



DISASTER RECOVERY RENTAL HOUSING REHABILITATION PROGRAM

The purpose of the City of Galveston Disaster Recovery Rental Housing Rehabilitation Program (RENTAL HOUSE PROGRAM) is to provide rehabilitation assistance to single-family and multi-family (up to 4 units) rental units (non-Section 8) that were damaged by Hurricane Ike and were under-insured, have no insurance, or where a financial gap exists between insurance, FEMA, SBA and the assistance necessary to bring units up to HUD standard building code.

The maximum number of rental units to be assisted for each property owner will be four (4). The maximum assistance provided to a single-family residential unit is \$35,000 and the maximum assistance provided to multi-family rental housing properties is \$35,000 per unit.

Owner must agree to maintain the rental units at HUD Fair Market Rental Rates for a period of three (3) years. Required number of units must be rent to Low-Moderate Income families. HUD Fair Market Rental Rates can be found below:

| Unit Size: | Efficiency | 1BR | 2BR | 3BR | 4+BR |
|-------------------|------------|-------|-------|---------|---------|
| FINAL FY 2009 FMR | \$642 | \$714 | \$866 | \$1,154 | \$1,451 |

The rental units do not have to be on the site of the owner’s primary residence, however, they must be within the City limits of Galveston. The owner of the rental property must maintain their primary residence within the City limits of Galveston and he or she must be an individual property owner (no LLC or Corporation).

RENTAL PROPERTY OWNER CASH MATCHING REQUIREMENTS

If the rental property owner is not low-moderate income (by HUD standards), he or she must provide a cash match to the program rehabilitation contribution.

If the rental property owner is low-moderate income (by HUD standards), no match is required.

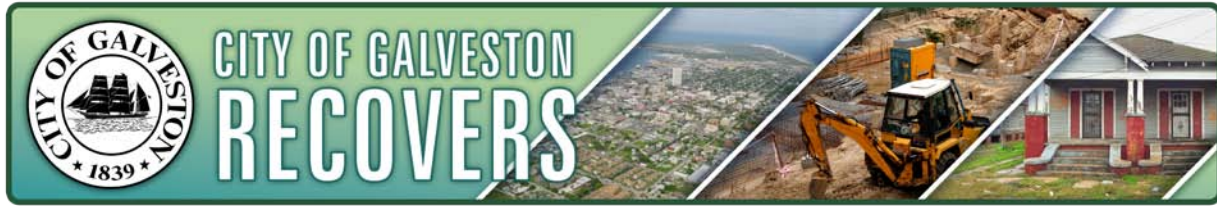
Example: Rental Property Rehabilitation Cost: \$16,000

Non Low-Moderate Income Owner Award Amount: \$8,000

Non Low-Moderate Income Owner Cash Match Amount: \$8,000

Low-Moderate Income Owner Award Amount: \$16,000

Low-Moderate Income Owner Cash Match Amount: \$0,000



HOUSING ASSISTANCE CENTER LOCATION

City of Galveston Disaster Recovery Rental Housing Program (Rental House Program) provides case management and other support services to eligible applicants participating in the rehabilitation program. If or when determined eligible, a case manager will be assigned to your application. You will be asked to meet with a case manager and to submit additional forms to complete verification. The Rental House Program office is located at the Island Community Center, 4700 Broadway Suite G400, Galveston, TX. The phone number is 409-797-3773. Please mail applications to the addresses:

For U.S. Mail

City of Galveston Recovers
c/o City of Galveston
P.O. Box 1259
Galveston, TX 77553-1259

For UPS:

City of Galveston Recovers
Rental House Program
4700 Broadway, Suite G400
Galveston, TX 77550

The information collected in this application will be used to determine whether you qualify for the City of Galveston Rental Housing Rehabilitation Program. It will not be disclosed outside the City of Galveston or its Agents without your consent except for verification of information and as required and permitted by law. You do not have to provide this information, but if you do not your application for assistance may be delayed or rejected. Additional information may be required at a later date.

