

City of Clarksville offers PROGRAM TO REBUILD HOMES



ABOUT THE HOME PROGRAM

The City of Clarksville has received a grant from the Texas Department of Housing and Community Affairs to provide decent, safe, sanitary and affordable housing for low-income homeowners. Homeowners who are eligible for the HOME Program will have their existing house or mobile home demolished and a new home built at the same site. There is no cost to the homeowner and assistance is provided in the form of a five-year grant or a 15-year deferred forgivable loan. If the homeowner sells their home before that time period has ended, they must repay a portion of the cost. They also are responsible for maintaining insurance on their house and continuing to stay current on their property taxes during that time period.

ELIGIBILITY REQUIREMENTS

- ☒ Live within the city limits of Clarksville
- ☒ Own your home and have a warranty deed in your name
- ☒ Live in a substandard home
- ☒ Have a household income within the limits listed below
- ☒ Be current on property taxes
- ☒ Have clear title to the property
- ☒ Able to relocate while the new house is being built

INCOME LIMITS

Household Size	1	2	3	4	5	6	7
Max Household Income	\$33,000	\$37,700	\$42,400	\$47,100	\$50,900	\$54,650	\$58,450

HOW TO APPLY

For a paper application, visit City Hall or email the request to ashley.boyles@kbbhomegrants.com and one will be sent to you. To start your application online, visit bit.ly/ClarksvilleHOMEApp or scan the provided QR code. See attached document for items to include with application submission. Incomplete applications are subject to disqualification.

All applications will be dependent on availability of funds. Individuals that may require special assistance, such as persons with special needs, language interpretation needs, elderly or disabled, please contact City Hall to request accommodations.



FOR MORE INFORMATION

Contact Ashley Boyles, HOME Program Consultant, ashley.boyles@kbbhomegrants.com, (903) 556-5305 (P) or Kathy Boyles, HOME Program Consultant, kathybboyles@gmail.com, (903) 276-4995 (P), (888) 251-2844 (F)



City of Clarksville

HOME Program

Name: _____

To complete your HOME application, please submit the following required items to the City of Clarksville, located at 800 W. Main St., Clarksville, TX 75426.

- _____ Proof of ownership – a warranty deed or life estate
- _____ Proof of income – paycheck stubs for two months, Social Security Benefit Letter, or other document verifying your income
- _____ Proof of payment of taxes – a property tax receipt. If you cannot pay your taxes in full, submit a document from the tax office specifying the arrangements for a payment plan
- _____ Six most recent bank statements for your checking account
- _____ Most recent bank statement for your savings account
- _____ Death certificate for spouse, if applicable
- _____ Divorce decree, if applicable
- _____ Mobile home title or Statement of Ownership and Location, if applicable

Failure to submit these documents may make you ineligible for the HOME Program.

For more information, contact:

Kathy Boyles, 903.276.4995 (phone), 888.251.2844 (fax), kathybboyles@gmail.com

Ashley Boyles, 903.556.5305 (phone), ashley.boyles@kbbhomegrants.com.

HOME PROGRAM INTAKE APPLICATION

A. ADMINISTRATOR INFORMATION

Administrator Name : City of Clarksville

Street Address: 800 W. Main Street

City/State/Zip: Clarksville

TX 75426

County: Red River

B. APPLICANT CONTACT INFORMATION

Applicant Name(s):

Street Address:

City/State/Zip:

County:

Email Address:

Home Phone: () -

Cell Phone: () -

C. HOUSEHOLD COMPOSITION INFORMATION

(List all members of the household)

Full Name (exactly as it appears on driver's license or other government document)	Relationship to Head of Household	Date of Birth	Gender	Student Status	Receives Income?	Check if Veteran
1.	Head of Household		☐ M ☐ F	☐ Full Time ☐ Part Time ☐ N/A	☐ Yes ☐ No	☐
2.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
3.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
4.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
5.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
6.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
7.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
8.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
9.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐

Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit with the Texas Veterans Portal at

<https://veterans.portal.texas.gov/>."

D. HOUSEHOLD COMPOSITION INFORMATION (Continued)

1. Was any household member a full-time student within the last calendar year? ☐ No ☐ Yes, who?
2. Is any household member listed above a foster child? ☐ No ☐ Yes, who?
3. Is any household member listed above a live-in attendant? ☐ No ☐ Yes, who?
4. Is any household member temporarily absent from the home? ☐ No ☐ Yes, who?
If Yes, Indicate reason for temporary absence:
5. Do you anticipate other members will join your household within the next 12 months? ☐ No ☐ Yes, explain:

E. HOUSING ASSISTANCE RECEIVED PREVIOUSLY

(List any other housing assistance provided to or received by any household member)

Was this property impacted by a disaster? ☐ No ☐ Yes, which disaster?

