



City of McKinney  
Housing Services Division  
406 N. Tennessee St.  
McKinney, TX 75069  
972-547-2663  
[www.mckinneytexas.org](http://www.mckinneytexas.org)

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## HOUSING REHABILITATION APPLICATION

We appreciate your interest in the Housing Rehabilitation program offered by the City of McKinney. Please follow all steps listed below:

**Step 1:** Review the attached program eligibility requirements to determine if you are eligible before completing the application.

**Step 2:** Complete application, homeowner's pre-inspection checklist and attach all required documents. Applications will be considered incomplete if all documents are not included.

**Step 3:** When you have completed the application with all of the required documents, call the above number to schedule an appointment. Our staff will make copies of all your documents. Please keep the program eligibility requirements for your records and return the complete application to our office.

Thank you for taking the time to review the application requirements and to prepare a complete application for our staff to review. If you have any questions, please contact our office at 972-547-2663



## City of McKinney Housing Rehabilitation Program Eligibility Requirements

Applicants must submit all information requested in the application that applies to his/her household and complete all verification forms. All information will be verified by the Housing Rehabilitation staff. Applicants shall provide complete and accurate information regarding their household composition, household income, and housing situation. **Failure to disclose information which may affect eligibility requirements may constitute fraud and result in denial of the application.** Applicants shall be required to make full restitution to the City in the event the Housing Rehab services are provided to applicants who provide inaccurate or incomplete information in order to meet eligibility requirements. Requests for further services will be denied unless restitution is made in full.

### A. Income Qualifications

This program is designated to assist very low, low and moderate income property owners/occupants as defined by the Dallas Metropolitan Statistical Area guidelines established by HUD, and revised annually. The chart below lists the minimum and maximum income under these guidelines.

2019 CDBG INCOME LIMITS (effective 04/24/19)  
Percentage of Median Income

| Household Size | 30%           | 50%           | 80%           |
|----------------|---------------|---------------|---------------|
| 1              | 17,500        | 29,100        | 46,550        |
| 2              | 20,000        | 33,250        | 53,200        |
| 3              | 22,500        | 37,400        | 59,850        |
| <b>4</b>       | <b>25,750</b> | <b>41,550</b> | <b>66,500</b> |
| 5              | 30,170        | 44,900        | 71,850        |
| 6              | 34,590        | 48,200        | 77,150        |
| 7              | 39,010        | 51,550        | 82,500        |
| 8              | 43,430        | 54,850        | 87,800        |

- Income of all household residents age 18 and above will be included in income determination. Unearned income of minors 17 and under will also be included. Family size will be determined by the number of family members living in the home on a regular basis.
- Income level may be established in any reasonable manner, including but not limited to, IRS 1040 and/or W-2 forms, an employment pay stub, a Social Security check, a court order for child support or spousal support, verification of employment, bank statements, etc. The City reserves the right to re-verify income at any time before the contract closing.
- Household assets (total combined for all household members) may not be in excess of \$50,000. This does not include retirement accounts or the value of the house.
- Applicant must provide all necessary documentation at time of application. Failure to provide all required documentation at time of application or within 30 days will result in the application being denied.

## **B. Additional Homeowner Requirements**

- Title to the property must be in applicant's name and must be their primary residence for at least one year. Title may not be shared with anyone other than regular household members. Abstract of judgments, liens, etc. must be cleared except for a purchase mortgage. Title research may be used to verify this requirement.
- For inherited property, the necessary legal documents must be filed for record, which name the applicant as the sole deed holder.
- Applicant must exhibit the ability and willingness to pay creditors.
- Applicant must not be delinquent on any federal debts (ex. student loans).
- Mortgage payments must be current. The City of McKinney will not accept less than a third lien position.
- Owner must agree that the property will be his/her primary place of residence for at least five (5) years; it could be up to Fifteen (15) years depending on loan amount from the date of the loan.
- Property taxes and other debts to the City of McKinney must be current. Provide mortgage statement if taxes are escrowed, or receipt from Collin County showing balance owed. If exempt from taxes, this will be verified with the county. If taxes are past due, applicant must provide documentation that at least six (6) consecutive months of payments have been made prior to application submission.

