



City of DeSoto, TX
Housing Repair Program

City of DeSoto, TX
211 East Pleasant Run Road
DeSoto, TX 75115
974-230-9699

The Housing Repair Program uses Community Development Block Grant (CDBG) funds to provide grants to lower income homeowners requiring repairs for hazardous or life-threatening emergencies in their homes. It affords eligible homeowners a one-time grant up to \$10,000 per three year period and is based on available funding.

Eligibility must be verified by City staff prior to any work and repairs. Please contact 972-230-9699 to schedule an appointment to determine eligibility.

Application Directions:

- Complete this application
- Bring COPIES of all required documents
- Submit to the City Manager's Office in an envelope
 - Write Attention to: Home Repair Program 2022
- Submitting Hard Copy applications will delay the process by 5-7 business days for office staff to review and enter your information onto the on-line platform
 - Missing items will add to the delay
 - If items are missing, office staff will contact the number in applicant information
- Once your application has been submitted into the on-line system, an office staff member will contact you.

Homeowner's requirements:

- Must be a current Desoto homeowner residing within the city limits of Desoto, Texas;
- Must meet the US Department of Housing and Urban Development's (HUD) definition of low income based on verified gross household income and based household size.
- Must own and occupy the property;
- Must be current on property taxes
- Must have standard homeowner's insurance and/or flood insurance, if applicable;
- Must certify that the property is not being offered for sale and is the primary residence of applicant;
- Homes must have the market value as listed in the Dallas Appraisal District (DCAD) website of less than the annual FHA 203(b) limit.

Definition of Low-income: - “Low-income Household” shall mean that all the persons in the household whose total income does not exceed 80% of the area median income, adjusted for household size, as established by HUD.

Household Calculations: The HUD definition of annual income is the gross amount of income of all adult household members that is anticipated to be received during the coming 12-month period. Income of all household members aged 18 and over, unless a full-time student, will be included in the household income determination. This includes fulltime and part-time wages, self-employment wages, TANF, alimony, Social Security benefits, pensions, child-support and regular monetary gifts from family, friends, church or social agency. Money earned from providing services, and interest from bank accounts or investments must be disclosed.

City Verification Procedures: City staff will verify homeownership, current property taxes, and all income through homeowner certification and/or a third-party source. Applicants must authorize the City staff to verify the information provided by any means necessary to determine program eligibility. Applicants will be required to certify that the information provided is true and will be subject to federal prosecution for knowingly making false statements.

Homeowners Income Requirements: The following information is required in order to complete the application for the City of Desoto Emergency Repair Grant:

Valid Photo ID	Copies of Driver's License, passport, INS Card, or Official ID.
Social Security Cards	Copies of cards for every household member.
Employment (of all in household over 18)	Most current paycheck stubs, last current (6).
Business	Net income from business.
All Accounts- Checking, Savings, IRA's, Stock and Bonds Certificates, etc.	Last (6) month's statements for each account, all pages. Copies of documents.
Income Tax	Copies of last year's income tax with W-2.
Documents or Award Letters	Social Security/SSI, Unemployment Benefits, and SNAP.
Records of Assets	Child Support, Retirement, Pensions, 401(k), Stocks, etc.
Own Rental or Additional Properties	Copy of rental contract and property information.
Gifts or Contributions	Financial help from family members, church, organization, etc.
Property Taxes	Current receipt and/or payment agreement.
Utility Statement	Current utility bill or statement for gas, water, electricity, etc.

A. Applicant Information

No data saved

Case Id:

Name:

Address:

A. Applicant Information

Please provide the following information.

APPLICANT INFORMATION

A.1. First Name

A.2. Last Name

A.3. Address

A.4. Phone Number

A.5. Email

A.6. Date of Birth

CO-APPLICANT INFORMATION

A.7. First Name

A.8. Last Name

A.9. Address

A.10. Phone Number

A.11. Email

B. Household

No data saved

Case Id:
Name:
Address:

B. Household Members

List all borrowers to be included on loan.

1. Member 1 Information

First Name
 Middle
 Name Last
 Name
 Birthdate
 SSN

2. Member 1 Employment Information

Employer
 Start Date Work
 Phone Address
 City, State Zip
 Supervisor
 Supervisor Email
 Supervisor Fax
 Supervisor Phone

3. Member 1 Employment Information

Employer
 Start Date Work
 Phone Address
 City, State Zip
 Supervisor
 Supervisor Email
 Supervisor Fax
 Supervisor Phone

4. Member 1 Demographics

Relationship to Applicant
 Self
 Spouse/Partner
 Parent
 Child
 Extended Family
 Friend/Not Related
 Caretaker

Race
 Native Hawaiian or Other
 Pacific Islander
 Asian
 Black/African American
 American Indian/Alaskan Native
 White
 Other
 Prefer Not to Say/Don't Know

Ethnicity
 Prefer Not to Say/Don't Know
 Non Hispanic/Non Latino
 Hispanic/Latino

Marital Status
 Single
 Separated
 Married
 Domestic Partner
 Divorced
 Widowed
 Prefer Not to Say

Female Head of Household
 Female HOH- YES
 Female HOH- NO

Disabled
 YES
 NO

Female Head of Household
 Female HOH- YES
 Female HOH- NO

Elderly
 YES- 62+
 NO

Gender
 Male
 Female

Education
 Not Applicable
 Some High School
 High School Graduate
 Some College
 Bachelors Degree
 Masters Degree

Total Household Members: _____
 Complete additional Member information pages for all members of your household.

