

GALVESTON HISTORICAL FOUNDATION

HOUSING REHABILITATION PROGRAMS APPLICATION



RETURN TO:
GALVESTON HISTORICAL FOUNDATION
Attn: MATT FARRAGHER,
502 20th STREET
GALVESTON, TEXAS 77550
(409) 765-3424 Office (409) 765-6831 Fax
Email: matt.farragher@galvestonhistory.org
Website: www.galvestonhistory.org

Galveston Historical Foundation preserves, revitalizes and celebrates the architectural, cultural and maritime heritage of Galveston Island.



GALVESTON HISTORICAL FOUNDATION HOUSING REHABILITATION PROGRAMS

Galveston Historical Foundation (GHF) continues to actively seek private and public funding for housing rehabilitation. All programs depend on the availability of funding. Through housing rehabilitation grants, it is GHF’s goal that these programs produce a type of “domino effect” in Island neighborhoods, encouraging surrounding neighbors to rehabilitate and paint their houses. These funds assist low to moderate-income homeowners who occupy their properties.

The following items are the minimum qualifications for program assistance:

- Property owners must meet the Department of Housing and Urban Development (HUD) guidelines for low to moderate-income. (*Income limits chart included on page 6*)
- Houses must be at least 50 years old.
- House must be entirely owner occupied with no portions of the property being rental space.
- Applicants must provide proof of income for all persons of legal age who are employed and reside at the property.

Acceptable forms of proof of income:

- 1. Copy of 3 months Wage Statements/Pay Stubs. And**
- 2. Award letter from Social Security and/or Disability Benefit Statement. And**
- 3. Three Months of Bank Statements (checking and savings).**

- Ownership of the property must be provided.

Acceptable forms of proof of ownership:

- 1. Copy of deed or trust.**

- In order to be eligible for the Paint Pals program a house can be no taller than one floor. Those on raised foundations can be inspected by GHF staff to determine eligibility.

All applications are processed by the date of submission*. As the Project Manager deems necessary, special preference will be given to elderly and/or disabled and very low-income homeowners. GHF’s Preservation Outreach Committee is also consulted in order to determine which properties receive grant funds.

Galveston Historical Foundation currently offers the following types of assistance. Please check which of the following programs you are applying for:

- Weatherization Grant
- Paint Pals
- Code Compliance Assistance Program

Return Completed Forms To:
Galveston Historical Foundation
Attn: Matt Farragher
502 20th Street
Galveston, TX 77550

*** ASSISTANCE IS NOT GUARANTEED.**
Incomplete forms or lack of supporting information could result in a delay of assistance.

REHABILITATION PROGRAMS

- ***Galveston Reaching Energy Efficiency Now (G.R.E.E.N.) Weatherizing Grant Program*** – Through a partnership with the City of Galveston’s Community Development Block Grant (CDBG) program and a *Partners in the Field* grant from the National Trust for Historic Preservation, the Galveston Historical Foundation (GHF) will provide grant funds to pay for labor and materials for improvements to improve the energy efficiency of historic properties for qualified homeowners on Galveston Island.

These grants are available for residential, owner-occupied properties only.

- Homeowners must match the grant amount with a \$25, \$100, or \$200 minimum, one time payment towards the project total cost. Actual amount based on income level. (*See chart on page 7.*)
 - Prior to awarding funds, GHF will inspect and consider the overall condition of properties to determine eligibility.
 - GHF will pay for an energy audit of participating properties and use this information to work with the homeowner to draft a scope of work for the project. All decisions regarding this scope of work will be made by GHF with the homeowners’ interests and program funding guidelines taken into consideration.
 - **Homeowners are required to provide copies of their utility bills (electric and/or natural gas) for the peak performance months of July, August, September and December, January, February for the past year.**
Projects will not receive grant funds without this information. We also require copies of the same peak performance months for the year following weatherizing in order to compare and report the impact of the program on the household utility usage.
 - GHF and the City of Galveston’s Grants and Housing Department will obtain three (3) comparable bids from qualified contractors based on the scope of work.
 - Contractor bids must be reviewed and approved by GHF and City of Galveston’s Grants and Housing Department prior to approval of a contractor and commencement of work.
 - Owners must provide proof of **Flood Insurance** for their property or obtain an insurance quote from a licensed insurance agent. Grant funds may be used to purchase Flood Insurance for participating properties.
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- ***Paint Pals*** – This program provides the volunteer labor and materials needed to paint a house in one day.
 - Applicant must provide all the same information required to qualify for the Housing Rehabilitation Grant program.
 - Preference is given to elderly, disabled and very low income.
 - House must be one story in height. Properties with a raised foundation can be inspected by GHF staff to determine eligibility
 - House cannot have vinyl, asbestos, or other materials covering the original wood siding.
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- ***Code Compliance Assistance Program*** – This program is funded through the generosity of the Harris and Eliza Kempner Fund and administered by the staff of the Galveston Historical Foundation. The program can fund either interior or exterior repairs with a scope of work up to \$7,000. The program is targeted towards property owners that have been cited by the city for code violations or have conditions that may be cited.

