



Program

Our Casas Resident Council, Inc. (Our Casas') new Our Casas Home Repair Program targeted to homeowners in the near Westside that offers homeowners repairs that address **safety, health, accessibility, and code compliance issues**. Home repairs will prioritize Code violations, accessibility, health, and safety in that order. All home repairs will be sent as a procurement to City licensed Contractors and construction time frames will be determined by the types of repairs being made to the home.

Program Eligibility

An eligible homeowner must meet the following Program Requirements to be considered for home repairs. These requirements will be documented using generally acceptable source of documentation.

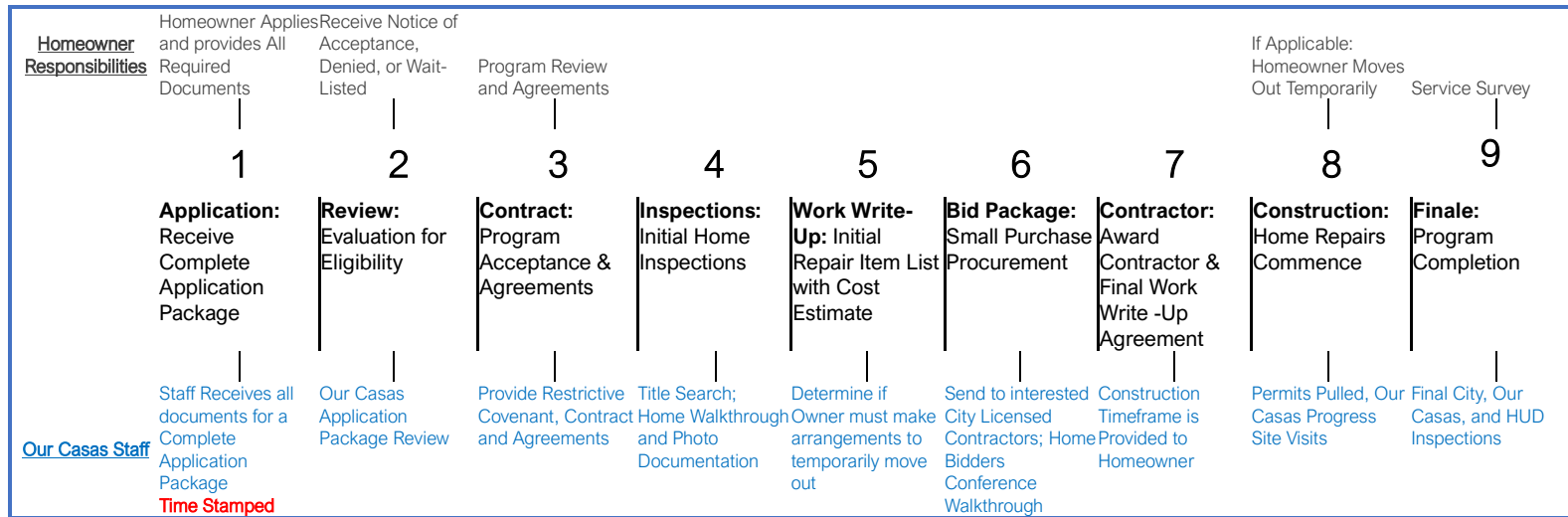
- 1) The owner must have a clear title of ownership and must occupy the property to be repaired.
- 2) The homeowner must be a U.S. citizen or permanent resident.
- 3) The homeowner must earn 80% or less of the area's average median income (AMI) for San Antonio, effective at the time of application.
- 4) The home must be a single-family home and located in Bexar County, and within target areas as specified by the funding source.
- 5) The property repairs must address Safety, Health, Accessibility, and/or official City Code compliance issues.

Applicants with a **Complete Application Package** will be **Time Stamped** and will be evaluated for eligibility in the order that the package was **completed** on a first come first serve basis. A **Complete Application Package** includes: a completed Our Casas Home Repair Program Application and all required documentation provided to the Our Casas staff submitted in a timely matter to be a complete application package (Please see Required Document Attachments below; for questions please call (210)354-2400).

