



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

1400 S. Flores San Antonio, TX 78204

[www.sanantonio.gov/NHSD/Programs/Repair](http://www.sanantonio.gov/NHSD/Programs/Repair) 210-207-6459



**If you have submitted an application in 2019, there is no need to reapply as your application is still under review.**

1. The **UNDER 1 ROOF PROGRAM** fully replaces worn and damaged roofs with new, energy-efficient asphalt shingle roofs for qualified homeowners.
2. If qualified, the City of San Antonio will place a **RESTRICTIVE COVENANT**, signed by homeowner(s), requiring homeowner(s) to maintain property as a homestead and continue to pay property taxes for **FIVE YEARS** from project completion.
3. **Applications are accepted and processed until funding is exhausted.**

**PROGRAM ELIGIBILITY REQUIREMENTS**

Property must be within San Antonio city limits (Districts 1-10)
Must have a current year Homestead Exemption on the property
Property taxes must be current (or must have proof of payment plan or deferral)
Be a US citizen or Legal Resident
Property must be <b>SOLELY</b> owned and occupied (all owner(s) must reside there)
Home must be less than 1700 sq. ft.
Must meet established HUD Income limits guidelines, or be over 62, or disabled or a Veteran Gross income must not exceed 80% of the Area Median Income (AMI)
Property <b>CANNOT</b> have Metal Roof, Gravel Roof, Clay Tiles, or Wood Shingles

HUD 2019 Income Limits

Family Size	1	2	3	4	5	6	7	8
Annual Income	39,800	45,450	51,150	56,800	61,350	65,900	70,450	75,000

<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 homeowners
- **3 MONTHS WORTH** of current paystubs for **all occupants** in household (must be current and consecutive)

*ONLY IF SELF-EMPLOYEED: Copy of most recent Income Tax Return*

- **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.)

### **Steps -**

- **Fill out and turn in complete application.**
- **All applications will be reviewed in order of application date by district.**
- **Application is reviewed for completeness, homestead exemption, current taxes, and square footage.**
- **Based on application date, title review will be processed to confirm 100% ownership of the home.**
- **After title clearance is confirmed, application will be reviewed for income verification and insurance confirmation, when applicable.**
- **Homeowner will be contacted by phone or letter regarding application approval or denial.**
- **Once homeowner is qualified, contractor will review the roof and create an estimate of materials and cost.**
- **If estimate is approved, the homeowner will be contacted to sign the Program Agreement and Restrictive Covenant before work can be completed.**
- **Contractor will complete the roof replacement, and Restrictive Covenant will become active for five years.**

## UNDER 1 ROOF - FREQUENTLY ASKED QUESTIONS

1. To apply:
  - Come in to 1400 S. Flores to fill out an application
  - Print application at [www.sanantonio.gov/nhsd/programs/repair](http://www.sanantonio.gov/nhsd/programs/repair)
  - If applicant is disabled, someone may pick up / drop off application and documents for them, but they must sign the application (OR we can mail them an application)
2. Please allow up to **six months** for application processing. The program is first come first serve and demand is high. There are many applications on the list for service.
3. There is no need to reapply if you have submitted an application in 2019. It is still under review.
4. This program is **NOT an emergency roof replacement program.**
5. There will be a **five-year Restrictive Covenant**, where homeowner must maintain property as their homestead, and maintain property taxes, but they are not required to pay anything for the roof unless program agreement is violated.
6. Applicant will hear a response from us either by letter or phone call when paperwork is finished processing or if they do not qualify.
7. Must have **100 percent ownership of property** and **all owners must live in the home.**
8. Income limits per household size are listed on application.
9. Income documents required for all household members over age of 18:
  - Three **months** paystubs and/or 2019 awards letter for Social Security or retirement, etc. or the most recent two years tax returns
  - If applicant is over the age of 62, disabled, or a veteran, they are not required to bring in income documentation, and may be over income and still qualify
10. Must be within San Antonio city limits, District 1 – 10.
11. Must have current year Homestead Exemption.
12. Must have property taxes paid - an account with deferred taxes or repayment plan are acceptable, but **homeowner must bring in proof of payment plan.**
13. Cannot have current federal or state tax liens or child support judgments.
14. Property must have less than 1,700 square feet of living area.
15. Must bring in copies of ID for homeowners (we can make copies).
16. Must bring in home insurance declaration page, with policy date and insurance phone number. We will be checking with insurance if any claims have been made in the last five years. If large claims have been made and paid, applicant may not qualify.
  - If applicant does not have home insurance, it is not necessary to have for application
17. **No metal, gravel roofs, clay tiles, or wood shingles.**





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SERVICES DEPARTMENT**

1400 S Flores, San Antonio Texas 78204, 210-207-6459

RESTRICTIVE COVENANT ACKNOWLEDGEMENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

If qualified, I understand the City of San Antonio will place a Restrictive Covenant, signed by myself as the homeowner, requiring homeowner(s) to maintain property as a homestead for five years from project completion. I understand the property taxes are required to be paid each year for five years from project completion. I understand that if the terms of the Restrictive Covenant are violated, the homeowner(s) will be required to immediately repay a prorated portion of the Grant Funds, calculated by reducing the total Grant Funds by one-fifth (1/5) for each full year that the homeowner(s) complied with each and every provision of the Restrictive Covenant.

I have read and understand the above:

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Homeowner - Signature and Date

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Homeowner - Signature and Date



# CITY OF SAN ANTONIO NEIGHBORHOOD & HOUSING SERVICES DEPARTMENT

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## CONSENT TO RELEASE INFORMATION & PHOTOGRAPHS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

In connection with the Neighborhood and Housing Service Department and as part of the application process for services, I hereby authorize the release of my information to the City of San Antonio, Neighborhood and Housing Services Department (City).

The information requested will assist me to qualify for City Program(s). A copy of this authorization may be accepted as an original.

In addition, I grant *City* staff or representative, the right in perpetuity and without compensation to me, to take photographs of my property and the use of photographs for program illustration, advertisement, and other City marketing efforts including publications on the City's website, brochures, and presentations.

I have read and understand the above:

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Homeowner - Signature and Date

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Homeowner - Signature and Date

**Office Use Only:**

- Square footage
- Taxes
- Homestead
- District



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

**UNDER 1 ROOF PROGRAM APPLICATION**

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

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

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