Source	Amount	Date Received	Reason
1. FEMA: Federal Emergency Management Agency ☐ No ☐ Yes If Yes, which Disaster	\$		
2. SBA: Small Business Administration ☐ No ☐ Yes	\$		
3. Section 8: Housing and Urban Development ☐ No ☐ Yes	\$		
4. TBRA: Tenant Based Rental Assistance ☐ No ☐ Yes	\$		
5. Homeowner Insurance ☐ No ☐ Yes	\$		
6. Other Describe: ☐ No ☐ Yes	\$		

F. CONFLICT OF INTEREST INFORMATION

1. Is anyone in the household currently serving or has anyone served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, Administrator, or Development Owner? ☐ No ☐ Yes
If Yes, identify who, organization name, and role:
Is this a current role? ☐ No ☐ Yes If No, identify date role ceased:
2. Is anyone in the household related to anyone who is currently serving or who has served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, Administrator, or Development Owner (either through familial or business ties)? ☐ No ☐ Yes
If YES, identify who, organization and role:
Is this a current role? ☐ No ☐ Yes If No, identify date role ceased:

G. DISPOSAL OF ASSETS INFORMATION

1. Has anyone in the household given away anything of value within the last two years? (if a home was released due to foreclosure, bankruptcy, or divorce, answer No): ☐ No ☐ Yes, who?
Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal):
2. Has anyone in the household owned a home in the last two years? ☐ No ☐ Yes, who?
Do they currently own it? ☐ No If No: When was it disposed of?
☐ Yes If Yes: Is it being rented? ☐ No ☐ Yes
Is it sitting vacant? ☐ No ☐ Yes
Is it in the process of being sold? ☐ No ☐ Yes

H. ANNUAL INCOME OF ALL HOUSEHOLD MEMBERS

(List ALL income of household members, except for the earned income from employment by persons under the age of 18)

Identify income from any source expected during the next 12 months	Head of Household	Spouse or Co-Head	Other Adult Members	Dependents	Total
1. Salary #1 ☐ No ☐ Yes	\$	\$	\$	\$	\$
2. Salary #2 ☐ No ☐ Yes	\$	\$	\$	\$	\$
3. Overtime Pay ☐ No ☐ Yes	\$	\$	\$	\$	\$
4. Commissions/Fees ☐ No ☐ Yes	\$	\$	\$	\$	\$
5. Tips and Bonuses ☐ No ☐ Yes	\$	\$	\$	\$	\$
6. Temporary Income ☐ No ☐ Yes	\$	\$	\$	\$	\$
7. Income from Military ☐ No ☐ Yes	\$	\$	\$	\$	\$
8. Interest/Dividends ☐ No ☐ Yes	\$	\$	\$	\$	\$
9. Net Business Income ☐ No ☐ Yes	\$	\$	\$	\$	\$
10. Net Rental Income ☐ No ☐ Yes	\$	\$	\$	\$	\$
11. Social Security ☐ No ☐ Yes	\$	\$	\$	\$	\$
12. Supplemental Security Income ☐ No ☐ Yes	\$	\$	\$	\$	\$
13. Pension ☐ No ☐ Yes	\$	\$	\$	\$	\$
14. Retirement Income ☐ No ☐ Yes	\$	\$	\$	\$	\$
15. Familial Support or Recurring Gifts ☐ No ☐ Yes	\$	\$	\$	\$	\$
16. Unemployment Benefits ☐ No ☐ Yes	\$	\$	\$	\$	\$
17. Worker's Compensation ☐ No ☐ Yes	\$	\$	\$	\$	\$
18. Alimony ☐ No ☐ Yes	\$	\$	\$	\$	\$
19. Child Support ☐ No ☐ Yes Circle Type: Court Awarded Voluntary Anticipated	\$	\$	\$	\$	\$
20. AFDC/TANF ☐ No ☐ Yes	\$	\$	\$	\$	\$
21. Other Income ☐ No ☐ Yes Describe:	\$	\$	\$	\$	\$
				Total Annual Income:	\$

I. CURRENT EMPLOYMENT INFORMATION

1. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: ☐ Hourly ☐ Weekly ☐ Bi-weekly (26) ☐ Twice month(24) ☐ Monthly ☐ Annually ☐ Other		Hours worked per week:	Fax: () -

