



# CITY OF SAN ANTONIO NEIGHBORHOOD & HOUSING SERVICES DEPARTMENT

## VACANT LOT INITIATIVE DISTRICT 2



Fiscal Year 2019 Application

Contact:

1400 S. Flores St. San Antonio, TX 78204

Telephone: 210-207-5309

# VACANT LOT INITIATIVE

## DISTRICT 2

### Program Objective:

To promote investment and improvements to vacant residential properties within City Council District 2, the City Council approved funding for the Vacant Lot Initiative program. The program is for the public purpose of facilitating substantial investment for quality residential affordable housing opportunities within City Council District 2.

Community revitalization and the development of affordable housing are crucial goals for the City. The Vacant Lot Initiative program may be utilized by residential property owners whose properties are encumbered by liens and other legal issues impeding the marketability of the property and preventing the property from being improved. The program will assist with eliminating liens and other title defects encumbering the property to aid with the reinvestment of the property and ultimately the development of affordable single-family housing in District 2. This program will also eliminate or reduce vacant lots that have become threats to the public's health and safety.

This year's program will run from January 2019 through September 2019.

This package contains other documents detailing the application process and information to assist you in completing the application. The package includes:

- This Cover Letter
- Program Guidelines
- Intake Form

For more information, contact:

Neighborhood and Housing Services Department

1400 S. Flores St.

San Antonio, Texas 78204

210-207-5309

## **A. Eligible Properties:**

To be considered for participation in this program, a property must meet all of the following criteria:

1. Property must be owned by the applicant.<sup>1</sup>
2. Participants must have a vacant lot(s) in City Council District 2
3. Property must have liens and/or other defects encumbering title and impeding, the marketability of the property.<sup>2</sup>
4. Property owner must execute a Program Agreement and Restrictive Covenant agreeing to one of the following: depending on whether the owner meets the income restriction of up to 120% of the Area Median Income (AMI) under guidelines promulgated by the U.S. Department of Housing and Urban Development:
5. Option A). (Owners earning up to 120% AMI)
  - Owner(s) must construct a single family residence on the property within two (2) years of having their liens and/or title defects remedied through the program.
  - Owner(s) must reside in the residence for a minimum of five (5) years from the date a Certificate of Occupancy is issued once the residence has been constructed.
  - Owner(s) must agree to the assessment of a lien against the property by the City to ensure recovery of the City's investment in the property upon breach of the Program Agreement and execute a restrictive covenant to ensure the property will be occupied only by the applicant for a minimum of five (5) years from the date a Certificate of Occupancy is issued after construction.
6. Option B). (Owners of all income levels)
  - Owner(s) must sell the property within three (3) months to a developer for the construction of a single family residence. Property must be fully developed and construction of single family residence must be completed within one (1) year from closing on the sale by Owners(s) to the developer.
  - Owner(s) must agree to repay the costs of the City's investment in the property under the Program from the proceeds of the sale of the lot to the developer.

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<sup>1</sup> Ownership will be verified

<sup>2</sup> NHSD staff reserve the right to evaluate each application and determine eligibility of the property for assistance through the program based on the nature and scope of liens and title defects encumbering title to the property.

- Owner(s) must agree to the assessment of a lien against the property by the City to ensure recovery of the City's investment in the property under the Program and execute a restrictive covenant to ensure that the property will be occupied only by person(s) meeting the 120% AMI income restriction after construction of the single family residence for a minimum of five (5) years from the date a Certificate of Occupancy is issued after construction.
7. Property must be zoned for single family residential use prior to initiation of construction

**B. Ineligible Properties:**

1. Any properties that have federal tax liens \*Applicant may clear any federal tax liens on their own prior to application being submitted.
2. Properties encumbered by child support liens \*Applicant may clear child support liens on their own prior to application be submitted.
3. Properties within an estate of a deceased owner that have not been probated.
4. Properties for which ownership or heirship cannot be conclusively determined.
5. Properties under contract for sale at the time application is submitted or that have been placed under a contract for sale while application is pending.
6. Properties to which an outstanding court issued judgment lien have been attached. Applicant may clear any judgment liens prior to application being submitted.
7. Properties for which NHSD staff cannot sufficiently remedy lien and title defects within the parameters of the program and maximum funds set by the program that can be invested in the remediation of liens and/or title defects.