BASIC REQUIREMENTS FOR PARTICIPATING IN THE DISASTER RECOVERY RENTAL HOUSING REHABILITATION PROGRAM

- ✓ Rental property must be within the City limits of Galveston
- ✓ Property owner (landlord) must maintain residency within the City limits of Galveston
- ✓ Rental property must have been damaged as a result of Hurricane Ike
- ✓ All City, County, and School taxes must be paid and current (no delinquencies)
- ✓ Landlord must be individual owner (no LLCs, Company or Corporation)
- ✓ Deeds must be free of Mechanic's Liens and/or Judgments



I. RENTAL PROPERTY OWNER INFORMATION

Is the damaged rental property owner considered low and moderate income? * YES NO

In order to state "YES" to this question, the household gross annual income cannot exceed the maximum amount below based upon your household size.

| HUD Family Income Limits for: 2009 Effective February 13, 2009 | Income Area Galveston, TX, MSA | | | | | | | |
|---|-----------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons |
| Maximum gross annual income for Low and Moderate designation | 35,750 | 40,850 | 45,950 | 51,050 | 55,150 | 59,200 | 63,300 | 67,400 |

If the answer to any of the following four questions is NO, you may not be eligible for Disaster Recovery Rental Housing Rehabilitation

- Do you own a home within the City of Galveston as your primary residence? YES NO
- Do you own rental property located in the City of Galveston? YES NO
- Did you own the rental property as of September 13, 2008? * YES NO
- Was your rental property damaged or destroyed by Hurricane Ike? YES NO

Tenants

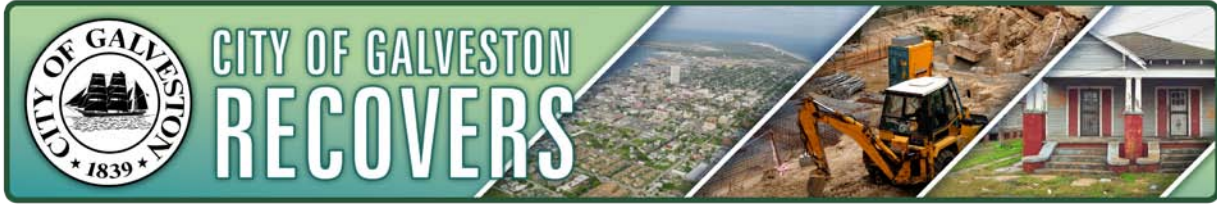
- Is your rental property currently occupied by a tenant? YES NO
- Has your rental property been occupied within the last 90 days? YES NO

Please answer the following questions

- Did you register with FEMA for storm related assistance for structural damage to your rental property? * YES NO
- Have you ever received any disaster funds for your rental property from the City, County, State or a Federal Grant? * YES NO

If yes, please provide the most recent date and the combined amount from the above sources:

DATE: _____ AMOUNT: _____



II. APPLICANT INFORMATION

| | | | | | |
|--|----------------|------------------|--------------------|---------------------------------------|----------------------------------|
| PREFIX ___Mrs. ___ Mr. ___ Ms. ___ Dr. ___ Rev. | | | | Daytime Phone * () - | |
| Last Name * | | First Name * | | Middle Name | |
| | | | | ___ JR ___ SR ___ MD ___ PhD | |
| Social Security No. * | | | Date of Birth * | | Evening Phone * () - |
| Present Mailing Address (where correspondence will be sent) * | | | City * | State * | Zip Code * |
| | | | | | Cell Phone () - |
| Marital Status * ___ Married ___ Unmarried (single, divorced, or widowed) ___ Separated | | | | No. of Dependents (living at home) | |
| | | | | FAX No. () - | |
| E-mail Address: | | | | | |
| Name and Address of Employer | | | | | Self Employed? ___ Yes ___ No |
| Business Phone No. () | Position/Title | Type of Business | No. of Yrs. on Job | Yrs. in this line of work _____ | |

CO-APPLICANT INFORMATION

| | | | | | |
|--|----------------|------------------|--------------------|---------------------------------|----------------------------------|
| PREFIX ___Mrs. ___ Mr. ___ Ms. ___ Dr. ___ Rev. | | | | Daytime Phone () - | |
| Last Name | | First Name | | Middle Name | |
| | | | | ___ JR ___ SR ___ MD ___ PhD | |
| Marital Status ___ Married ___ Unmarried (single, divorced, or widowed) ___ Separated | | | | FAX No. () - | |
| E-mail Address: | | | | | |
| Name and Address of Employer | | | | | Self Employed? ___ Yes ___ No |
| Business Phone No. () | Position/Title | Type of Business | No. of Yrs. on Job | Yrs. in this line of work _____ | |