- You must not have exhausted the lifetime program caps of three (3) repairs or maximum total expenditures of \$40,000, whichever comes first, is available for any one structure and/or household. Further assistance is available for any homeowner who is at or below 30% AMI for a fourth (4) and/or fifth (5) repair for a lifetime maximum of \$45,000.
- The applicant and other household members may be required to participate in City- sponsored homeowner education. These classes are held periodically and educate homeowners on property maintenance.

### **C. Property Eligibility**

- Must be an owner occupied single family dwelling located within McKinney city limits.
- Must be covered by approved homeowner's insurance, in an amount at least equal to the value of the rehabilitation loan.
- In circumstances where insurance has been denied due to the condition of the property, and the applicant can provide proof of denial, the applicant will be required to obtain a homeowner's insurance policy quote from any reputable insurance agency. Applicant should inform the agent that the structure would be rehabilitated to meet all current Building, Electrical, Plumbing, and Fire-Safety codes. Applicant must provide proof of insurance coverage no later than one month after the work is completed on the house. Insurance must be kept current for the length of the loan.

Applicant must agree to list the City of McKinney as a mortgagee on the insurance policy. City will pay any necessary fees directly to the insurance company to facilitate this requirement.

- Applicants will be required to clean up any accumulation of personal items, old furniture, or other property that may impede the ability of the contractor to complete the work. The property may not have existing code violations (such as high weeds, trash, debris, junk vehicles, open storage, etc.). Any liens placed on properties for correcting code violations must be paid in full by the time the application is submitted. The Affordable Housing Administrator reserves the right to cancel the project if code violations occur and are not corrected before the project is ready to receive bids.
- Property must be economically feasible for rehabilitation. If costs for repair exceed the program limits, or a home is in such disrepair that the costs are not justifiable, the property may not be eligible for the housing rehabilitation program.

- In the event the applicant does not have clear title, or the property is not economically feasible for rehabilitation, the City may refer the applicant to other area agencies that provide housing rehabilitation services.
- Mobile and manufactured homes are not eligible for the program.
- Applicant is not eligible for rehabilitation assistance if applicant is purchasing a home under a “contract for deed” (or like contract), where applicant does not gain possession of the property deed until all contract agreements have been met.
- Applicant is not eligible for rehabilitation assistance if applicant has a reverse mortgage on the home.

#### **D. Additional Administrative Requirements**

- All program participants shall be required to execute a contract with the City of McKinney detailing the conditions and agreements governing the provision of the rehabilitation work. Additional paperwork will be necessary to ensure compliance with funding and other local, state or federal guidelines. Completion of all relevant documentation and agreements shall be required as a condition of acceptance of any given project.



Housing Rehabilitation  
Program  
406 N. Tennessee St.  
McKinney, Texas 75069  
972-547-2663



***The following information is required in order to complete your application for the Housing Rehabilitation Program. When you have completed the application and have ALL of the listed documents, call the above number to schedule an appointment. Our staff will make copies of all your documents.***

1. **Copy of TX Drivers License or other Government Issued I.D.**  
(Homeowners only)
2. **Written Verification of ALL household income.**  
***(Includes All Adults That Are 18 and older)***
  - Last six (6) consecutive paycheck stubs, if working.
  - Last year's filed income tax return. 1040 form with W2's.
  - Last 6 months bank statements (all pages) for checking and savings accounts.
  - Most recent statements from your investments or other assets.
  - Social Security Award letter, if applicable.
  - Proof of Child Support or Alimony, if applicable.
  - Proof of Retirement income, if applicable.
  - Divorce Decree, if applicable
3. **Proof of Homeownership.**
  - Deed of Trust or Warranty Deed
  - Mortgage Statement or Coupon Book, if still making payments.
4. **Proof of Homeowners Insurance.**  
Current Declarations Page from insurance policy. If insurance has been denied due to the condition of the property, the applicant will be required to obtain a homeowner's insurance policy quote from any reputable insurance agency.
5. **Proof Property Taxes are current.**  
Provide mortgage statement if taxes are escrowed, or receipt from Collin County showing balance owed. If exempt from taxes, this will be verified with the county. If taxes are past due, applicant must provide documentation that at least six (6) consecutive months of payments have been made prior to application submission.
6. **Proof of Principle Residence.**
  - Provide current copy of utility bill. (Water, Electric, or Gas)
7. **Record of assets.** Yearly interest on all assets (stocks, bonds, certificates of deposit, passbook savings, etc.) must be counted as income. Written verification of the value of these assets and interest rate at which they are invested is necessary to complete your application.