**C. Application Process:**

1. An applicant must submit an intake form and completed application to the Neighborhood and Housing Services Department located at 1400 S. Flores, San Antonio, Texas 78204 to the attention of Jennifer Sheppard.
2. NHSD staff will review the intake form to conduct a preliminary evaluation to determine whether the property owner is eligible for assistance through the program. A completed application must be submitted in order for NHSD staff to conduct a preliminary evaluation.

3. Once the owner has been deemed eligible for assistance, NHSD staff will proceed with evaluating whether the lien(s) and/or title defects meet the criteria under the program for remediation. All necessary documents requested by staff (i.e. deed, divorcee decree, affidavits of heirship, releases of liens, if applicable, etc.) must be provided in order for NHSD staff to conduct its evaluation.
4. If needed, a pre-application meeting can be arranged to discuss the application process. Contact Jennifer Sheppard at 210-207-5309 or by email at Jennifer.Sheppard@sanantonio.gov to arrange a pre-application meeting.
5. If NHSD determines that the applicant is eligible for assistance under the program and the application is approved, the applicant will be required to execute a Program Agreement and Restrictive Covenant as described in the Program Guidelines. The applicant may contact NHSD at the contact information above to discuss the Program Agreement and/or the Restrictive Covenant. NHSD staff cannot provide the applicant with legal advice regarding the Program Agreement or Restrictive Covenant. Applicants should speak with an attorney of their choice if they have any concerns regarding the terms or conditions of the Program Agreement or Restrictive Covenant.
6. After the applicant's application has been approved, the City will work to have liens released or waived, as appropriate, and will work with legal counsel to resolve other title defects or legal issues encumbering title to the property. Upon clearance of all liens, title and legal issues, the property owner(s) may proceed with placing the property for sale to a developer.

**D. Determination Process and Criteria for application approval:**

1. The Neighborhood and Housing Services Department Director has sole discretion for determination of eligibility.
2. NHSD staff will conduct its evaluation of all applications using the following criteria:
  - a. Applicant must establish and provide any necessary documentation proving that they are the owner of the property.
  - b. Applicant must establish and provide documentation proving that they meet the income eligibility requirements under the Program Guidelines in order to reside in the residence once it has been constructed.
  - c. If all of the above criteria have been met, NHSD staff will then determine whether the total cost for remediation of liens and other title defects exceed the amount of funds designated for the property based on the total funds available under the program. Applications will be considered on a first come, first serve

basis and NHSD staff reserves the right to deny any application due to limitation of funds.

- d. All owners whose applications have been denied will be sent a formal letter stating the denial of their application and the reasons for the denial.

**E. Complete the Application:**

1. The application is to be completed by the property owner. A complete application must contain application information and property information. Incomplete applications will not be accepted.
2. Completed applications should be submitted ***in person*** at:

District 2 Vacant Lot Program  
Attn: Jennifer Sheppard  
1400 S. Flores St.  
San Antonio, TX 78204

Or

Completed applications should be submitted ***through mail*** at:

Neighborhood and Housing Services Department  
Attn: District 2 Vacant Lot Program  
1400 S. Flores St.  
San Antonio, TX 78204

Or

Completed applications should be submitted ***through e-mail*** at:

[Jennifer.Sheppard@sanantonio.gov](mailto:Jennifer.Sheppard@sanantonio.gov)

## LIST OF REQUIREMENTS AND DOCUMENTS

Write the property address at the top right corner of all documents

- Complete and Sign Program Application
- Ownership Information— Tax Bill and Assessor Information retrieve a copy at [BCAD.org](http://BCAD.org)
- Copy of all recorded Code Enforcement Liens
- Photos Dated and Labeled with the Property address
- Be a US citizen or Legal Resident
- Resident Must meet HUD Income guidelines cannot exceed 120% of the AMI
- Current Picture ID or Driver's License
- 2 Months of current paystubs for all occupants in household
- Current Award Letter from Social Security, Retirement Benefits or any other public assistance such as TANF
- If self-employed: copy of Income Tax Return for past two years
- Must maintain contact information current with CoSA staff
- Additional information may be requested for proof of income if needed

# RESOURCE LIST

Habitat for Humanity of San Antonio

311 Probandt

San Antonio, TX 78204

210-223-5203

[www.HabitatSA.org](http://www.HabitatSA.org)

San Antonio Alternative Housing Corporation

1215 S. Trinity

San Antonio, TX 78207

210-224-2349 phone

210-224-9686 fax

[ESMERALDAO@SAAHC.ORG](mailto:ESMERALDAO@SAAHC.ORG) email

Terra-Genesis of San Antonio, Inc.