EMERGENCY CONTACT INFORMATION Please note that information will not be shared with this individual. Enter contact information for a relative or friend who could be contacted if neither you nor the co-applicant can be reached.

| | | | | |
|---|------------|-------------|----------|---|
| PREFIX <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. | | | | Daytime Phone () - |
| Last Name | First Name | Middle Name | | <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> MD <input type="checkbox"/> PhD |
| Present Mailing Address (where correspondence will be sent) | City | State | Zip Code | Cell Phone () - |

ADDRESS OF YOUR PRIMARY RESIDENCE

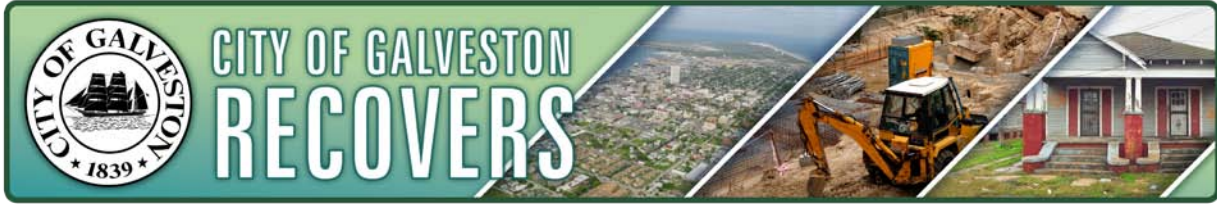
| | | | | |
|---------------------------------|------------------------------|-----------------------------|--|------|
| Street Address | | | | City |
| Is this your primary residence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

NAME ON THE OWNERSHIP/ACQUISITION DEED OF PRIMARY RESIDENCE

| | | | |
|--|-------------|--------------|--|
| First Name * | Last Name * | Middle Name: | <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> MD <input type="checkbox"/> PhD |
| IS THERE A SECOND NAME ON THE OWNERSHIP/ACQUISITION DEED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| IF YES, | | | |
| First Name | Last Name | Middle Name | <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> MD <input type="checkbox"/> PhD |

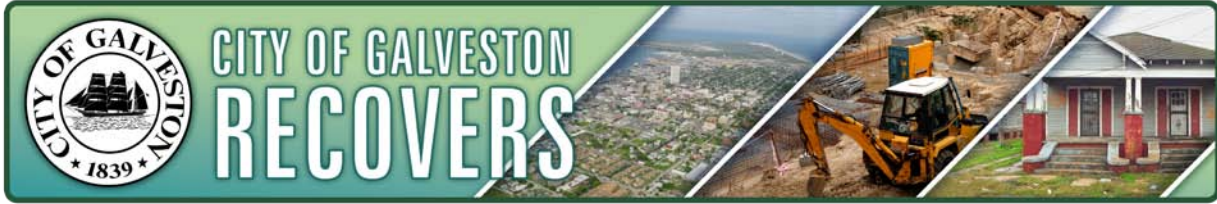
POWER OF ATTORNEY OR TRUSTEE OR OTHER LEGAL DESIGNEE Enter contact information IF this application is subject to a Legal Designee.

| | | | | |
|---|------------|-------------|----------|---|
| PREFIX <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> MS. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. | | | | Daytime Phone () - |
| Last Name | First Name | Middle Name | | <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> MD <input type="checkbox"/> PhD |
| Present Mailing Address (where correspondence will be sent) | City | State | Zip Code | Phone () - |