I. CURRENT EMPLOYMENT INFORMATION (Continued)					
2. Household Member Name:			Occupation:		Work Phone: () -
Employer Name and Address:			City:		State: Zip Code:
Date Hired:	Salary: \$	Pay Period: ☐ Hourly ☐ Weekly ☐ Bi-weekly (26) ☐ Twice month(24) ☐ Monthly ☐ Annually ☐ Other	Hours worked per week:		Fax: () -
3. Household Member Name:			Occupation:		Work Phone: () -
Employer Name and Address:			City:		State: Zip Code:
Date Hired:	Salary: \$	Pay Period: ☐ Hourly ☐ Weekly ☐ Bi-weekly (26) ☐ Twice month(24) ☐ Monthly ☐ Annually ☐ Other	Hours worked per week:		Fax: () -
4. Household Member Name:			Occupation:		Work Phone: () -
Employer Name and Address:			City:		State: Zip Code:
Date Hired:	Salary: \$	Pay Period: ☐ Hourly ☐ Weekly ☐ Bi-weekly (26) ☐ Twice month(24) ☐ Monthly ☐ Annually ☐ Other	Hours worked per week:		Fax: () -
J. ASSETS OF ALL HOUSEHOLD MEMBERS					
(When listing the cash value of any asset marked with an asterisk (*), indicate the amount you would have if you were to convert the asset to cash (i.e. sell or exchange the asset), deducting any penalties for early withdrawal, amounts used to pay off a balance, and any fees which may be assessed for the conversion.)					
Identify All Asset Sources		Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution	Account Number
1. Checking Account #1	☐ No ☐ Yes	\$	\$		
2. Checking Account #2	☐ No ☐ Yes	\$	\$		
3. Savings Account #1	☐ No ☐ Yes	\$	\$		
4. Savings Account #2	☐ No ☐ Yes	\$	\$		
5. Credit Union Account(s)	☐ No ☐ Yes	\$	\$		
6. Stocks, Bonds, Mutual Funds*	☐ No ☐ Yes	\$	\$		
7. Real Estate/Home*	☐ No ☐ Yes	\$	\$		
8. Real Estate/Land*	☐ No ☐ Yes	\$	\$		
9. IRA/Keogh Account(s)*	☐ No ☐ Yes	\$	\$		
10. Retirement/Pension Fund(s)*	☐ No ☐ Yes	\$	\$		
11. Trust Fund(s)	☐ No ☐ Yes	\$	\$		
12. Mortgage Note Held	☐ No ☐ Yes	\$	\$		
13. Whole Life Insurance*	☐ No ☐ Yes	\$	\$		
14. Personal Property Held as an Investment (gems, coins, etc.)	☐ No ☐ Yes	\$	\$		
15. Lump Sums Received (inheritance, capital gains, insurance, etc.)	☐ No ☐ Yes	\$	\$		
16. Other:	☐ No ☐ Yes	\$	\$		

K. DEMOGRAPHIC AND SPECIAL NEEDS INFORMATION: The Texas Department of Housing and Community Affairs (TDHCA) requests this information in order to comply with HUD's required reporting requirements. Although TDHCA would appreciate receiving this information, you may choose not to furnish it. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please initial below.

Applicant _____ I do not wish to furnish information regarding my ethnicity, race, gender, age, and/or household composition.
Initials

Ethnicity Codes:

A – Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.

B – Not Hispanic

Race Codes:

A – White

B – Black-African American

C – Asian

D – American Indian/Alaska Native

E – Native Hawaiian/Other Pacific Islander

F – American Indian/Alaska Native/White

G – Asian/White

H – Black/African American/White

I – American Indian/Alaska Native/Black-African American

J – Other Multi-Racial

Special Needs Codes:

A – Elderly

B – Person with Disabilities*

C – Person with HIV/AIDS

D – Person with Alcohol and/or Drug Addiction

E – Colonia Resident

F – VAWA/Victim of Domestic Violence

G – Homeless

H – Migrant Farm Worker

I – Public Housing Resident

J – Disaster Victim

K – Veteran

L – Wounded Warrior

M – Money Follows the Person

***Disability Definition:** A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. Does not include current, illegal use of or addiction to a controlled substance.

	Ethnicity Code	Race Code	Special Needs Code(s)
1 (Head)			
2			
3			
4			
5			
6			
7			

L. RELEASE AND SIGNATURES

Each of the undersigned Applicants for HOME Program assistance hereby certify that all of the information provided in the above Application is true and correct, and do hereby authorize the release and/or verification of mortgage loan, employment, asset, liability, and income information. All household members age 18 or older must sign Application.

Applicant's Printed Name

Signature

Date

Co-Applicant's Printed Name

Signature

Date

Adult Household Member Printed Name

Signature

Date

Adult Household Member Printed Name

Signature

Date

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711
Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us

