr>
<td>Retirement Account</td>
<td>$</td>
</tr>
<tr>
<td>Rental Property</td>
<td>$</td>
</tr>
<tr>
<td>Other Real Estate</td>
<td>$</td>
</tr>
<tr>
<td>Automobiles</td>
<td>$</td>
</tr>
<tr>
<td>Boat or Recreation Vehicle</td>
<td>$</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$</td>
</tr>
</tbody>
</table>
Do you currently owe the City for any taxes or assessments? _____Yes ___ No

If “Yes”: Amount $__________ Explain: ________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please indicate what type of home repairs are needed:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Have you ever received any other type of federal financial assistance for housing improvements at any other time? _______ Yes ______ No

If “Yes”: When? ____________ What Type? ________________________________
____________________________________________________________________
____________________________________________________________________

Please provide any additional information that should be considered in relation to your application for rehabilitation assistance through the CDBG Program.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Assistance from the City of Conroe Community Development Block Grant Department may be denied under reasonable determination that any household member is currently engaging in or has engaged in or is on or has been on probation or parole or the subject property is being used or has been used for any of the following during the previous three (3) years prior to application for assistance:
(1) Drug-related criminal activity;
(2) Violent criminal activity;
(3) Other criminal activity that would threaten the health or safety, of the residents of neighboring property, or of the right to peaceful enjoyment of such neighboring property; or
(4) Other criminal activity that would threaten the health or safety of any employee, subcontractor or agent of the City of Conroe who is involved in any Community Development Block Grant activity.

I hereby certify that I have read all of the information provided herein and that the information and statements made on this application and all information furnished in support of this application are true and correct to the best of my belief and knowledge. I also understand that the city will obtain the necessary verifications and such documentation required to consider this application and will duly give my authorization for such verifications. I agree that the property rehabilitation under this program will be used as my principal residence, and that temporary subleases will not be allowed. I also agree that I will not hold any member of the governing body or any representative, official, or employee of the City of Conroe, The U.S. Department of Housing and Urban Development, or their agents liable for any acts, other than illegal acts, in connection with the administration and implementation of the City’s CDBG Rehabilitation Program.

Applicant’s Signature ________________________ Date __________

Co-applicant’s Signature ________________________ Date __________

Penalty for False or Fraudulent Statement: U.S.C., Title 18, 1001, provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false writing or document knowing the same to contain any false, fictitious statement or entry shall be fined not more than $10,000 or imprisoned not more than 5 years, or both”.

Subscribed and Sworn to before by the said ________________________ on this the ____________ day of ____________________, 20____.

______________________________
Notary Public

My Commission expires: ________________
The following items must be completed by the applicant and included with this application to be determined complete:

1. **Certification of Occupancy**
   *This form must be completed in full, signed and dated with the appropriate attachment(s).*

2. **Authority to Verify Credit Information**
   *This form must be signed, dated and notarized by a Notary Public.*

3. **Request for Verification of VA Benefits**
   *The top portion of this form must be signed if you receive benefits from the Veterans Administration.*

4. **Request for Verification of Unemployment Benefits**
   *The top portion of this form must be signed if you receive any unemployment benefits.*

5. **Request for Verification of Mortgage/Deed of Trust**
   *The top portion of this form must be signed if there is currently a mortgage on your property.*
   
   Or
   
   Copy of any **Loan and Mortgage Documents** that show the amount and term of the loan or mortgage.

6. **Request for Verification of Loan Deposit (Pages 1 and 2)**
   *The top portion of page one of this form must be signed for each bank, savings and loan or credit union where you have a loan, checking or savings account. In the event that you have accounts at more than one bank, two copies of this form have been provided.*

7. **Request for Verification of Employment**
   *The top of this form must be signed for each employer. Three copies have been provided so that one may be completed by each employed family member (over 18 years of age) if applicable.*
   
   Or
   
   The most recent **Pay Stub(s)** for all adult members of the household and **Last Year's Federal Income Tax Return(s).**

8. **Request for Verification of Property Tax Information**
   *The top portion of this form must be signed.*

9. **Fair Housing and Equal Opportunity Data Sheet**
Please complete this entire form. The information on this form will be used solely for reporting purposes and will not be used for screening or selecting applicants.

In addition to the above items, the following must be submitted with your application:

1. **Verification of Social Security Benefits.**

2. **Verification of Welfare Benefits.**

3. **Copy of Deed.**

4. **Copy of Homeowner’s Insurance Policy.**

5. **If self-employed, Last Year’s Income Tax Returns and a Current Financial Statement.**

6. **Schedule and amount of Rental Income** (if applicable).