III. DAMAGED RENTAL PROPERTY INFORMATION

| | | | |
|---|---|-------------------|-------------|
| Street Address 1 * | | | |
| Street Address 2 | | | |
| City *: | County *: | State *: | ZIP Code *: |
| Damaged Property Phone *: () - | | Tax Parcel ID No. | |
| Estimated Cost of Damage: \$ | Source of estimated cost: ___ FEMA ___ Insurance ___ 3 rd Party Appraisal ___ Self ___ Contractor ___ SBA ___ Other, explain _____ | | |
| Year your rental property was built * (estimate, if not known): | | | |
| How many rental units are on this property? * <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> over 4 | | | |
| What type of rental property is it? * <input type="checkbox"/> Single <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Fourplex | | | |
| Utilities *: <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> City Water <input type="checkbox"/> Water Well <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Tank | | | |
| Air Conditioning *: <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> NONE | | | |
| What is the estimated level of damage to the rental property? * <input type="checkbox"/> 0-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> over 75% | | | |
| Have you started work, repairs or rebuilding on this rental property? * <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If you have started work, what is the actual amount you have spent so far? Include cost of demolition and clean-up in addition to any repairs \$ | | | |



LIEN AND MORTGAGE INFORMATION

Do you have one or more mortgages on the rental property? * YES NO

If YES, For all mortgages and equity lines of credit on your damaged property provide the following information

| | Name of Lender | Estimated Payoff Balance | Loan/Account Number |
|---------------------------------------|----------------|--------------------------|---------------------|
| First Mortgage holder | | | |
| Second mortgage/equity line of credit | | | |
| Third mortgage/equity line of credit | | | |
| Fourth mortgage/equity line of credit | | | |

Have any of the above lien or mortgage holders initiated foreclosure proceedings? YES NO

IV. OTHER DISASTER FUNDING

FEMA INFORMATION

Have you applied for any storm-related assistance from FEMA for damage to this property? * YES NO

If Yes, What is your FEMA Registration No.? _____

Are you approved for any storm related assistance for structural damage from FEMA on this property? YES NO

If YES, FEMA Amount Approved \$ _____ FEMA Amount, if any, Received to Date \$ _____

SMALL BUSINESS ADMINISTRATION (SBA) INFORMATION

Have you applied for any storm-related assistance from the SBA for damage to this property? * YES NO

If YES, What is your SBA Application No.? _____

Are you approved for storm-related assistance from the SBA for damage to this property? YES NO

If YES, Loan No. _____ SBA Amount Approved \$ _____

SBA Amount, if any, Received to Date \$ _____



WAS A HOMEOWNERS INSURANCE POLICY IN EFFECT ON DAMAGED RENTAL PROPERTY ON SEPTEMBER 13, 2008? *

YES NO

IF YES FILL IN BLOCK BELOW,

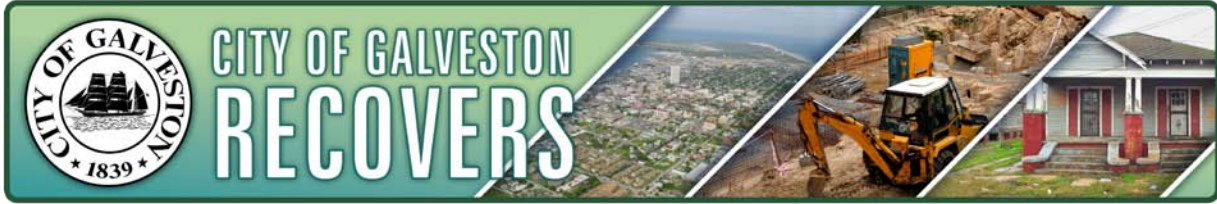
| | | | |
|---------------------------------------|--|--|----------------------------|
| Name of Insurance Company: | | | |
| Agent's Name : | Phone No. of Agent: () | Insured Value of Structure: | |
| Insurance Policy No. | Start Date of Policy in effect at the Time of the Storm: | End Date of Policy in effect at the Time of the Storm: | |
| Claim No. | If Settled: How Much for Structure? \$ | If Pending, How Much for Structure? \$ | |
| Total Damage Estimated by Insurer: \$ | | | |
| First Name | Last Name | Middle Name | __ Jr. __ Sr. __ MD __ PhD |