Required Document Attachments

- | | | | |
|--|---|--|---|
| I. Homeowner Social Security Card AND Current Photo Identification Card or Driver's License | II. Proof of Ownership (Deed of Trust, Current Bexar County Appraisal District Report, etc.) | III. Proof of Home Insurance (Mortgage statement, policy from insurance company, Flood Insurance if in Flood Zone) | IV. Last 3 months Utility Bills (SAWS, CPS) |
| V. Proof of Income Homeowner(s) and Household Members (Pay Stubs for last 3 months, wage reports, SSI, SSDI, etc.) | VI. Mortgage Statement/ Home Equity Loan Proof (If Applicable; provide a copy of the current statement) | VII. Current Property Tax Statement (A current Statement from the Tax-Assessor) | |

Program Process Timeline



How to Submit Application Package

- 1) Please Complete and Return DocuSign **Complete Application Package**, Or
- 2) Print and Return a **Complete Application Package** in person by calling (210)354-2400 to Schedule a drop-off time at the Our Casas Office **Located on 2300 W. Commerce St. Suite #218, San Antonio, TX 78207**





Applicant Information*

First Name: _____ MI: _____ Last Name: _____
 Household Street Address: _____
 City/State: _____ Zip Code: _____ County: _____ City Council District Number: _____
 Phone Number: _____ Alternate Phone: _____ Email: _____

Name of All Household Members	Date of Birth	Relationship to Applicant	Gross Monthly Income of Each Member	Income Source List all Income Separately
Example: Jane M. Doe	01/02/2003	Daughter	\$2,000.00	<input checked="" type="checkbox"/> Wages <input type="checkbox"/> SS/Retirement <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Other _____
				<input type="checkbox"/> Wages <input type="checkbox"/> SS/Retirement <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Other _____
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				<input type="checkbox"/> Wages <input type="checkbox"/> SS/Retirement <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Other _____

Total Monthly Household Income: _____

List additional Properties and Assets (Examples of assets on page 8):

Demographic Information for Satisfactory Purposes for Federally Funded Programs

Applicant Demographic Information

Gender Identity: Male Female Prefer not to say
 Prefer to self-describe as _____
Employment Status: Unemployed Full-Time Part-Time Self-employed
 Retired Other _____
Race: Native Hawaiian or Pacific Islander Black/African American
 American Indian or Alaska Native Asian White Other _____
Ethnicity: Hispanic non-Hispanic Prefer not to say
Highest Level of Education: Elementary School Middle School High School GED
 Trade License Associate Bachelor Masters Other _____
Marital Status: Single Married Divorced Widowed
 Other _____

Applicant Household Members Demographic Information

Any household member 62 years or older: Yes No
Are there any household members with disabilities: Yes No
Do children 5 years or younger live here: Yes No
Do children 5 years or younger visit 6 hours/week or more: Yes No
Does your household have access to healthcare: Yes No
Does your household have Health Insurance: Yes No
Does your household have Internet access at home: Yes No
Any household member(s) Active military: Yes No
Any household member(s) a Veteran: Yes No
Household Means of Transportation: Walk Bike Car Bus Other:
 Please specify _____

House Information*

Estimated year house was built: _____
Number of years you owned the home: _____ Years
of Bedrooms: _____
of Bathrooms: _____
Does your home have a Property Tax Exemption (check all that apply): Homestead 65+ Disability
 Inherited Residence Homestead
 Veteran Other _____

Are you currently residing in the home: Yes No
Have you lived in the home for the last 3 years: Yes No
Do you have home insurance: Yes No
Are you Current with your Property Taxes: Yes No
Do you have a Mortgage or Home Equity loan: Yes No
If Yes, Is the Mortgage or Home Equity loan current: Yes No

Please list all additional Liens and Note Holder

Name (If Applicable): _____
How would you describe the current condition of the house (check all that apply): Fair condition Poor Condition Concerned about Safety My home is at risk for Demolition.
 I have received Code violations for issues If other please describe: _____
How did you hear about the Repair Program: Please describe: _____

For Our Casas Internal Use Only <input type="checkbox"/> ID/DL Verified <input type="checkbox"/> SS Verified <input type="checkbox"/> BCAD Verified	<input type="checkbox"/> Census Tract 1703 or 1709 <input type="checkbox"/> Actual Census Tract _____ <input type="checkbox"/> Latest 3 Months Proof of Income <input type="checkbox"/> 80% AMI or Less /Actual AMI _____	<input type="checkbox"/> Printed Current Property Tax Statement <input type="checkbox"/> Mortgage Statement Verified <input type="checkbox"/> Proof of Home Equity Loan Amount <input type="checkbox"/> Proof of Home Insurance	Reviewed By: _____ Date: _____
Property Ownership <input type="checkbox"/> Verified <input type="checkbox"/> Needed/Missing <input type="checkbox"/> Other _____	Preliminary Inspection <input type="checkbox"/> Performed Inspected By: _____ Inspection Date: _____	Home Repairs Addresses <input type="checkbox"/> Health <input type="checkbox"/> Safety <input type="checkbox"/> Accessibility <input type="checkbox"/> Code Compliance <input type="checkbox"/> Other _____	Approved By: _____ Time Stamp Date: _____ Time: _____
Program Eligibility: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Funded By: <input type="checkbox"/> HUD <input type="checkbox"/> BC <input type="checkbox"/> OCRC	Program ID # _____	