**Note:** It is important that all applicable forms be signed and all requested information be provided. Failure to sign the applicable forms or to provide necessary information may delay the processing of your application or render the application ineligible.
FAIR HOUSING AND EQUAL OPPORTUNITY DATA SHEET

To enable the city to meet federal and state reporting regulations, applicants are requested (but not required) to complete this data on behalf of the members of their household. This information will be used solely for reporting purposes. It will not be used in any manner for screening or selection of applicants. This information will be kept strictly confidential. Your voluntary cooperation in providing this information will be greatly appreciated.

Applicant’s Name ____________________________________________________________

Applicant’s Address _________________________________________________________

List all family members residing at this address including yourself:

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Ethnicity</th>
<th>Race</th>
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<tbody>
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(Please enter the correct letter in the space above.)

ETHNICITY: Please place one of the following letters in the “Ethnicity” column above.

a. Hispanic or Latino Origin
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to Hispanic or Latino.”

b. Non Hispanic or Latino Origin
A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

RACE: (continued on the next page) Please place one of the following letters in the “Race” column above.

c. American Indian or Alaska Native
A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
d. **Asian**
   Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

e. **Black or African American**
   A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American”.

f. **Native Hawaiian or Other Pacific Islander**
   A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

g. **White**
   A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Multi-Racial:**

A person having origins in more than one of the racial categories denoted above. A person choosing this category must also mark one of the racial categories in the above section as the “Dominate Race”. Please place the letter “M” before one of the letters above in the “Race” column if you choose this category,
AUTHORITY TO VERIFY CREDIT INFORMATION

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether the applicant qualifies under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, the applicant's application for approval may be delayed or rejected.

I hereby grant the City of Conroe the authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, or to order a consumer credit report, and to make any other inquiries pertaining to my qualification for rehabilitation assistance. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

_________________________________              ______________
Signature of Applicant                        Date

_________________________________              ______________
Signature of Co-Applicant (if applicable)      Date

SWORN TO AND SUBSCRIBED BEFORE ME, on this the _______________ day
of__________________________, 20____, to certify which witness my hand and
seal of office.

________________________________
Notary Public in and for

_______________________________ County, Texas

My commission expires:

_________________________________
CERTIFICATE OF OCCUPANCY

Property Address

City, State, Zip Code

KNOW ALL MEN BY THESE PRESENT:

I, ____________________________, hereby certify that the above referenced address is my principal residence. I further certify that the below referenced and hereto attached documentation is valid proof of occupancy. (Attach a copy of at least one of the listed documents.)

_____ Voter Registration    _____ Texas Driver’s License

_____ Utility Bills         _____ Other: ____________________

I also understand that any discrepancies found later may be grounds for disqualification.

Signature of Homeowner          Date

Signature of Homeowner          Date

Attachment(s)
REQUEST FOR VERIFICATION OF UNEMPLOYMENT BENEFITS

Date: ____________________________

Texas Employment Commission
Information Release Department
101 E. 15th Street, Room 651
Austin, Texas 78778

To Whom It May Concern:

I request that information concerning my entitlement benefits be furnished to the CDBG Coordinator of the City of Conroe.

Signature of Recipient

Applicant (Unemployment Benefits Recipient) ____________________________ Social Security Number ____________________________

Street Address ____________________________

City, State, Zip Code ____________________________

TExAS EMPLOYMENT COMMISSION REPORT

Date: ____________________________

The records of this agency disclose the above named recipient receives the following assistance from this agency.

<table>
<thead>
<tr>
<th>Type of Assistance (specify)</th>
<th>Monthly Payment</th>
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<tbody>
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<tr>
<td>TOTAL</td>
<td>$</td>
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</tbody>
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By: ____________________________ Title: ____________________________
REQUEST FOR VERIFICATION OF MORTGAGE/DEED OF TRUST

A. Name of Applicant:  

B. Address of Applicant:  

C. Name of Mortgage Company:  

D. Address of Mortgage Company:  

E. Applicant’s Authorization: I hereby authorize the release of the mortgage and/or deed of trust information requested on this form.

Applicant’s Signature  

VERIFICATION OF MORTGAGE COMPANY

Notice to Mortgage Company – The applicant identified has applied for rehabilitation assistance under the City of Conroe’s Community Development Rehabilitation Program. The applicant has authorized us to obtain verification from you regarding his/her mortgage. Please furnish the information requested herein and return it to us as soon as possible. All information is strictly confidential.

