

HARRIS COUNTY HOMEOWNER DISASTER RECOVERY PROGRAM



HOUSING ASSISTANCE CENTER LOCATION

Harris County Homeowner Disaster Recovery Program (HDRP) provides case management and other support services to eligible applicants participating in the repair and reconstruction program. If or when determined eligible, a case manager will be assigned to your application. You will be asked to meet with a case manager and to submit additional forms to complete verification. The HDRP office is located at the Old Freeman Library in the Clear Lake area.

Please mail applications to the address below:

HC HDRP
16602 DIANA LANE
HOUSTON, TX 77062

The information collected in this application will be used to determine whether you qualify for the Harris County Homeowner Disaster Recovery Program. It will not be disclosed outside Harris County or its Agents without your consent except for verification of information and as required and permitted by law. You do not have to provide this information, but if you do not your application for assistance may be delayed or rejected. **All application items with an asterisk (*) are required information for application submittal.** The application should require approximately one (1) hour to complete. You should gather the following list of items before starting as they are needed to complete Harris County HDRP application –

- ✓ Name, age and social security number of all persons living with you
- ✓ FEMA – registration number and amount approved and/or received
- ✓ SBA – application number, loan number, amount approved and/or received
- ✓ Insurance (Homeowners, Flood, Wind) information – company name, agent's name and phone number, policy number, claim number, policy date, amount settled for structure and/or pending
- ✓ Attorney name, address, and phone number if insurance is in litigation
- ✓ Lien and mortgage information- name of lender, estimated payoff balance and account number of all lien holders
- ✓ Disaster funds received from the City, County, State or Federal Grant at any time, ever – dates and amounts
- ✓ Contractors information (if applicable) – name and phone number
- ✓ Emergency contact information – name, address, phone number
- ✓ Disability information (if applicable) – Physician's name, address, phone number and fax number
- ✓ Power of Attorney information (if applicable) – name, address, and phone number

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I. ELIGIBILITY INFORMATION

As the homeowner, are you 62 years of age or older? * YES NO

As the homeowner, are you considered disabled? See description below* YES NO

For the purpose of eligibility for participation in HDRP, a disabled person is one who has a physical, emotional, or mental impairment that:

- (a) Is expected to be of long-continued or indefinite duration;
- (b) Substantially impedes the person's ability to live independently; and
- (c) Is such that the person's ability to live independently could be improved by more suitable housing conditions.

Is your household considered low and moderate income? * YES NO

In order to state "YES" to this question, the household gross annual income cannot exceed the maximum amount below based upon your household size.

HUD Family Income Limits for: 2009 Effective February 13, 2009	Income Area Houston, TX, MSA							
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Maximum gross annual income for Low and Moderate designation	35,750	40,850	45,950	51,050	55,150	59,200	63,300	67,400

If the answer to any of the following questions is NO, you are not eligible for DISASTER HOMEOWNER Assistance

Is the home located in Harris County, AND outside the city limits of Houston? * YES NO

Did you own the home as of September 13, 2008? * YES NO

Was the home your primary residence as of September 13, 2008 * YES NO

Was the home a single-family unit or duplex unit structure? * YES NO

If the answer to one of the following questions is NO, your application will require a special review to determine eligibility.

Did you register with FEMA for storm related assistance for structural damage to your home? * YES NO

Have you ever received any disaster funds for your damaged home from the City, County, State or a Federal Grant? * YES NO

If yes, please provide the most recent date and the combined amount from the above sources:

DATE: _____ AMOUNT: _____

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II. APPLICANT INFORMATION

PREFIX <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.				Daytime Phone * () -
Last Name *	First Name *	Middle Name		<input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> MD <input type="checkbox"/> PhD
Social Security No. *		Date of Birth *		Evening Phone * () -
Present Mailing Address (where correspondence will be sent) *		City *	State *	Zip Code *
				Cell Phone () -
Marital Status * <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, or widowed) <input type="checkbox"/> Separated			No. of Dependents (living at home) *	FAX No. () -
E-mail Address:				
Name and Address of Employer				Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Phone No. ()	Position/Title	Type of Business	No. of Yrs. on Job	Yrs. in this line of work _____

CO-APPLICANT INFORMATION

PREFIX <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.				Daytime Phone () -
Last Name	First Name	Middle Name		<input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> MD <input type="checkbox"/> PhD
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, or widowed) <input type="checkbox"/> Separated				FAX No. () -
E-mail Address:				
Name and Address of Employer				Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Phone No. ()	Position/Title	Type of Business	No. of Yrs. on Job	Yrs. in this line of work _____

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EMERGENCY CONTACT INFORMATION Please note that information will not be shared with this individual. Enter contact information for a relative or friend who could be contacted if neither you nor the co-applicant can be reached.

