The City of Laredo has two programs that may assist with emergency financial relief and housing repairs to eligible veterans and their families.

VISERAN FINANCIAL ASSISTANCE PROGRAM

The program is geared for veterans, military who are active duty, and surviving spouses.

Rent, mortgage, and utility payments to prevent Texas Veterans and their families from becoming homeless.

Preference will be given to discharged veterans versus active duty; if funds are running out we will serve veterans first.

VISERAN HOME MODIFICATION PROGRAM

This program will assist with home modifications to ensure that veterans will be able to remain in a healthy home.

Accessibility modifications such as door entry/exit widening, ramps, handrails, grab bars, bathroom modifications.

Safety and health modifications/repairs such as heating and air, roofing, flooring, electrical, plumbing, window/door weatherization, and exterior repairs.

ELIGIBILITY CRITERIA

Must reside within the City of Laredo area.

Eligible veterans include:

- Veteran who resides within the City limits
- A military who is on active duty
- National Guard
- Reservists
  - Household income at or below 80% of Area Median Income (AMI).
  - Provide veteran status documentation.
  - Provide Income Documentation.
  - US Citizen or have legal residency, picture ID & Social Security cards.

Financial Assistance additional criteria:
- Copy of utility bills (light, water, or gas)
- Current rental eviction letter
- Current mortgage foreclosure statement

Home Modification additional criteria:
- Proof of current mortgage statement

*Funding for some programs may be limited or unavailable depending upon the number of requests.

Municipal Housing a division of Community Development Department
Contact number: 956-795-2320
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 Financial Assistance Grant 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 # ____________

Name of nearest relative not living at same household:
Name               Relationship                   Address                      Telephone

HOUSEHOLD MEMBERS:

<table>
<thead>
<tr>
<th>Name (Last, First, M.)</th>
<th>Relationship to Head of Household</th>
<th>GENDER (M/F)</th>
<th>Date of Birth</th>
<th>Employment/Other</th>
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</table>

“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.”
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: ________________________________

HOUSEHOLD INCOME

List all household income in the table below.

<table>
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<tr>
<th>Name of Adult</th>
<th>Source (Salary, SSI, Disability, Pension, Child Support, Other)</th>
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TOTAL $ __________________________

Applicant's Social Security Number: __________________________

Spouse's Social Security Number: __________________________

Maximum Annual Household Income Allowed Per Number of Persons in Household

<table>
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<tr>
<th>Program</th>
<th>1 Person</th>
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**HOUSING**

Current housing situation (home owner, renting, lives w/family)? ______________________________

Number of bedrooms_____ Monthly rent amount $ __________ Phone # ___________________________

Does the client receive subsidy or rental assistance from anyone? ______________________________

☐ Section 8   ☐ Colonias   ☐ Private Sector   ☐ Municipal Housing

Is there an eviction notice from the client’s landlord? _________ Date of eviction: ___/___/___

How many month(s) of rent is owed? _______ Late fees $ __________ Total amount $ __________

Rent is due on the __________ of each month.

How has the client paid the rent in the past?

Has client ever been evicted from housing? _________ When and Why? ________________________

How long has the client lived at current residence? _________________________________

**UTILITIES**

Does client have a disconnection notice for utilities? _______ please mark which types of utilities

Water Co. __________________________________ Date of Disconnect: ___/___/___

How many months do you owe? _______ Late/reconnect fees $ ________ Total amount $ ________

Electricity Co. __________________________________ Date of Disconnect: ___/___/___

How many months do you owe? _______ Late/reconnect fees $ ________ Total amount $ ________

Gas Co. __________________________________ Date of Disconnect: ___/___/___

How many months do you owe? _______ Late/reconnect fees $ ________ Total amount $ ________

**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)

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<th>Article</th>
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Total $ $ $
Do you have any relatives presently working for the City of Laredo? If so, provide:

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<th>Name</th>
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______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

**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 of 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

**IMPORTANTANTE-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 significante en los ingresos de familia. Entiendo también que falsificación o 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 en 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

“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.”
Financial Assistance 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. Must reside in the City of Laredo.

____ 4. Veteran status documentation

____ 5. U.S. Citizen or have legal residency

____ 6. Proof of utility (light. water & gas) disconnection notice and/or; Proof of rental eviction notice or mortgage delinquent letter.

____ 7. 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.

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:
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

“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________________________

HOUSEHOLD MEMBERS:

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<th>Name (Last, First, M.)</th>
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1
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):______________________________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 $______________________

Present Monthly Income

List all household income in the table below.

<table>
<thead>
<tr>
<th>Name of Adult</th>
<th>Source (Salary, SSI, Disability, Pension, Child Support, Other)</th>
<th>Amount</th>
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TOTAL $______________________

Applicant's Social Security Number: __________________________

Spouse's Social Security Number: __________________________

Maximum Annual Household Income Allowed Per Number of Persons in Household

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“*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.*”
**PRESENT MONTHLY HOUSING EXPENSES**

<table>
<thead>
<tr>
<th></th>
<th>(Rehab. Property)</th>
<th>(Other Property)</th>
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</thead>
<tbody>
<tr>
<td>Mortgage Payment</td>
<td>$_________________</td>
<td>$_________________</td>
</tr>
<tr>
<td>Ground Rent (If any)</td>
<td>$_________________</td>
<td>$_________________</td>
</tr>
<tr>
<td>House Insurance</td>
<td>$_________________</td>
<td>$_________________</td>
</tr>
<tr>
<td>Co. &amp; Agency</td>
<td>$_________________</td>
<td>$_________________</td>
</tr>
<tr>
<td>Property Tax</td>
<td>$_________________</td>
<td>$_________________</td>
</tr>
<tr>
<td>Maintenance</td>
<td>$_________________</td>
<td>$_________________</td>
</tr>
<tr>
<td>Phone &amp; Utilities</td>
<td>$_________________</td>
<td>$_________________</td>
</tr>
<tr>
<td>Other (Explain)</td>
<td>$_________________</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>$_________________</td>
<td>$_________________</td>
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**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 ________________________________

**Total Assets:** $_________________ 

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

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**LIFE INSURANCE**

<table>
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<tr>
<th>NAME OF INSURANCE COMPANY</th>
<th>AMOUNT</th>
<th>MONTHLY PREMIUM</th>
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<tbody>
<tr>
<td></td>
<td>$______</td>
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Are all property taxes current? _____Yes _____No _____

Over 65 (Tax Exempt)

---

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

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</table>

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 of 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 ________________

**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 significante 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 en 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 ________________

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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


___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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