F. Date Mortgage Originated:  Matures:  

G. Original Balance: $  Present Balance: $  

H. Type of Mortgage (please check appropriate response below):

Conventional  FHA  VA  

I. Are Loan Payments Current?  Yes  No

If loan payments are not current, specify the date of delinquency and the delinquent amount:  Date:  Amount:  

J. Monthly Payment Information

<table>
<thead>
<tr>
<th>Principal &amp; Interest</th>
<th>Real Estate Taxes</th>
<th>Hazard Insurance</th>
<th>Mtg. Insurance Premium</th>
<th>TOTAL PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
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</table>

K. Signature of Mortgagee: The above information is furnished in strict confidence to your request and on behalf of the individual(s) named above. To the best of my knowledge, the information being furnished to you is true and correct.

Signature  
Title  Date  

REQUEST FOR VERIFICATION OF EMPLOYMENT

A. Name of Applicant: ________________________________

B. Address of Applicant: ________________________________

C. Name of Applicant’s Employer: ____________________________

D. Address of Applicant’s Employer: ____________________________

E. Applicant’s Authorization: I hereby authorize the release of the employment information requested on this form.

__________________________
Applicant’s Signature

EMPLOYER’S VERIFICATION

Notice to Employer – The applicant identified has applied for rehabilitation assistance under the City of Conroe’s Community Development Rehabilitation Program. The applicant has authorized us to obtain verification from you regarding his/her employment. Please furnish the information requested herein and return it to us as soon as possible. All information is strictly confidential.

F. Position Held: _______________________________________

G. Date(s) of Employment: From _________________ To: _________________

H. Probability of continued Employment (please check appropriate response below):
   Unlikely _____   Good _____   Excellent ______

I. Rate of Pay: Hourly $_________________   Annually $_________________

J. Additional Compensation:

<table>
<thead>
<tr>
<th>Overtime</th>
<th>Commissions</th>
<th>Bonus</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

K. Signature of Employer: The above information is furnished in strict confidence to your request and on behalf of the employee. To the best of my knowledge the information being furnished to you is true and correct.

______________________________
Signature of Employer

Title ___________________________   Date _________________
REQUEST FOR VERIFICATION OF PROPERTY TAX INFORMATION

ATTENTION: Tax Assessor/Collector

The following applicant(s) has (have) made an application for rehabilitation assistance under the City of Conroe’s Community Development Rehabilitation Program. To be eligible for assistance, all property taxes must be current on his/her property. Please furnish us information whether such property taxes are current. Your prompt cooperation to this matter will be greatly appreciated.

Applicant’s Authorization: I hereby authorize the release of the loan and/or deposit information requested on this form.

____________________________________________________
Applicant’s Signature

Name of Applicant: _______________________________________

Address of Applicant: _____________________________________

____________________________________________________

Legal Description: _______________________________________

PROPERTY TAX VERIFICATION REPORT

Records at this tax office were checked and indicate that all taxes have ( ) have not ( ) been paid on the subject property.

Amount of taxes owed, including penalties and interest, if due: $___________

Assess Valuations: Land $___________________________

                        Improvements $___________________________

                        Total $___________________________

Assessed Taxes for current or previous year $___________________________

Checked this the ____________ day of ____________________________, 20__________

Taxing Entity:________________________________________

By:__________________________________________________

Title:________________________________________________
REQUEST FOR VERIFICATION OF LOAN/DEPOSIT

A. Name of Applicant ____________________________________________

B. Address of Applicant __________________________________________

C. Name of Bank __________________________________________________

D. Address of Bank _________________________________________________

E. Type of Account

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Account No.</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Checking</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2. Savings</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>3. I.R.A.</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>4. Loan</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>5. Other</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

F. Applicant’s Authorization: I hereby authorize the release of the loan and/or deposit information requested on this form.

__________________________________________
Applicant’s Signature

VERIFICATION OF BANK OR OTHER LENDING AGENCY

Note to Bank/Lending Agency – The applicant above has applied for financial assistance under the City of Conroe’s Community Development Rehabilitation Program. The applicant has authorized us to obtain verification from you regarding his/her accounts. Please furnish the information requested herein and return it to us as soon as possible. All information is strictly confidential.

G. Loan Information:

<table>
<thead>
<tr>
<th>Type of Loan</th>
<th>Date of Loan</th>
<th>Loan Balance</th>
<th>Monthly Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Secured</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2. Unsecured</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Page 1 of 2
H. Are Loan Payments Current?  _____ Yes  _____ No

If not, please specify the date of loan delinquency and the delinquency amount:

Date: ________________  Amount $______________

I. Deposit Information:

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Account No.</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Checking</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2. Savings</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>3. I.R.A.</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>4. Other</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

J. Signature of Bank/Lending Agency Representative: The above information is furnished in strict confidence to your request and on behalf of the individual(s) named above. To the best of my knowledge the information being furnished to you is true and correct.

Signature ________________________________________________

Title _______________________________  Date ________________