PREFIX ___Mrs. ___ Mr. ___ Ms. ___ Dr. ___ Rev.				Daytime Phone () -
Last Name	First Name	Middle Name	___ JR ___ SR ___ MD ___ PhD	
Present Mailing Address (where correspondence will be sent)	City	State	Zip Code	Cell Phone () -

NAME ON THE OWNERSHIP/ACQUISITION DEED OF DAMAGED RESIDENCE

First Name *	Last Name *	Middle Name:	___JR ___ SR ___ MD ___ PhD
IS THERE A SECOND NAME ON THE OWNERSHIP/ACQUISITION DEED? ___ Yes ___ No			
IF YES,			
First Name	Last Name	Middle Name	___JR ___ SR ___ MD ___ PhD

NAME ON HOMESTEAD EXEMPTION FILING

First Name	Last Name	Middle Name:	___JR ___ SR ___ MD ___ PhD
IS THERE A SECOND NAME ON THE HOMESTEAD EXEMPTION? ___ Yes ___ No			
IF YES,			
First Name	Last Name	Middle Name	___JR ___ SR ___ MD ___ PhD

POWER OF ATTORNEY OR TRUSTEE OR OTHER LEGAL DESIGNEE Enter contact information IF this application is subject to a Legal Designee.

PREFIX ___Mrs. ___ Mr. ___ MS. ___ Dr. ___ Rev.				Daytime Phone () -
Last Name	First Name	Middle Name	___ JR ___ SR ___ MD ___ PhD	
Present Mailing Address (where correspondence will be sent)	City	State	Zip Code	Phone () -

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III. DAMAGED RESIDENCE INFORMATION

Street Address 1 *			
Street Address 2			
City *:	County *:	State *:	ZIP Code *:
Damaged Residence Phone *: () -		Tax Parcel ID No.	
Estimated Cost of Damage *: \$	Source of estimated cost *: ___FEMA ___Insurance ___3 rd Party Appraisal ___Self ___Contractor ___SBA ___Other, explain _____		
Year your home was built * (estimate, if not known):			
How many homes are on this property? * <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> over 4			
What type of home is it? * <input type="checkbox"/> Single <input type="checkbox"/> Duplex <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Condo/Townhome			
Utilities *: <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> City Water <input type="checkbox"/> Water Well <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Tank			
Air Conditioning *: <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> NONE			
What is the estimated level of damage to the home? * <input type="checkbox"/> 0-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> over 75%			
Do you currently have a Contractor hired to work on this home? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide Contractor name and telephone number:			
Have you started work, repairs or rebuilding on this home? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you have started work, what is the actual amount you have spent so far? Include cost of demolition and clean-up in addition to any repairs \$			

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LIEN AND MORTGAGE INFORMATION

Do you have one or more mortgages on the damaged home? *

YES NO

If YES, For all mortgages and equity lines of credit on your damaged property provide the following information

	Name of Lender	Estimated Payoff Balance	Loan/Account Number
First Mortgage holder			
Second mortgage/equity line of credit			
Third mortgage/equity line of credit			
Fourth mortgage/equity line of credit			

Have any of the above lien or mortgage holders initiated foreclosure proceedings?

YES NO

IV. OTHER DISASTER FUNDING

FEMA INFORMATION

Have you applied for any storm-related assistance from FEMA for damage to your home? *

YES NO

If Yes, What is your FEMA Registration No.? _____

Are you approved for any storm related assistance for structural damage from FEMA on this home? YES NO

If YES, FEMA Amount Approved \$ _____ FEMA Amount, if any, Received to Date \$ _____

SMALL BUSINESS ADMINISTRATION (SBA) INFORMATION

Have you applied for any storm-related assistance from the SBA for damage to your home? *

YES NO

If YES, What is your SBA Application No.? _____

Are you approved for storm-related assistance from the SBA for damage to your home? YES NO

If YES, Loan No. _____ SBA Amount Approved \$ _____

SBA Amount, if any, Received to Date \$ _____

WAS A HOMEOWNERS INSURANCE POLICY IN EFFECT ON DAMAGED RESIDENCE

ON SEPTEMBER 13, 2008? *

YES NO

If YES FILL IN BLOCK BELOW,

Name of Insurance Company:			
Agent's Name :	Phone No. of Agent: ()	Insured Value of Structure:	
Insurance Policy No.	Start Date of Policy in effect at the Time of the Storm:	End Date of Policy in effect at the Time of the Storm:	
Claim No.	If Settled: How Much for Structure? \$	If Pending, How Much for Structure? \$	
Total Damage Estimated by Insurer: \$			
Name of Insured (Check if same as applicant ____) If not same as applicant, complete following information			
First Name	Last Name	Middle Name	__ Jr. __ Sr. __ MD __ PhD

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**WAS A FLOOD INSURANCE POLICY IN EFFECT ON DAMAGED RESIDENCE
ON SEPTEMBER 13, 2008? ***