Ben Amor, Executive Director of Terra-Genesis

210-342-8576 phone

[aaa@tgtx.org](mailto:aaa@tgtx.org)

Robert Lopez, LOPZ Builder/Consultant for Terra-Genesis

210-414-0162 phone

[lopz777@hotmail.com](mailto:lopz777@hotmail.com)

Our Casas Resident Council

2300 W. Commerce St. Ste. #302

San Antonio, Texas 78207

210-354-2400 phone

210-354-2402 fax

Alamo Community Group

Tina Aranda

4100 East Piedras Drive, Suite 200

San Antonio, TX 78228

210-731-8030 phone

210-731-8025 fax



# Official Application for Vacant Lot Initiative District 2

For Office Use Only  
Para uso de official

yes  no

**Program Reporting Period**  
January 01, 2019 – September 30, 2019

Please provide your information as requested below. Por favor proporcione su información.

**PART I. Name of Applicant - Nombre de solicitante**

Last Name / Apellido	First Name / Nombre	Middle	DOB / Fecha de nacimiento
Address / Dirección			Zip Code / Código Postal
Phone # / Número de teléfono	Alt Phone#/ otro número de teléfono	SSN# / Número de Seguro Social	Email Address / Correo electrónico

**PART II. Property Information: Propiedad informacion**

Property Owner (s) Last Name / Dueño(s) de la propiedad apellido	Property Owner (s) First Name / Dueño(s) de la propiedad nombre	DOB / Fecha de nacimiento
Property Address / Dirección de la propiedad		Zip Code / Código Postal
Total Liens – Code Enforcement \$ / Total de impuestos — Código de aplicación \$	Total Liens – Property Taxes / Total de impuestos — Impuestos de la propiedad \$	

**PART III. Income: List the income and benefits for all household members for 2 months prior to this application. Include income from employment and other types of assistance. For income from employment, record the gross pay.**  
Ingresos: Indique todos los ingresos de los miembros de familia mayores de 18 años que residen en su hogar.

List all HH members with Income (Indique todos los miembros de familia en la casa con ingresos)	Assistance/Employer (Asistencia/Empleador)	Employer Phone Number (Número de teléfono del empleador)	Income documentation (Documentos de ingreso)	Gross Pay (Sueldo Bruto) (2 Month )(2 meses) (Pay Frequency): Weekly, Bi-weekly, etc.)(Frecuencia de Pago): semanal, bi-semanal, etc.

**For Office Use Only/ Para uso de Oficina**

Calculate HH income for last 30 days prior to application (but review 2 months)

(Pay Frequency): weekly, bi-weekly, monthly, semi-monthly (Frecuencia de Pago semanal, bi-semanal, etc...):

Income	Pay Periods	Annualized Income	Monthly Income
\$	X 52 (weekly)	\$	\$
\$	X 26 (bi-weekly)	\$	\$
\$	X 24 (semi-weekly)	\$	\$
\$	X 12 (monthly)	\$	\$

Household Size: \_\_\_\_\_

120% AMI \$ \_\_\_\_\_  
\*\*\* Please attach income calculators print out.

**Part IV. Certification - ALL CLIENTS MUST SIGN Certificación - (Todos los clientes deben firmar)**

*I certify that the information provided on this application is true and correct to the best of my knowledge and belief. If granted assistance and fraud is proven, I will repay any funds spent on my behalf.*

*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.*

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*Yo certifié que la información en esta aplicación es verdadera y correcta a mi mejor conocimiento y creencia. Si yo recibo asistencia y un fraude es comprobado, pagaré los fondos gastados a mi favor..*

Esta certificación se realiza con conocimiento y entendimiento de que ésta declaración y todos los documentos aplicables que se consideren necesarios para fundamentar mi elegibilidad, están sujetos a la divulgación y verificación completa por parte de funcionarios autorizados de la Ciudad de San Antonio y el Departamento de Viviendas y Desarrollo Urbano (HUD) de los Estados Unidos.

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*Applicant's Signature*  
*Firma del solicitante*

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*Date*  
*Fecha*