Program Overview

- The Owner-Occupied Repair Program assistance is a deferred forgivable loan to homeowners; repayment is not required & percentage is forgiven annually during the Contract period.
- If the property is vacant, leased, or sold during the contract period: balance becomes due and payable in full.
- Site inspectors will determine the amount of assistance needed and repair cost.
- The homeowner must review and sign the Final Work- Order to indicate concurrence and agreement to the repairs to be done and the costs.
- Homeowner's property insurance must be maintained for the entire Contract period. Flood Insurance is required if the property is in a flood zone.
- If necessary, due to the types of repairs, homeowners must move out prior to the start of construction, and it will be at the homeowners' expense.
- Deed of Trust & **Restrictive Covenant** will be recorded at the Bexar County Clerk's Office
- Homeowners must agree to the **Restrictive Covenant**, which stipulates an affordability period during which the current homeowner must live in the home during the Contract period, or else the deferred forgivable loan balance will be due and payable in full.
- Affordability/Contract period is determined by repair amount invested into the property:

Grant Amount:	Affordability/Contract Period (Years)
Under \$15,000	5
\$15,000 - \$40,000	10
Over \$40,000	15

Homeowner & Property Requirements:

- Homeowners and property should be clear of liens or judgement, except for mortgages.
- Mortgage loans must be current, mortgage balance and home square footage may impact eligibility.
- Property taxes should be current, taxes in arrears, deferrals and payment plans may not be eligible.
- Property, at a minimum, should be designated as a **Homestead** with the Bexar County Appraisal District.
- Chapter 7 and Chapter 13 bankruptcy and reverse mortgage are not eligible.
- Rental properties, mobile homes and duplexes are not eligible.
- Homeowners are not eligible if the property has an existing contract with HUD, Bexar County, or City of San Antonio for funded repairs or downpayment assistance.
- Property value with repairs may not exceed \$215,000.

Program Eligibilities

- Homeowner(s) must have a clear title and must reside in the home.
- Homeowner must be a US citizen or Legal Resident
- Household gross income must be at or below 80% of the area Average Median Income (AMI) limits (Please see attached chart)
- Property must be a single-family home within targeted areas and Bexar County.
- Property Repairs must address Safety, Health, Accessibility, and/or Code Compliance

Family Size:	1	2	3	4	5	6	7	8
80% AMI:	49,150	56,200	63,200	70,200	75,850	81,450	87,050	92,7000

U.S Department of HUD 2023 Adjusted Home Income Limits: Effective 6/15/2023

Document Requirement Check List

(Please see Required Document Attachments for more details)

- Current Photo Identification Card or Driver's License
- Social Security Card
- Proof of Income (Homeowner(s) and Household Members)
- Proof of Ownership
- Mortgage Statement/ Home Equity Loan Proof (If Applicable)
- Proof of Home Insurance
- Current Property Tax Statement
- Utility Bills (Previous 3 months)

Applicant's Authorization, Acknowledgements and Agreements

I agree to provide Our Casas' and its authorized contractors with any information necessary to verify eligibility, including authorizing Home Inspection assessments.

REQUIRED: (Please use an ink pen to initial, we are unable to accept typed initials for these statements)

- Initial Here** I understand participants selected are not immediately eligible. Only a **Complete Application Package** will be evaluated for eligibility, and Initial Home Inspection(s) will be required to determine Home Repairs to be prioritized for the program.
- Initial Here** I understand that the home inspector(s) will take photographs of both inside and outside of the home for project documentation; and home inspectors and licensed contractors will be selected by Our Casas.
- Initial Here** I understand that if selected I will be required to sign a **Restrictive Covenant** indicating the Affordability/Contract period and conditions.
- Initial Here** I understand that I must maintain homeowner's insurance if selected for the program (Flood Insurance if the property is in a flood zone).
- Initial Here** I understand that the property value and my taxes may increase due to repairs of the home.
- Initial Here** I understand that if the property is transferred, sold, or vacated during the Contract period, the remaining balance will be due immediately and payable in full.
- Initial Here** I understand that I may need to vacate the home and relocate temporarily at the expense of the homeowner prior to the commencement of the construction repairs agreed upon. Types of repairs to the home will determine if a temporary relocation is needed.
- Initial Here** I understand that the home repair assistance is a deferred forgivable loan with terms from 5 -15 years based on assistance amount.