List all borrowers to be included on loan.

1. Member 2 Information

First Name
Middle
Name Last
Name
Birthdate
SSN

2. Member 2 Employment Information

Employer
Start Date Work
Phone Address
City, State Zip
Supervisor
Supervisor Email
Supervisor Fax
Supervisor Phone

3. Member 2 Employment Information

Employer
Start Date Work
Phone Address
City, State Zip
Supervisor
Supervisor Email
Supervisor Fax
Supervisor Phone

4. Member 2 Demographics

Relationship to Applicant
 Self
 Spouse/Partner
 Parent
 Child
 Extended Family
 Friend/Not Related
 Caretaker

Race

Native Hawaiian or Other Pacific Islander
 Asian
 Black/African American
 American Indian/Alaskan Native
 White
 Other
 Prefer Not to Say/Don't Know

Ethnicity

Prefer Not to Say/Don't Know
 Non Hispanic/Non Latino
 Hispanic/Latino

Marital Status

Single
 Separated
 Married
 Domestic Partner
 Divorced
 Widowed
 Prefer Not to Say

Female Head of Household
 Female HOH- YES
 Female HOH- NO

Disabled

YES
 NO

Female Head of Household

Female HOH- YES
 Female HOH- NO

Elderly

YES- 62+
 NO

Gender

Male
 Female

Education

Not Applicable
 Some High School
 High School Graduate
 Some College
 Bachelors Degree
 Masters Degree

**Leave
Blank if
Not
Needed**

Total Household Members: _____

Complete additional Member information pages for all members of your household.

List all borrowers to be included on loan.

1. Member 3 Information

First Name
Middle
Name Last
Name
Birthdate
SSN

2. Member 3 Employment Information

Employer
Start Date Work
Phone Address
City, State Zip
Supervisor
Supervisor Email
Supervisor Fax
Supervisor Phone

3. Member 3 Employment Information

Employer
Start Date Work
Phone Address
City, State Zip
Supervisor
Supervisor Email
Supervisor Fax
Supervisor Phone

4. Member 3 Demographics

Relationship to Applicant
 Self
 Spouse/Partner
 Parent
 Child
 Extended Family
 Friend/Not Related
 Caretaker

Race

Native Hawaiian or Other Pacific Islander
 Asian
 Black/African American
 American Indian/Alaskan Native
 White
 Other
 Prefer Not to Say/Don't Know

Ethnicity

Prefer Not to Say/Don't Know
 Non Hispanic/Non Latino
 Hispanic/Latino

Marital Status

Single
 Separated
 Married
 Domestic Partner
 Divorced
 Widowed
 Prefer Not to Say

Female Head of Household
 Female HOH- YES
 Female HOH- NO

Disabled

YES
 NO

Female Head of Household

Female HOH- YES
 Female HOH- NO

Elderly

YES- 62+
 NO

Gender

Male
 Female

Education

Not Applicable
 Some High School
 High School Graduate
 Some College
 Bachelors Degree
 Masters Degree

**Leave
Blank if
Not
Needed**

Total Household Members: _____

Complete additional Member information pages for all members of your household.

List all borrowers to be included on loan.

1. Member 4 Information

First Name
Middle
Name Last
Name
Birthdate
SSN

2. Member 4 Employment Information

Employer
Start Date Work
Phone Address
City, State Zip
Supervisor
Supervisor Email
Supervisor Fax
Supervisor Phone

3. Member 4 Employment Information

Employer
Start Date Work
Phone Address
City, State Zip
Supervisor
Supervisor Email
Supervisor Fax
Supervisor Phone

4. Member 4 Demographics

Relationship to Applicant
 Self
 Spouse/Partner
 Parent
 Child
 Extended Family
 Friend/Not Related
 Caretaker

Race

Native Hawaiian or Other Pacific Islander
 Asian
 Black/African American
 American Indian/Alaskan Native
 White
 Other
 Prefer Not to Say/Don't Know

Ethnicity

Prefer Not to Say/Don't Know
 Non Hispanic/Non Latino
 Hispanic/Latino

Marital Status

Single
 Separated
 Married
 Domestic Partner
 Divorced
 Widowed
 Prefer Not to Say

Female Head of Household
 Female HOH- YES
 Female HOH- NO

Disabled
 YES
 NO

Female Head of Household
 Female HOH- YES
 Female HOH- NO

Elderly
 YES- 62+
 NO

Gender
 Male
 Female

Education
 Not Applicable
 Some High School
 High School Graduate
 Some College
 Bachelors Degree
 Masters Degree

**Leave
Blank if
Not
Needed**

Total Household Members: _____

Complete additional Member information pages for all members of your household.