WAS A FLOOD INSURANCE POLICY IN EFFECT ON DAMAGED RENTAL PROPERTY ON SEPTEMBER 13, 2008? *

YES NO

IF YES, FILL IN BLOCK BELOW

| | | | |
|--|--|---|----------------------------|
| Name of Insurance Company: | | | |
| Agent's Name : | Phone No. of Agent: () | Insured Value of Structure: \$ | |
| Insurance Policy No. | Start Date of Policy in effect at the Time of the Storm: | End Date of Policy in effect at the Time of the Storm : | |
| Total Damage Estimated by Insurer: \$ | | | |
| Claim No. | If settled: How Much for Structure? \$ | If Pending, How Much for Structure? \$ | |
| Name of Insured (Check if same as applicant ____) If not same as applicant, complete following information | | | |
| First Name | Last Name | Middle Name | __ Jr. __ Sr. __ MD __ PhD |



**WAS A WIND INSURANCE POLICY IN EFFECT ON DAMAGED RENTAL PROPERTY
ON SEPTEMBER 13, 2008? ***
IF YES, FILL IN BLOCK BELOW

YES NO

| | | | |
|--|---|---|----------------------------|
| Name of Insurance Company: | | | |
| Agent's Name : | Phone No. of Agent: () | Insured Value of Structure: \$ | |
| Insurance Policy No. | Start Date of Policy in effect at the Time of the Storm: | End Date of Policy in effect at the Time of the Storm: | |
| Claim No. | If Settled: How Much for Structure? \$ | If Pending, How Much for Structure? \$ | |
| Total Damage Estimated by Insurer: \$ | | | |
| Name of Insured (Check if same as applicant ____) If not same as applicant, complete following information | | | |
| First Name | Last Name | Middle Name | __ Jr. __ Sr. __ MD __ PhD |

Are you actively in dispute with any of your insurance claims? *

YES NO

If YES, are you currently involved in litigation with any of your insurance claims?

YES NO

If you are currently involved in litigation related to storm damage with one our more insurance companies, please provide information about your attorney

| | | | |
|-----------------|-----------|-------------|-----|
| First Name | Last Name | Middle Name | |
| Street Address: | City | State | ZIP |
| Phone No. | | | |



AUTHORIZATION TO RELEASE INFORMATION

Privacy Act Notice: This information is to be used by the City of Galveston Disaster Recovery Rental Housing Rehabilitation Program or its assignees in determining whether you qualify as a recipient, and, if so, the amount of assistance to which you are entitled under the City of Galveston Disaster Recovery Rental Housing Rehabilitation Program. It will not be used outside the agency except as required or permitted by law or with your written consent. You do not have to provide this information, but if you do not, your application for approval as a program participant may be delayed or rejected. The information requested in this form is authorized by Title 12 USC, Section 1701 et.seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD).

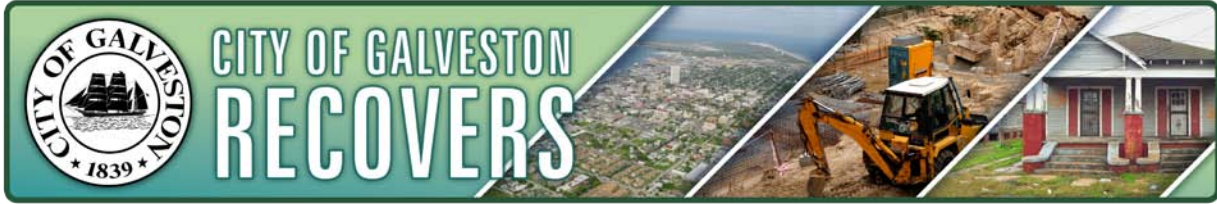
I, the undersigned, as an applicant to the City of Galveston Disaster Recovery Rental Housing Rehabilitation Program, authorize the disclosure and release of information to any authorized representative of the City of Galveston Disaster Recovery Rental Housing Rehabilitation Program relevant to my application for assistance to that program. This shall include, but not be limited to, records relating to my transactions and accounts with financial institutions in connection to mortgages with, security interests in, liens on, title to and interests in immovable property; insurance companies and their agents, real estate title companies, utility companies, credit bureaus, and local, state and federal governmental authorities.

I hereby authorize any such companies and/or authorities to release the above described information to the City of Galveston Disaster Recovery Rental Housing Rehabilitation Program or its authorized representative.

