





**CITY OF SAN ANTONIO  
NEIGHBORHOOD & HOUSING  
SERVICES DEPARTMENT**

1400 S. Flores, San Antonio TX 78204  
210-207-6459 or 207-5403

- The **UNDER 1 ROOF PROGRAM** repairs or replaces worn and damaged roofs with new, energy-efficient roofs for qualified homeowners.
- The **LET'S PAINT PROGRAM** assists homeowners with exterior paint and exterior minor repairs on home only.
- Program funding begins October 1, 2018. **Applications are accepted and processed until funding is exhausted.** Application approval is contingent on applicant meeting all eligibility requirements.

**PROGRAM ELIGIBILITY REQUIREMENTS**

  <b>Roof Program</b> Available Citywide	  <b>Paint Program</b> Districts 4, 5
Property must be within San Antonio city limits and have current year Homestead Exemption	
Property taxes must be current (no prior year taxes amount can be due)	
Be a US citizen or Legal Resident with no prior liens or Judgments (1 <sup>st</sup> mortgages are ok)	
Property must be <b>SOLEY</b> owned and occupied (all owner(s) must reside at the property) Property must be less than 1500sqft (no metal or gravel roofs)	
Must meet established HUD Income limits income guidelines, Gross income must not exceed 80% of the Area Median Income (AMI)	

**HUD 2018 Income Limits**

Family Size	1	2	3	4	5	6	7	8
Max Annual Income	37,450	42,800	48,150	53,450	57,750	62,050	66,300	70,600

<b>APPLICATION CHECKLIST</b>
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***All applications MUST contain the following: (Incomplete applications will not be accepted)***

- Completed & Signed Application
- Copy of Property Insurance declaration page **IF** currently insured
- **CURRENT** Picture ID or Driver's License for all owners and applicants **over 18 years old**
- **3 MONTHS** of current paystubs for **ALL OCCUPANTS** in household (must be current and consecutive)

*ONLY IF SELF-EMPLOYEED:* A copy of Income Tax Return for past two years

- **CURRENT** Award Letter from Social Security, Retirement Benefits, or Child Support
- **CURRENT** Award Letter for any state or federal assistance program. Provide documentation from the supportive agency stating the current amount being received or awarded for all occupants. (SNAP, TANIF, Medicaid, Etc.)

**Office Use Only:**

- Square footage
- Taxes
- Title Report
- Income



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**HOUSING REPAIR PROGRAMS APPLICATION**

For which program(s) are you applying?

**Under 1 Roof**

**Let's Paint (Only Districts 4 & 5)**

Today's Date: \_\_\_\_\_

My Council District: \_\_\_\_\_

APPLICANT'S NAME		DATE OF BIRTH		CO-APPLICANT		DATE OF BIRTH	
ADDRESS (CITY, STATE & ZIPCODE)							
PHONE#:				2 <sup>nd</sup> PHONE#:			
DRIVER'S LICENSE/ID:		SOCIAL SECURITY:		DRIVER'S LICENSE/ID:		SOCIAL SECURITY:	
US citizen or permanent resident: yes ___ or no ___				US citizen or permanent resident: yes ___ or no ___			
Are you disabled: yes ___ or no ___				Are you disabled: yes ___ or no ___			
Are you a veteran: yes ___ or no ___				Are you a veteran: yes ___ or no ___			
Are you over the age of 62? yes ___ or no ___				Are you over the age of 62? yes ___ or no ___			
What is your Race: _____				What is your Race: _____			
Are you Hispanic: yes ___ or no ___				Are you Hispanic: yes ___ or no ___			
List <u>Gross Monthly Income</u> and describe any "Other" income (child support, food stamps, etc.) <b>APPLICANT</b>				List <u>Gross Monthly Income</u> and describe any "Other" income (child support, food stamps, etc.) <b>CO-APPLICANT</b>			
<u>List Gross Dollar Amount Below:</u>				<u>List Gross Dollar Amount Below:</u>			
Employment: \$				Employment: \$			
Social Security: \$				Social Security: \$			
Retirement: \$				Retirement: \$			
VA, Civil Service: \$				VA, Civil Service: \$			
OTHER: \$				OTHER: \$			
<b>TOTAL INCOME: \$</b>				<b>TOTAL INCOME: \$</b>			

**INITIAL** below to acknowledge the following information:

\_\_\_\_\_ Let's Paint funds are a ONE-TIME GRANT **not to exceed \$7,000** per household.

\_\_\_\_\_ Under 1 Roof funds are a ONE-TIME GRANT **not to exceed \$14,000** per household.

\_\_\_\_\_ I understand my property may be found unfeasible if not within the program guidelines.

\_\_\_\_\_ I understand property insurance documentation should be provided but is not a requirement to apply for assistance. If unable to purchase property insurance due to the current condition of the property, insurance may be purchased after completion of the project.

\_\_\_\_\_ I certify that I have not made an insurance claim for my roof in the last 5 years

\_\_\_\_\_ I give the City permission to share my application with CPS Energy or AACOG to be considered for energy efficient programs: such as Weatherization Program. I understand that I may be contacted by CPS Energy or AACOG staff.

\_\_\_\_\_ If qualified, I understand COSA will place a Restrictive Covenant; requiring me to maintain property as my homestead for five years from project completion.

I am interested in receiving up to 1 to 2 trees from the City of San Antonio's Parks and Recreation Department at no cost to me, but I will be responsible for the care and maintenance of the tree.  
 Yes \_\_\_\_\_ No \_\_\_\_\_

How many people live in the house? \_\_\_\_\_ In the area below, provide information for all household members.

NAME	AGE	RELATIONSHIP	GROSS MONTHLY INCOME

Do you have children ages 1-5 residing in the home or spent at least 6 hours per week in the home?

If so, would you be interested in being referred to the Green & Healthy Homes? Yes \_\_\_\_\_ No \_\_\_\_\_ .

**APPLICANT'S CERTIFICATION:** I certify that all information given and furnished in this application is given for the purposes of obtaining assistance through one of the three programs incorporated into this application. I also certify that all information is true and correct to the best of my knowledge and belief. I authorize the City of San Antonio to contact any source to solicit and/or verify information necessary for any eligibility determination for the purpose of the program. I certify that I am the owner and occupant of the property to be repaired and that the property is my principal residence. I understand that any discrepancy or omission in the information provided may disqualify me from participation in the program.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant's Signature**

\_\_\_\_\_  
**Date**