**THIS INFORMATION WILL REMAIN CONFIDENTIAL, AND WILL BE USED SOLELY FOR THE PURPOSE OF ESTABLISHING YOUR ELIGIBILITY FOR THIS PROGRAM.**



# CITY OF MCKINNEY HOUSING REHABILITATION APPLICATION



Emergency Repair     Small Repair     Full Rehabilitation

Have you ever applied for Housing Rehabilitation Assistance before?     Yes     No

## SECTION A. APPLICANT DATA

Date \_\_\_\_\_

Homeowner #1  
Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Address \_\_\_\_\_  
How long at this address \_\_\_\_\_  
Previous Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Homeowner #2  
Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Address \_\_\_\_\_  
How long at this address \_\_\_\_\_  
Previous Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Race/Ethnicity: Do you consider yourself to be Hispanic?     Yes     No

Please check the race/ethnicity that applies to you:

- |  |   |
|--|---|
| <input type="checkbox"/> White                         | <input type="checkbox"/> Black /African American          |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian                         | <input type="checkbox"/> Other/Mixed: _____               |

Are you elderly (aged 62 and over)?     Yes     No    Are you disabled?     Yes     No

Are you a Veteran?     Yes     No    Is this your primary residence?     Yes     No

## OTHERS RESIDING IN HOME

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Income \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Income \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Income \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Income \_\_\_\_\_

## SECTION B. SOURCE OF INCOME

All income and assets will require verification from the providing sources before eligibility will be granted. **Income includes all money flowing into the household from all persons over 18 years old. Self-employment wages, AFDC, alimony, Social Security benefits, pensions, child support, and regular gifts of money from friends, family or a church must be disclosed.** Money earned from providing services, and interest from bank accounts or investments must be disclosed.

Homeowner #1  
Current Job/Source of Income  
Company Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Gross Monthly Income \_\_\_\_\_  
Position \_\_\_\_\_ Hire Date \_\_\_\_\_

Homeowner #2  
Current Job/Source of Income  
Company Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Gross Monthly Income \_\_\_\_\_  
Position \_\_\_\_\_ Hire Date \_\_\_\_\_

Homeowner #1 Previous Job  
Company Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Homeowner #2 Previous Job  
Company Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Job History should reflect two years. If you have had other employment in the last two years, use an additional sheet to list the company name, phone number, address, and dates employed.

## SECTION C. GROSS MONTHLY INCOME

Base Pay: Head of Household \_\_\_\_\_  
Spouse \_\_\_\_\_  
Other \_\_\_\_\_  
Part-Time Employment \_\_\_\_\_  
Social Security or Pension \_\_\_\_\_  
Regular Gifts or Contributions \_\_\_\_\_  
Child Support/Alimony \_\_\_\_\_  
Other Income \_\_\_\_\_

## SECTION D. PRESENT HOUSING

Do you own the house? \_\_\_ Yes \_\_\_ No  
Year House Built \_\_\_\_\_  
Monthly Mortgage Payment \_\_\_\_\_  
Payments Current? \_\_\_ Yes \_\_\_ No  
2<sup>nd</sup> Lien Payment \_\_\_\_\_  
Insurance Payment \_\_\_\_\_  
Property Taxes \_\_\_\_\_  
Taxes Current? \_\_\_ Yes \_\_\_ No  
Utilities – Electric \_\_\_\_\_  
Gas \_\_\_\_\_ Water \_\_\_\_\_