YES NO

IF YES, FILL IN BLOCK BELOW

Name of Insurance Company:			
Agent's Name :	Phone No. of Agent: ()	Insured Value of Structure: \$	
Insurance Policy No.	Start Date of Policy in effect at the Time of the Storm:	End Date of Policy in effect at the Time of the Storm :	
Total Damage Estimated by Insurer: \$			
Claim No.	If settled: How Much for Structure? \$	If Pending, How Much for Structure? \$	
Name of Insured (Check if same as applicant ____) If not same as applicant, complete following information			
First Name	Last Name	Middle Name	__ Jr. __ Sr. __ MD __ PhD

**WAS A WIND INSURANCE POLICY IN EFFECT ON DAMAGED RESIDENCE
ON SEPTEMBER 13, 2008? ***

YES NO

IF YES, FILL IN BLOCK BELOW

Name of Insurance Company:			
Agent's Name :	Phone No. of Agent: ()	Insured Value of Structure: \$	
Insurance Policy No.	Start Date of Policy in effect at the Time of the Storm:	End Date of Policy in effect at the Time of the Storm:	
Claim No.	If Settled: How Much for Structure? \$	If Pending, How Much for Structure? \$	
Total Damage Estimated by Insurer: \$			
Name of Insured (Check if same as applicant ____) If not same as applicant, complete following information			
First Name	Last Name	Middle Name	__ Jr. __ Sr. __ MD __ PhD

Are you actively in dispute with any of your insurance claims? *

YES NO

If YES, are you currently involved in litigation with any of your insurance claims?

YES NO

If you are currently involved in litigation related to storm damage with one our more insurance companies, please provide information about your attorney

First Name	Last Name	Middle Name	
Street Address:	City	State	ZIP
Phone No.			

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AUTHORIZATION TO RELEASE INFORMATION

Privacy Act Notice: This information is to be used by the Harris County Homeowner Disaster Recovery Program or its assignees in determining whether you qualify as a recipient, and, if so, the amount of assistance to which you are entitled under the Harris County Homeowner Disaster Recovery Program. It will not be used outside the agency except as required or permitted by law or with your written consent. You do not have to provide this information, but if you do not, your application for approval as a program participant may be delayed or rejected. The information requested in this form is authorized by Title 12 USC, Section 1701 et.seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD).

I, the undersigned, as an applicant to the Harris County Homeowner Disaster Recovery Program, authorize the disclosure and release of information to any authorized representative of the Harris County Homeowner Disaster Recovery Program relevant to my application for assistance to that program. This shall include, but not be limited to, records relating to my transactions and accounts with financial institutions in connection to mortgages with, security interests in, liens on, title to and interests in immovable property; insurance companies and their agents, real estate title companies, utility companies, credit bureaus, and local, state and federal governmental authorities.

I hereby authorize any such companies and/or authorities to release the above described information to the Harris County Homeowner Disaster Recovery Program or its authorized representative.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Harris County Homeowner Disaster Recovery Program

**HC HDRP
16602 DIANA LANE
HOUSTON, TX 77062**

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DEMOGRAPHIC Information: The Federal Government requires reporting of the following information that is voluntarily obtained. The law provides that no program may either discriminate on the basis of this information or on whether you choose to furnish it. **However, if you choose not to furnish the information, under federal regulations the Harris County Homeowner Disaster Recovery Program is required to note race or national origin and sex on the basis of visual observation or surname.**

APPLICANT: Check all that apply:

- Head of Household Disabled Person Elderly

ETHNICITY: Hispanic/Latino Non-Hispanic/Latino

DISABLED: Yes No

GENDER: Male Female

RACE

- American Indian/Alaska Native
 American Indian/Alaska Native and White
 American Indian/Alaskan Native and Black-African American
 Asian
 Asian and White
 Black/African American
 Black/African American and White
 Native Hawaiian/Other Pacific Islander
 Other Multi-Racial
 White

HOUSEHOLD TYPE:

- Single, Non-Elderly
 Elderly
 Single Parent
 Two Parents
 Female Head of Household
 Other Household

I do not wish to furnish this information



Equal Housing Opportunity

We do Business in Accordance With the Fair Housing Act

(The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988)

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS (HAVING ONE OR MORE CHILDREN), OR NATIONAL ORIGIN.

Anyone who feels he or she has been discriminated against should send a complaint to: U.S. Department of Housing and Urban Development, Assistant Secretary for Fair Housing and Equal Opportunity, Washington, DC 20410.

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Please provide the following information for every person who lives in the household:

	Full Name	Relationship	Age	Social Security
1		Head of Household		
2				
3				
4				
5				
6				
7				
8				

The undersigned agrees and acknowledges that the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of the information contained in this application may result in Civil Liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine, imprisonment or both under the provision of Title 18 United States Code Section 1001.

I certify that, to the best of my knowledge and belief, all the information on and attached to this application is true, correct, complete, and provided in good faith. I understand that false or fraudulent information on, or attached to this application may be grounds for not making a grant and/or loan and may be punishable by a fine and/or imprisonment. I understand that any information I give may be investigated or verified with third parties.

Print Applicant Name: _____

Applicant Signature: _____

Date: _____

