



# Under 1 Roof

## Residential Roof Repair Program

**CITY OF SAN ANTONIO**  
**Neighborhood and Housing Services Department**  
**1400 S. Flores, San Antonio TX 78204**  
**210-207-6459 or 207-5403**

### PROGRAM ELIGIBILITY REQUIREMENTS

- Property located in District 1, 2, 3, 4, 5
- Property taxes must be current
- Provide valid picture identification and/or driver's license
- Be a US citizen or Legal Resident
- Must not have filed an insurance claim in the last 5 years for roof
- Must meet HUD 2017 Income Limits established income guidelines which cannot exceed 80% of the Area Median Income (AMI) as follows:

Family Size	1	2	3	4	5	6	7	8
Annual Income	35,600	40,650	45,750	50,800	54,900	58,950	63,000	67,100

### PROPERTY GUIDELINES

- Property must be owner occupied (No Rental Units)
- Structure must be less than 1500 sq. ft. (No Metal Roofs)
- Home must be designated a Homestead with the Bexar Co. Appraisal District
- Project Scope: Roof repair or replacement to include roof flashing and minor repairs related to the roof will be addressed.

### APPLICATION CHECKLIST

Complete applications **MUST** contain the following information:

- Complete & sign **"Under 1 Roof Program"** application
- Copy of Warranty Deed
- Copy of Property Insurance if available
- Current Picture ID or Driver's License
- Pay stubs for the last (3) months for all occupants in household
  - o If self-employed: copy of Income Tax Return for past two years
- Award Letter from Social Security, Retirement Benefits, Child Support or any other public assistance, provide documentation from the supportive agency stating the current amount being received or awarded

**"Under 1 Roof" Residential Roof Repair Program Application**  
 Program funds available for Districts 1 through 5 only

**APPLICANT KEEP INFORMATION PAGE**

## Residential Roof Repair Program

Program funds available for Districts 1 through 5 only

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

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

APPLICANT'S NAME		DATE OF BIRTH	CO-APPLICANT	DATE OF BIRTH
ADDRESS		ZIPCODE		
PHONE#:		2 <sup>nd</sup> PHONE#:		
DRIVER'S LICENSE/ID:	SOCIAL SECURITY:		DRIVER'S LICENSE/ID:	SOCIAL SECURITY:
EMPLOYER NAME & ADDRESS:		EMPLOYER NAME & ADDRESS:		
Below list <u>Gross Monthly Income</u> and describe any "Other" income <b>APPLICANT 1</b>		Below list <u>Gross Monthly Income</u> and describe any "Other" income <b>APPLICANT 2</b>		
<u>Source of Income</u> Employment: Social Security: Retirement: VA, Civil Service: OTHER: TOTAL INCOME _____		<u>Source of Income</u> Employment: Social Security: Retirement: VA, Civil Service: Other: TOTAL INCOME _____		
Please initial below to acknowledge:				
<input type="checkbox"/> GRANT funds for roof repair or replacement include; demolition of existing roof, white shingles, underlayment, roof flashing, drip edge, turbine or ridge vent replacement. GRANT is offered in the form of a <u>ONE-TIME GRANT</u> not to exceed \$14,000 per household.				
<input type="checkbox"/> I understand my property may be found unfeasible if not within the program guidelines.				
<input type="checkbox"/> I understand property insurance documentation should be provide. If unable to purchase property insurance due to the current condition, insurance may be purchase after completion of the project.				
<input type="checkbox"/> I certify that I have not made an insurance claim in the last 5 years for my roof				
<input type="checkbox"/> I give the City permission to share my application with CPS Energy for consideration in the Casa Verde (Weatherization) Program or other programs offered by CPS Energy. CPS Energy staff may contact me YES <input type="checkbox"/> NO <input type="checkbox"/>				
Has your roof recently been repaired or replaced _____? How old is the roof _____ years? What is the condition of your roof? (circle: good/fair/poor)				

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

NAME & AGE	RELATIONSHIP	Gross Monthly Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES:** The information concerning Minority Group Category is requested for statistical purposes so the Agency may determine the degree to which its programs are being utilized by Minority Families and has no bearing on the acceptance of this application. IF SUCH INFORMATION IS NOT PROVIDED, THE AGENCY IS REQUIRED TO NOTE RACE/NATIONAL ORIGIN AND SEX ON THE BASIS OF SIGHT AND/OR SURNAME.

RACE:  AFRICAN AMERICAN     AMERICAN INDIAN     ASIAN     HISPANIC     WHITE  
 OTHER \_\_\_\_\_

Are you a U.S. CITIZEN or PERMANENT RESIDENT?    YES     NO

**APPLICANT'S CERTIFICATION:** The applicant certifies that all information given and furnished in this application is given for the purposes of obtaining "Under 1 Roof" Program assistance specifically for Districts 1 through 5. The applicant also certifies that all information is true and correct to the best of the applicant's knowledge and belief. The applicant authorizes the City of San Antonio or its designated agents to contact any source to solicit and/or verify information necessary for any eligibility determination for the purpose of the program. The applicant certifies that he/she are the owner-occupant of the property to be repaired and that the property is his/her 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