

CDBG Housing Rehabilitation Intake/Waitlist Application

Date:	
Applicant Name(s):	
Address:	
City, State, Zip	
Email Address:	
Home Phone:	Cell Phone:

HOUSEHOLD COMPOSITION AND CHARACTERISTICS - List the Head of Household and all other persons who are living at the residence. Indicate the relationship of each family member to the Head of Household.

Household Member Name	Relationship to Head of Household	Date of Birth	Sex	Social Security Number
	Head of Household			

HEAD OF HOUSEHOLD (check one) - THIS INFORMATION IS REQUIRED. It is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

Race of Head of Household:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian / Alaska Native |
| <input type="checkbox"/> Native Hawaiian/Other Islander | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Black/African American and White | <input type="checkbox"/> American Indian/Alaska Native and White |
| <input type="checkbox"/> American Indian/Alaska Native and Black/African American | <input type="checkbox"/> Other Multi Racial |

Ethnicity of Head of Household:

- Hispanic - A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.
- Non-Hispanic - A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Is the homeowner disabled? Check box if "yes" and describe nature of disability** _____

HOUSEHOLD INCOME

LIST ALL SOURCES OF GROSS INCOME (BEFORE TAXES OR DEDUCTIONS) For all household members age 18 and older, including unearned income for minors (child support, SSI, and other benefits paid on behalf of minor)

Sources of income includes: wages, salaries, tips, bonuses, Social Security, TANF, pensions, retirement, annuities, unemployment benefits, worker's compensation, disability, alimony, child support, military income, part-time income

FOOD STAMPS ARE NOT CONSIDERED INCOME - do not list food stamps

Household Member Name	Full Time Student Y/N	Source of Income (include employer name and phone number)	Rate of Pay	Payment Basis (Weekly, Monthly, etc.)

ASSET INFORMATION

List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income (ie: interest earned) from the asset. **Do not list the home you live in or your vehicle(s).**

Household Member Name	Type of Asset (savings / checking accounts, retirement account, pension, annuity, investments, ownership of other property/rent house, etc.)	Cash Value of Asset	Annual Income From Asset

Is there a mortgage on the property? _____ Are the payments current? _____

You must have owned and occupied your home for a minimum of 2 years. How many years have you lived at this address? _____

Applicant cannot have any outstanding property taxes. A tax deferral is not permitted for this program. Are your property taxes current? _____

A criminal background check will be performed on all adult household members. Have any adult household members engaged in violent, drug related, sexual, or other felonious activity within the past 10 years? _____

ELIGIBLE REPAIRS

The Housing Rehabilitation Program will address repairs according to need in the following priority categories. The program does not repair foundations.

Circle/Check needed repairs:

Priority One

- Roof
- HVAC
- Water Heater
- Weatherization
 - Windows
 - Exterior Doors
 - Storm Doors
 - Attic Insulation
- ADA Modifications
 - Toilet Commodes
 - Showers
 - Railing
 - Sidewalk Repair (trip hazards)
- Exterior
 - Vinyl Siding
 - Exterior Painting
 - Lead Hazards
- Plumbing to Code
- Electrical to Code

Priority Two

- Flooring
 - Carpet
 - Vinyl Plank
- Millwork
 - Kitchen Cabinetry
 - Kitchen Countertops
- Appliances
 - Cooktop/Range/Oven
 - Refrigerator
 - Dishwasher
 - Garbage Disposal
- Plumbing
 - Bathroom Fixtures
 - Vanities
- Electrical
 - Light Fixtures
 - Ceiling Fans
- Fencing
- Extermination Services

APPLICANT CERTIFICATION

Household members age 18 and over must sign this application. I/We hereby understand that providing false statements or information is grounds for denial of assistance and is punishable under federal law. I/We authorize the City of Mesquite Housing and Community Services department to verify all information provided on this application.

X Signature of Applicant:	Date
X Signature of Spouse or Adult Household Member:	Date
X Signature of Adult Household Member:	Date
X Signature of Adult Household Member:	Date

NOTICE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.



Participant Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Mesquite’s Housing & Community Services Department has put in place preventative measures and protocols, where possible, to reduce the spread of COVID-19; however, the City of Mesquite cannot guarantee that you will not become infected with COVID-19. Attending or participating in any City program will increase your risk of contracting COVID-19.



By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by COVID-19 by participating in the City of Mesquite’s CDBG Housing Rehabilitation program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by participating in the CDBG Housing Rehabilitation program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees and contractors, subcontractors, or their respective employees.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participating in the CDBG Housing Rehabilitation program (the “Claims”). I hereby release, covenant not to sue, discharge, and hold harmless the City of Mesquite, its employees, agents, volunteers and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Mesquite, its employees, agents, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after participation in the City of Mesquite CDBG Housing Rehabilitation program.

Signature of Homeowner(s)

Date

Print Name of Homeowner(s)

Date