I _____ (Homeowner's Printed Name) certify that all information in the application and all information furnished in support of this application given for the purpose of obtaining funds under HUD or Bexar County is true, complete, and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible and that I may be subject to prosecution for providing false or fraudulent information.

- I certify that I am the OWNER AND OCCUPANT of the property.
- I understand that the Homeowners must be US Citizen or Legal Resident for program eligibility.
- I understand the Household gross income must be at or below 80% of the Area Median Income (AMI) limits.
- I understand that the property must be within the targeted census tract 1703 /1709 or Bexar County.
- I certify that the Repairs needed address Safety, Health, Accessibility, and/or Code Compliance.

ANY INCOMPLETE INFORMATION OR DOCUMENTATION WILL DELAY CONSIDERATION FOR THE REPAIR PROGRAM.

Homeowner's Printed Name _____

Homeowner Signature _____

Sign Here

Date _____

For Our Casas Internal Use Only

Representative Printed Name _____

Signature _____

Date Application was Received _____





Disclosure

Our Casas Resident Council, Inc. Privacy Policy

Our Casas Resident Council, Inc. (Our Casas) is committed to ensuring the privacy of individuals and/ or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “non-public personal information”, such as your total debt information, income, living expenses, and personal information concerning your financial circumstances will be used to gather information to qualify you for the following services in Post-Purchase, Pre-Purchase, Foreclosure Mitigation, and/or Financial Capabilities Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information, and designing future programs.

Types of Information that we gather from you:

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income.
- Information about your transactions, your creditors, or others, such as your account balance, payment history, parties to transactions, and credit card usage, and
- Information on current mortgage statements, home equity loans, property tax statements, and Deed of Trust.

You may opt-out of certain disclosures:

- You have the opportunity to “opt-out” of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- If you choose to “opt-out”, Our Casas will not be able to gather information from your financial sources.

Release of your information to third parties:

- So long as you have not “opt-out”, Our Casas may disclose some or all the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid Our Casas in counseling you, or is a requirement of grant awards which makes our services possible.
- We may also disclose any non-public personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within Our Casas, we restrict access to non-public personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with Federal regulations to guard your non-public personal information.

Client Name (Printed)

Client Signature

Date

Client Name (Printed)

Client Signature

Date



IMPORTANT DISCLOSURE TO CLIENTS

Our Casas Resident Council, Inc. provides housing counseling to interested consumers at no charge. Our services are on a One on One basis and also in workshop settings in the following areas:

Post-Purchase, Pre-Purchase, Foreclosure Mitigation, and Financial Capabilities Counseling.

These services are provided to assist you with your housing-related needs. While providing assistance, Our Casas may determine that you are eligible for certain programs, products, and services. Understand, however, that you are free to choose lenders, lending products, home inspectors, home insurance, and homes, regardless of any recommendations made by counselors, or other agency members, or personnel.

I/We, _____ have read and received a copy of this disclosure form.

Client Name (Printed)

Client Signature

Date

Client Name (Printed)

Client Signature

Date

IMPORTANT: Under the Owner Occupied Repair Program, homeowners must use the home inspectors and licensed contractors selected by Our Casas.



Third Party Authorization and Agreement to Release

Program ID #: _____

Client Name(s): _____

Property Address: _____ City/State: _____ Zip Code: _____

For the purpose of assisting homeowners in the Post-Purchase services offered by Our Casas Resident Council, Inc., I do
Hereby authorize _____ to release or otherwise provide to _____
Name (s)

Of Our Casas Resident Council, Inc.
Agency

Phone#: **(210)354-2400**

Public and non-public financial information contained in my mortgage, deed, and or financial statements, which may include, but not limited to; final payoff statement, loan status, payment history, and/or Property information. This letter of authorization will be valid for (12) months or until a resolution has been reached.

