



Home Modification Assistance for City of Laredo Veterans

The City of Laredo received a grant from the Texas Veterans Commission Fund for Veterans' Assistance that helps eligible veterans and their families with housing modifications, repairs, and weatherization.

★ VETERAN HOME MODIFICATION PROGRAM

This program will assist with home modifications to ensure that veterans will be able to remain in a healthy home. Projects are for the sole purpose to improve home accessibility and quality of life for independent living.

- ★ Modifications such as door entry/exit widening, ramps, handrails, grab bars, and bathroom accessibility.
- ★ Home repairs such as HVAC, flooring, electrical, and plumbing issues.
- ★ Weatherization such as doors, windows, siding and roofing.

Services and assistance provided through this organization is not charity. It is only made available to eligible beneficiaries, in recognition of your service to and sacrifices for your country.

ELIGIBILITY CRITERIA

Eligible veterans include:

- ★ Honorable Discharge
- ★ Active Duty (over 180 consecutive days)
- ★ National Guard/Reservists (retired under honorable conditions)
- ★ Surviving Spouses

Application Requirements:

- Provide DD214 Form / status documentation
- Provide income documentation:
 - most current bank statement
 - if applicable, last 30-days of check stubs
 - if applicable, SS/SSI/VA Award letter(s)
- Proof of U.S. Citizenship or legal residency:
 - social security card/resident card
 - current TX DL/ID
- Marriage & Death Certificates for surviving spouse
- Proof of current mortgage statement or Home Deed.
- Must reside within City limits.
- 80% Area Median Income (AMI) and/or disabled by Veterans Affairs.
- Must be owner-occupant of the home.
- Property must not be under any lien or Contract for Deed.

* Grant is up to \$15,000 per household (as needed and/or fund availability)



Fund for Veterans' Assistance

Helping Veterans Starts Here

<https://www.tvc.texas.gov>

"This program is supported by a grant from the Texas Veterans Commission Fund for Veterans' Assistance. The Fund for Veterans' Assistance provides grants to organizations serving veterans and their families."



LAREDO MUNICIPAL HOUSING a division of COMMUNITY DEVELOPMENT DEPARTMENT APPLICATION



Application No. _____

Information contained herein shall be kept confidential and shall be used only for the purpose of determining eligibility to qualify for the **Veterans Home Modification Program**.

Date of Interview _____ Interviewer _____

Applicant's Name _____ Age _____ DOB _____
Last First Middle

Spouse's Name _____ Age _____ DOB _____
Last First Middle

Resident Address _____ Length of residence _____

Home # _____ Cell # _____ Other # _____

Rehab Property Address _____

Owner of Record _____

Legal Description _____

Name of nearest relative not living at same household:

Name	Relationship	Address	Telephone
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HOUSEHOLD MEMBERS:

Name (Last, First, M.)	Relationship to Head of Household	GENDER (M/F)	Date of Birth	Employment/Other
1.	Self			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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EMPLOYMENT DATA

(If less than 2 years, give previous employment)

Applicant's Occupation (present): _____

Employer's Name: _____ Address: _____ Phone#: _____

No. of Years: _____

Previous Employer's Name & Address: _____

No. of Years: _____

Spouse's Occupation (present): _____

Employer's Name: _____ Address: _____ Phone#: _____

No. Of Years: _____

Previous Employer's Name & Address: _____

No of Years: _____

EXISTING DEBT ON PROPERTY TO BE REHABILITATED

Original Mortgage Amount \$ _____ (1) Name of Lender _____
Address _____

(1) FHA-Insured Mortgage? Yes _____ No _____

(2) 2nd Mortgage Amount \$ _____ (2) Name of Lender _____
Address _____

Unpaid Balance (Orig.) \$ _____ (2nd Mtg) _____

Total Monthly Payment \$ _____

HOUSEHOLD INCOME

List all household income in the table below.

Name of Adult	Source (Salary, SSI, Disability, Pension, Child Support)	Amount	Frequency (Weekly, Bi-weekly, Monthly)
TOTAL		\$	

Applicant's Social Security Number _____

Spouse's Social Security Number _____

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Maximum Annual Household Income Allowed Per Number of Persons in Household

Program	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
TVC-FVA AHI 80%	\$34,100	\$39,000	\$43,850	\$48,700	\$52,600	\$56,500	\$60,400	\$64,300

PRESENT MONTHLY HOUSING EXPENSES

	(Rehab. Property)	(Other Property)
Mortgage Payment	\$ _____	\$ _____
Ground Rent (If any)	\$ _____	\$ _____
House Insurance	\$ _____	\$ _____
Co. & Agency _____	_____	_____
Property Tax	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Phone & Utilities	\$ _____	\$ _____
Other (Explain)	\$ _____	\$ _____
Total	\$ _____	\$ _____

ASSETS (Cash Accounts - Type of Accounts & Name of Depository)

Checking	\$ _____	Where? _____
Savings	\$ _____	Where? _____
Bonds	\$ _____	U.S. Savings Yes _____ No _____
Marketable Securities (Describe)	_____	
Other Property - Market Value \$	_____	Address _____
		Zip Code _____
Total Assets:	\$ _____	

LIABILITIES: (Monthly Installment Accounts, Lender, Payment, Unpaid Balance)

Article	Creditor	Monthly Payment	Balance Due
Automobile		\$ _____	\$ _____
Life Ins. Loan		\$ _____	\$ _____
Other Property		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
Total		\$ _____	\$ _____

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LIFE INSURANCE

NAME OF INSURANCE COMPANY	AMOUNT	MONTHLY PREMIUM
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Are all property taxes current? ____ Yes ____ No ____ Over 65 (Tax Exempt)