## SECTION E. ASSETS

Bank Accounts  
Name of Bank \_\_\_\_\_  
Checking Account No. \_\_\_\_\_  
Checking Balance \_\_\_\_\_  
Savings Account No. \_\_\_\_\_  
Savings Balance \_\_\_\_\_  
Retirement Acct. Balance \_\_\_\_\_  
Stocks/Bonds/CD's \_\_\_\_\_

## SECTION F. OTHER EXPENSES

Insurance – List amount paid monthly  
Car \_\_\_\_\_ Health \_\_\_\_\_  
Life \_\_\_\_\_  
Cable \_\_\_\_\_ Cell Phones \_\_\_\_\_  
Own other Real Estate? \_\_\_ Yes \_\_\_ No  
If yes, how much monthly? \_\_\_\_\_  
Child Care \_\_\_\_\_  
Food \_\_\_\_\_ Entertainment \_\_\_\_\_



**SECTION G. DEBTS**

|                     | Name  | Account No. | Monthly Payment |
|---------------------|-------|-------------|-----------------|
| Car Loans or Leases | _____ | _____       | _____           |
| Student Loans       | _____ | _____       | _____           |
| Other Loans         | _____ | _____       | _____           |
| Credit Cards        | _____ | _____       | _____           |
| Other               | _____ | _____       | _____           |

Have you received a Home Equity Loan or a Reverse Mortgage within the last three years?  
\_\_\_ Yes \_\_\_ No If yes, when and how much? \_\_\_\_\_

***\*Applicants with a Reverse Mortgage do NOT qualify for the Housing Rehabilitation Program\****

**SECTION H. NEAREST RELATIVE (not living with you)**

|                    |                |
|--------------------|----------------|
| Name _____         | Address _____  |
| Phone Number _____ | Relation _____ |

**SECTION I. REPAIRS NEEDED**

List the repairs needed: \_\_\_\_\_  
\_\_\_\_\_

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies.....or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

The Applicant certifies that all information in this application, and all information furnished in support of the application, is given for the purpose of obtaining approval to participate under the Housing Rehabilitation Program, whereby funds are available under the City of McKinney Community Development Block Grant (CDBG) Program. The Applicant submits the information provided is true and complete to the best of the Applicant's knowledge and belief.

Verification of any of the information contained in this application may be obtained from any source named herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Application Taken By: \_\_\_\_\_

\_\_\_\_\_  
Date





## HOMEOWNER'S PRE-INSPECTION CHECKLIST

### EXTERIOR INSPECTION

#### 1. **Foundation**

- a. Made of: Concrete Block\_\_\_\_ Stone\_\_\_\_ Concrete\_\_\_\_ Other\_\_\_\_
- b. Does your house have a: basement \_\_\_\_ Crawl Space \_\_\_\_ Concrete Pad\_\_\_\_
- c. Does the Basement or Foundation Leak: No \_\_\_\_ A little \_\_\_\_ Quite a Bit\_\_\_\_
- d. Describe the location of the leak:\_\_\_\_\_
- e. Describe the foundation condition: Good \_\_\_\_ Cracked \_\_\_\_ Collapsing\_\_\_\_

#### 2. **Siding**

- a. Siding is: Wood\_\_\_\_ Vinyl \_\_\_\_ Cement Shingle \_\_\_\_ Brick \_\_\_\_
- b. Is the condition of the siding material: Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_
- c. Does the siding need painting: Immediately \_\_\_\_ Soon \_\_\_\_ Much Later \_\_\_\_

#### 3. **Roof**

- a. Is it: Flat \_\_\_\_ Gabled\_\_\_\_ Shed\_\_\_\_
- b. How old is the roof: \_\_\_\_\_ years
- c. In what condition is the roof: Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_
- d. Are there any leaks at this time? \_\_\_\_\_
- e. Location of the leaks \_\_\_\_\_