Client Name (Printed)

Client Signature

Date

Client Name (Printed)

Client Signature

Date

Part 5 Annual Income Calculation

1. Participant Name: _____

2. Number of Household Members: _____

ASSETS

Family Member	Asset Description	Current Cash Value of Assets	Actual Income from Assets
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
3. Net Cash Value of Assets		\$ -	
4. Total Actual Income from Assets			\$ -
5. If line 3 is greater than \$5,000, multiply line by .06% (Passbook Rate) and enter results here: otherwise, leave blank			

ANTICIPATED ANNUAL INCOME

Family Members	a. Wages/Salaries	b. Benefits/Pensions	c. Public Assistance	d. Other Income	e. Asset Income
					Enter the greater of lines 4 or 5 from above in e.
6. Totals	\$ -	\$ -	\$ -	\$ -	
7. Enter total of items from 6a. through 6e. This is <i>Annual Income</i> .					\$ -

Check the line below corresponding to the household size and annual income. Only one line should be checked.

HUD SECTION 8 INCOME LIMITS (Updated June 15, 2023)

Household Size	Extremely Low Income (30% of Median)	Very Low Income (50% of Median)	Low Income (80% of Median)	NSP (120% of Median)
1	\$ 18,450 or less	\$ 18,451 - \$ 30,750	\$ 30,751 - \$ 49,150	\$ 49,151 - \$ 72,150
2	\$ 21,100 or less	\$ 21,101 - \$ 35,150	\$ 35,151 - \$ 56,200	\$ 56,201 - \$ 82,450
3	\$ 23,750 or less	\$ 23,751 - \$ 39,550	\$ 39,551 - \$ 63,200	\$ 63,201 - \$ 92,750
4	\$ 26,350 or less	\$ 26,351 - \$ 43,900	\$ 43,901 - \$ 70,200	\$ 70,201 - \$ 103,100
5	\$ 28,500 or less	\$ 28,501 - \$ 47,450	\$ 47,451 - \$ 75,850	\$ 75,851 - \$ 111,350
6	\$ 30,600 or less	\$ 30,601 - \$ 50,950	\$ 50,951 - \$ 81,450	\$ 81,451 - \$ 119,550
7	\$ 32,700 or less	\$ 32,701 - \$ 54,450	\$ 54,451 - \$ 87,050	\$ 87,051 - \$ 127,800
8	\$ 34,800 or less	\$ 34,801 - \$ 57,950	\$ 57,951 - \$ 92,700	\$ 92,701 - \$ 136,050

NOTES: (Describe source(s) of Other Income, such as child support, SSI, etc. and list other notes regarding income calculation)

For each source of income or asset listed above, please provide appropriate supporting documentation (e.g. copies of payroll check stubs for the past 3 months, SSI/SS letter, divorce decree, etc.).

I do hereby certify that I have read and completed the Part 5 Income Calculation Form, indicating the total number of persons in my household, and the total anticipated annual income of my household, required to determine eligibility to participate in the program on the basis of low/moderate income designation. This certification is being made with the full knowledge and understanding that this statement and all applicable documents deemed necessary to substantiate my eligibility is subject to full disclosure and verification by authorized City of San Antonio and U. S. Department of Housing and Urban Development (HUD) officials.

Participant Signature

Date

Agency Representative Signature

Date

For additional information regarding Part 5 Income Calculation visit:

<https://www.hudexchange.info/resource/253/guide-to-completing-nsp-income-certifications/>

HUD Occupancy Handbook

9/1/23

Examples of Assets

1. Cash held in savings and checking accounts, safe deposit boxes, home etc.
2. Revocable trust
3. Equity in rental property or other capital investments
4. Stocks, bonds, Treasury bills, certificates of deposit, mutual funds, and money market accounts
5. Individual retirement, 401K, and Keough accounts (included when holder has access/do not count as income)
6. Retirement and pension funds (include only amounts family can withdraw without retiring or terminating employment)
7. At retirement, termination of employment or withdrawal (periodic receipts are counted as income/lump-sum receipts are counted as assets)
8. Cash value of life insurance policies available to the individual before death
9. Personal property held as an investment (personal jewelry is NOT considered an asset)
10. A mortgage or deed of trust held by an applicant

Net family assets DO NOT include:

1. Personal property (clothing, furniture, cars, wedding ring, other jewelry not held as an investment, vehicles especially equipped for persons with disabilities)
2. Interests in Indian trust land
3. Term life insurance policies where there is no cash value
4. Equity in the cooperative unit in which the family lives
5. Assets that are part of an active business
6. Assets NOT effectively owned by the applicant
7. Assets not accessible to the applicant and provide no income to applicant