Do you have any relatives presently working for the City of Laredo? If so, give:

Name	Relationship	City Department
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been obligated on a home loan, or home improvement loan, which resulted in foreclosure by judgement? _____ Yes _____ No

Name of Lender _____

Address of Lender _____

Remarks _____

IMPORTANT - READ BEFORE SIGNING

I (We) certify that I (we) am (are) the owner(s) and occupant(s) of this property and that the above statements are true, accurate and complete to the best of my (our) knowledge and belief. I (We) understand that I (we) am (are) to report any change in size of the family and/or significant change in family income. I (We) also understand that misrepresentation or omission of facts called for on this application is cause for rejection or disqualification. I (We) hereby authorize the Laredo Municipal Housing (LMH) a division of Community Development Department to verify any information on this application. This application and the documents and procedures used in the Veterans Home Modification Program are subject to change for the purpose of efficiency in the execution of the program.

Signature

Date

Signature

Date

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IMPORTANTE-LEASE ANTES DE FIRMAR

Certifico que soy dueño y ocupante de esta propiedad y que las declaraciones anteriores son verídicas y completas de acuerdo con mis mejores conocimientos. Entiendo que debo reportar cualquier cambio en el tamaño de la familia, así como cualquier cambio significativo en los ingresos de familia. Entiendo también que falsificación u omisión de datos informativos requeridos en esta aplicación constituye causa suficiente para descalificarme o rechazarme. Autorizo al Programa de Modificación de Viviendas para Veteranos de Laredo Municipal Housing (LMH) una división del Departamento del Desarrollo de la Comunidad que verifique toda la información contenida in esta aplicación. Esta aplicación y los documentos y procederes utilizados por el Programa de Modificación de Viviendas para Veteranos es sujeto a cambio con propósito del desempeño eficiente del Programa.

Firma

Fecha

Firma

Fecha

Home Modification Grant Program

Check List:

- ___ 1. Applicants must qualify at or below the 80% of median family income for the area or be a disabled veteran and meet the following criteria:
- ___ 2. Veterans; Veteran Dependents; Surviving Spouses
- ___ 3. U.S. military service branch (Army, Navy, Air Force, Marines.)
- ___ 4. Owner-occupant of the house to be assisted.
- ___ 5. Provide veteran status documentation.
- ___ 6. Veteran must reside within the City of Laredo limits.
- ___ 7. U.S. Citizen or have legal residency.
- ___ 8. All property taxes must be paid up-to date. This includes City, County and applicable School District taxes.
- ___ 9. Applicant must confirm the home is current on any existing mortgage loans, home equity loans, deed of trust, or other instrument that is a lien.
- ___ 10. The dwelling must not be under a Contract for Deed, or any similar purchase agreement.
- ___ 11. Proof of Income: ___ Social Security Award Letter, ___ VA benefits, ___ Retirement, ___ Check Stubs, ___ Last 3 Bank Statements

Dependents: Uniform Services Identification Card; Marriage Certificate; Birth Certificate; Adoption Certificate

Surviving Spouse: Uniform Services Identification Card; Marriage Certificate; Death Certificate or one of the forms listed above for Veterans eligibility.

Veteran: Veterans DD Form 214, Certificate of Release or Discharge from Active Duty; NGB-22, National Guard Report of Separation and Record of Service; NA Form 13038, Certification of Military Service; Department of Veterans Affairs (VA) official letter or disability letter with character of service listed; E-Benefits summary letter with character of service listed; Honorable discharge certificate; Uniform Services Identification Card; State of Texas Issued Driver License with Veteran designation; Certificate verifying Active Duty Status from Department of Defense Manpower Data Center (ONLY – currently serving active duty).

Notes:

Date:

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GENERAL RELEASE FORM



<https://www.tvc.texas.gov>

I (We) _____ hereby authorize the Community Development Department – Municipal Housing division TVC Home Modification Program or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation/modification program, including employment, income, (including IRS Returns), credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives the Community Development Department – Municipal Housing division TVC Home Modification Program the right to request all information that we can or could obtain from any persons, company, or firm on any matter referred to above. I (We) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the Community Development Department – Municipal Housing division TVC Home Modification Program for purposes of the program. The term of this authorization shall commence on the date of signature and be in force for a period of one (1) year.

Signature

Signature

Address

On this _____ day of _____, 20____, before me personally appeared _____, known to me to be the person(s) duly sworn, did depose and say that he and/or she reside at _____, that he and/or she are the persons described herein and who executed the foregoing instrument, and acknowledged that he and/or she executed the same.

Notary Public in and for the State of Texas

My Commission Expires: _____



SELF-DECLARATION OF INCOME



<https://www.tvc.texas.gov>

Applicant Name _____

I will receive income from the following sources over the next 12 months. Please mark each statement.

- Y N Wages from employment
- Y N Income from operation of a business
- Y N Rental income from real or personal property
- Y N Interest or dividends from assets
- Y N Social Security, Annuities, Retirement, Insurance, Pension, etc.
- Y N Unemployment or disability payments
- Y N Public assistance
- Y N Periodic allowances such as alimony, child support, or donations
- Y N Sales from self-employed resources
- Y N Other type of source _____
- Y N I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Please explain any Y (yes) answers and list the annual amounts:

- I certify that I have provided income documentation for all income sources
- I certify that I am unable to provide complete 3rd party verification or income documentation because:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement and repayment of fund can be requested. The information provided is subject to verification by the City.

Applicant Signature _____

Date _____