Applicant Name: _____

Applicant Signature: _____ Date: _____

City of Galveston Disaster Recovery Rental Housing Rehabilitation Program



DEMOGRAPHIC Information: The Federal Government requires reporting of the following information that is voluntarily obtained. The law provides that no program may either discriminate on the basis of this information or on whether you choose to furnish it. **However, if you choose not to furnish the information, under federal regulations the City of Galveston Disaster Recovery Rental Housing Recovery Program is required to note race or national origin and sex on the basis of visual observation or surname.**

APPLICANT: Check all that apply:

- Head of Household
 Disabled Person
 Elderly

ETHNICITY: Hispanic/Latino Non-Hispanic/Latino

DISABLED: Yes No

GENDER: Male Female

RACE

- American Indian/Alaska Native
- American Indian/Alaska Native and White
- American Indian/Alaskan Native and Black-African American
- Asian
- Asian and White
- Black/African American
- Black/African American and White
- Native Hawaiian/Other Pacific Islander
- Other Multi-Racial
- White

HOUSEHOLD TYPE:

- Single, Non-Elderly
 - Elderly
 - Single Parent
 - Two Parents
 - Female Head of Household
 - Other Household
- I do not wish to furnish this information



Equal Housing Opportunity

We do Business in Accordance With the Fair Housing Act

(The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988)

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS (HAVING ONE OR MORE CHILDREN), OR NATIONAL ORIGIN.

Anyone who feels he or she has been discriminated against should send a complaint to: U.S. Department of Housing and Urban Development, Assistant Secretary for Fair Housing and Equal Opportunity, Washington, DC 20410.



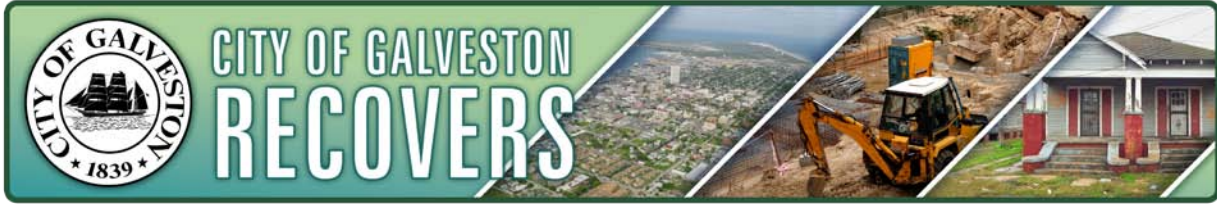
The undersigned agrees and acknowledges that the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of the information contained in this application may result in Civil Liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine, imprisonment or both under the provision of Title 18 United States Code Section 1001.

I certify that, to the best of my knowledge and belief, all the information on and attached to this application is true, correct, complete, and provided in good faith. I understand that false or fraudulent information on, or attached to this application may be grounds for not making a grant and/or loan and may be punishable by a fine and/or imprisonment. I understand that any information I give may be investigated or verified with third parties.

Print Applicant Name: _____

Applicant Signature: _____

Date: _____



ADDITIONAL INFORMATION (Optional):

If there is a special circumstances regarding ownership such as death of the property owner, the property is in trust or there are other legal considerations that you would like to include in the application, please use the space provided below. You may copy this page if additional sheets are necessary.

What to expect next:

DRRHRP will begin verifying your application. A determination of eligibility for the housing program will be made based on the information in this application. If you are eligible for the housing program, you will be notified by letter and provided information regarding your initial verification appointment. If you are not eligible for the Rental Housing Rehabilitation Program, you will also be notified by letter. In preparation for the initial verification appointment, expect to provide the following documents:

Owner Documentation

- Drivers License or other government-issued identification
- Social security card
- Copy of Deed for Damaged Property
- FEMA award
- Settlement Statements for:
 - Homeowner Insurance
 - Wind Insurance
 - Flood Insurance
- SBA/Disaster Assistance
- Increased Cost of Compliance (ICC)
- USDA Farm Home

Income and Asset Verification For Low-Moderate Income Owners

- 3 months of consecutive pay check stubs
- Social Security Benefit Award Letter, SSA-1099
- Pension/Retirement Statement, tax statement
- Unemployment Benefit Letter
- Child Support/alimony document or check stub
- TANF award letter
- Current Statement of your Savings Account
- Last 6 months of checking account
- Documents showing cash value of stocks, bonds, money market accounts, certificates of deposit
- Appraisal document or coin collections, gems, jewelry