4. **Other Exterior Problems I'd like to fix:**

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INTERIOR INSPECTION

1. **Plumbing**

a. Is the water pressure: Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

b. Does the sewer back up: Never \_\_\_\_ Sometimes \_\_\_\_ Frequently \_\_\_\_

c. Please circle the appropriate response:

|               | <i>Does it work properly</i> |    | <i>Circle Condition</i> |      |      |
|---------------|------------------------------|----|-------------------------|------|------|
|               | Yes                          | No | Good                    | Fair | Poor |
| Toilet        | Yes                          | No | Good                    | Fair | Poor |
| Bathroom Sink | Yes                          | No | Good                    | Fair | Poor |
| Kitchen Sink  | Yes                          | No | Good                    | Fair | Poor |
| Shower        | Yes                          | No | Good                    | Fair | Poor |
| Tub           | Yes                          | No | Good                    | Fair | Poor |
| Water Heater  | Yes                          | No | Good                    | Fair | Poor |
| Sump Pump     | Yes                          | No | Good                    | Fair | Poor |

d. Is City water connected to your home: Yes \_\_\_\_ No \_\_\_\_

e. Is City sewer connected to your home: Yes \_\_\_\_ No \_\_\_\_

f. If no, do you have:

Septic: \_\_\_\_ Age of System \_\_\_\_ Date of most recent pumping \_\_\_\_

Holding Tank: \_\_\_\_ Age of System \_\_\_\_ Date of most recent pumping \_\_\_\_

g. Are you having any problems with natural gas supply: Yes \_\_\_\_ No \_\_\_\_

h. The overall condition of your plumbing system is: Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

i. Pipe freeze in winter: Never \_\_\_\_ Seldom \_\_\_\_ Often \_\_\_\_

2. **Wiring**

a. Does your home have any dangerous wiring: Yes \_\_\_\_ No \_\_\_\_

b. Do fuses blow: Never \_\_\_\_ Sometimes \_\_\_\_ Often \_\_\_\_

c. How many fixtures and appliances are plugged in extension cords: \_\_\_\_\_

**3. Heating/Cooling**

a. Check Each of the following Types of heating methods you now use:

Floor Furnace \_\_\_\_\_ Wall Furnace \_\_\_\_\_ Central Heat \_\_\_\_\_

Small gas room heater \_\_\_\_\_ Portable electric heater \_\_\_\_\_

Wood burning heater \_\_\_\_\_ Steam heat \_\_\_\_\_ Kitchen range \_\_\_\_\_

b. How many of the rooms are presently heated \_\_\_\_\_

c. Do you think the heating/cooling system in your home is adequate:  
Yes \_\_\_ No \_\_\_ Why \_\_\_\_\_

c. Can you presently smell natural gas in your home: Yes \_\_\_ No \_\_\_

**4. Kitchen/Bath**

a. Is the condition of your home's kitchen floor: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

b. Is the condition of your home's kitchen walls: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

c. Is the condition of your home's kitchen cabinets: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

d. Is the condition of your home's kitchen ceiling: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

e. Is the condition of your home's bathroom floors: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

f. Is the condition of your home's bathroom walls: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

g. Is the condition of your home's bathroom ceiling: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

**5. Overall Condition**

a. How many rooms are there in your home: \_\_\_\_\_

b. How many bedrooms: \_\_\_\_\_

c. Does your home have smoke alarms: Yes \_\_\_ No \_\_\_  
How many smoke alarms: \_\_\_\_\_

d. Does your home have carbon monoxide detectors: Yes \_\_\_ No \_\_\_  
How many carbon monoxide detectors: \_\_\_\_\_

e. Do all doors open and lock properly: Yes \_\_\_ No \_\_\_

f. If no, describe problems: \_\_\_\_\_

- g. Do all windows open and lock properly: Yes \_\_\_\_ No \_\_\_\_  
If no, describe problems: \_\_\_\_\_
- h. Would you describe the conditions at your home as: Good \_\_\_\_ Fair \_\_\_\_  
Poor \_\_\_\_
- i. Do you have additions or conversions to the original structure: Yes \_\_\_\_ No \_\_\_\_  
What year was the addition/conversion added or constructed: \_\_\_\_\_
- j. Briefly describe any dangerous conditions at your home which need immediate  
attention, include any other remarks you wish to make:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures:

Homeowner: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner: \_\_\_\_\_ Date: \_\_\_\_\_