C. Assets

No data saved

Case Id:

Name:

Address:

Household Asset Verification

Assets include checking accounts, savings accounts, money market accounts and CD's for all family members. We would also need copies of any stocks, bonds, IRA, retirement plans, and any existing Life Insurance Policy.

Asset Type	Name of Bank or Financial Institution	Current Market Value	Interest Rate	Interest Income

Total Interest Income: \$ _____
Total Assets Market Value: \$ _____

D. Income

Case Id:

Name:

Address:

Income Verification

List all permanent household members, including all **annual** income for household members 18 years of age or older.

1	Household Member 1: _____	Income Type:	
	Age: _____	Gross Pay	\$
		Other: _____	\$
		Total	\$
2	Household Member 2: _____	Income Type:	
	Age: _____	Gross Pay	\$
		Other: _____	\$
		Total	\$

Household Income Summary

Income Limits Used	2021	Total Household Income (Monthly)	\$
# of Household Members		Total Household Income (Annual)	\$
Approval Threshold	80.00 %	Asset Interest Income (Annual)	\$
AMI @ Threshold	\$	Total Combined Income (Annual)	\$
		Percent of AMI	%

AMI Table

AMI = Area Median Income

Household Size	1 people	2 people	3 people	4 people	5 people	6 people	7 people	8 people
AMI 80%	\$49,850.00	\$57,000.00	\$64,100.00	\$71,200.00	\$76,900.00	\$82,600.00	\$88,300.00	\$94,000.00

Staff Certification

Applicant Signature

Co-Applicant Signature

Documentation

Last two (2) years Income Tax Return for the household

***No files uploaded*

E. Household Expenses

No data saved

Case Id:

Name:

Address:

E. Household Expenses

Please provide the following information.

E.1. Mortgage Company Name:

E.2. Mortgage Company Address

E.3. Monthly Mortgage Payment:

\$ _____

E.4. Balance Owed:

\$ _____

E.5. Are you current on your mortgage?

E.6. Have you received a Home Equity Loan or Reverse Mortgage within the last three years?

E.7. Are property taxes and hazard insurance premiums included in your mortgage payment?

E.8. List Monthly Expenses:

Utilities	Monthly Payment
Water	\$
Electric	\$
Gas	\$
Home/Cell Phone	\$
Car Payment	\$
Monthly Credit Cards	\$
Loans	\$
All Other Household Expenses	\$
Total	\$

F. Repairs Needed

No data saved

Case Id:

Name:

Address:

F. Repairs Needed

Please provide the following information.

F1. Date of Emergency/Occurrence:

F2. Brief Description of Repairs Needed:

F3. How did you hear about our program?

Required Documents

No data saved

Case Id:

Name:

Address:

Required Documents

Please provide the following information.

Documentation

Drivers License or Florida ID for all family members 18 years old and older ***Required**

***No files uploaded*

Fully Executed Agreement ***Required**

***No files uploaded*

Last two (2) years Income Tax Return for the household ***Required**

***No files uploaded*

Original Birth Certificate, including territories and District of Columbia ***Required**

***No files uploaded*

Original Social Security Card ***Required**

***No files uploaded*

Six months Bank Statements ***Required**

***No files uploaded*

Other Documentation ***Required**

***No files uploaded*

Submit

No data saved

Case Id:

Name:

Address:

Submit

Once an application is submitted, it can only be "Re-opened" by an Administrator.

The applicant certifies that all information furnished in this application is given for the purpose of obtaining home repair assistance. The applicant also certifies that all information is true and complete to the best of the applicant's knowledge and belief. The applicant authorizes the City of Desoto and its designated agents to contact any source to solicit and/or verify information necessary for any eligibility determination for the purpose of the Housing Rehabilitation Program. The applicant certifies that he/she is the owner-occupant of the property to be repaired and that the property is his/her principal residence. I understand that any discrepancy or omission in the information I have provided may disqualify me from participation in the Housing Rehabilitation Program. If such discrepancies or omissions are discovered after any loan is approved or granted to me, I understand that any outstanding loan/grant balance may immediately become due and payable.

I certify that my home is NOT offered for sale.

I certify that the address listed on this application is my primary residence/homestead, as indicated per the Dallas Appraisal District (DCAD) website.

The Co-Applicant must be added as a "User" from the main page of the application where it lists the application steps and be registered through the [City of DeSoto Participant Portal](#). The Co-Applicant will login and see the application listed on the main page of the Participant Portal, they should click to "Edit" the application, select "Submit" step and sign the application, then click to submit the application.

Applicant Signature

**Not signed

Co-Applicant Signature

**Not signed