HOUSING REHABILITATION PROGRAMS APPLICATION

ALL APPLICANTS MUST COMPLETE THIS SECTION

Date of application: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Mailing address if different from above

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Age of house: _____

Do you own and currently live in this house? ____ Yes ____ No How long? _____

Do You Own the House? ____ Yes ____ No Is This House Mortgaged? ____ Yes ____ No

Marital Status: ____ Single ____ Married Number of dependents: _____ Your age: _____

Your occupation: _____

Place of employment: _____

Employer's Address: _____

Annual Income from employer: \$ _____

Annual Income from other sources:

➤ Social Security \$ _____

➤ Veteran's Benefits \$ _____

➤ Retirement Pensions \$ _____

➤ Other adult(s) with income over 18 yrs. of age – (specify)

_____ \$ _____

Total Income All Sources: \$ _____

Note: The total income of all wage earners over 18 living in the house must meet the CDBG income guidelines. The guidelines can be found on the following page of this application.

Are you female head of household? ____ Yes ____ No

Are you disabled (physical or mental handicap or illness)? ____ Yes ____ No

How many family members live in your house? (Including yourself) _____

Circle the number of family members that live in your house in line "1" below. The number directly below this number in line "2" is the maximum amount of money you and your family members can make in one year and still qualify for the program.

If your annual income is more than the number on line "2" you DO NOT qualify.

HUD CDBG INCOME LIMITS, EFFECTIVE 03-19-09 (limits may change for fiscal year 2010)

Line 1 # Family Members	1	2	3	4	5	6	7	8
Line 2 Annual Household Income	\$35,750	\$40,850	\$45,950	\$51,050	\$55,150	\$59,200	\$63,300	\$67,400

Ethnicity:

(Select *Only One*)

- Hispanic or Latino
- Not Hispanic or Latino

Race:

(Select *One or More*)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

What repairs are needed at your house?

APPLICANT EMPLOYMENT HISTORY

◆ CURRENT/ MOST RECENT EMPLOYMENT

May We Contact Your Employer(s)? _____ Yes _____ No

Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Period of Employment: No Of Years: _____ Months: _____

What Years Worked? _____ Employer's Phone: _____ - _____ - _____

◆ PREVIOUS EMPLOYMENT

May We Contact Your Employer(s)? _____ Yes _____ No

Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Period of Employment: No. Of Years: _____ Months: _____

What Years Worked? _____ Employer's Phone: _____ - _____ - _____

CO-APPLICANT INFORMATION (if applicable)

Last Name: _____ First Name: _____ MI: _____

Social Security #: _____ - _____ - _____ Date of birth: ____/____/____

Drivers License #: _____ Day Phone: _____ - _____ - _____ Evening Phone: _____ - _____ - _____

◆ **CURRENT/MOST RECENT EMPLOYMENT**

May We Contact Your Employer(s)? Yes No

Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Period of Employment: No. Of Years: _____ Months: _____

What Years Worked: _____ Employer's Phone: _____ - _____ - _____

◆ **PREVIOUS EMPLOYMENT**

May We Contact Your Employer(s)? Yes No

Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Period of Employment: No. Of Years: _____ Months: _____

What Years Worked? _____ Employer's Phone: _____ - _____ - _____

If you are applying for the Rehabilitation Incentive Grant, please note the following:

Below is the sliding scale, which will determine the amount the Homeowner will pay toward the project.

Income Level	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extra Low	\$13,400	\$15,300	\$17,250	\$19,150	\$20,700	\$22,200	\$23,750	\$25,300
Very Low Income	\$22,350	\$25,500	\$28,700	\$31,900	\$34,450	\$37,000	\$39,550	\$42,100
Moderate Income	\$35,750	\$40,850	\$45,950	\$51,050	\$55,150	\$59,200	\$63,300	\$67,400

Sliding Scale for Homeowner Buy In	
Income Level	Homeowner Will Pay
Extra Low Income	\$25.00
Very Low Income	\$100.00
Moderate Income	\$200.00

Signature of Applicant

I understand that the information I have provided is true and correct to the best of my knowledge.

I understand that this information is subject to verification by the local and/or Federal Government.

If receiving Weatherization grant funds, I also agree to provide GHF with copies of my utility bills for the peak performance months one year following the completion of work.

Signature of Applicant/Owner

Date Signed

INCOME VERIFICATION QUESTIONNAIRE

Please answer the following questions for **all members** of your household:

INCOME

- | | | |
|---|----------|---------|
| 1. Do you receive any pension payments? | _____Yes | _____No |
| 2. Do you have a savings account? | _____Yes | _____No |
| 3. Do you have a checking account? | _____Yes | _____No |
| 4. Do you receive any child support payments? | _____Yes | _____No |
| 5. Do you receive any spousal support payments? | _____Yes | _____No |
| 6. Do you receive any disability payments? | _____Yes | _____No |
| 7. Do you receive any retirement payments? | _____Yes | _____No |
| 8. Do you receive any welfare assistance? | _____Yes | _____No |
| 9. Do you receive any investment return payments? | _____Yes | _____No |
| 10. Do you have any assets in excess of \$5,000.00? | _____Yes | _____No |
| 11. Do you receive any earned income from assets? | _____Yes | _____No |
| 12. Do you receive any unemployment payments? | _____Yes | _____No |
| 13. Do you receive any Supplemental Social Security Payments? | _____Yes | _____No |
| 14. Do you receive any Social Security payments? | _____Yes | _____No |
| 15. Do you receive any wages from employment? | _____Yes | _____No |
| 16. Do you receive any salary stipends? | _____Yes | _____No |
| 17. Do you receive any other form of payments not listed? | _____Yes | _____No |

INSURANCES: It is required that you have the following insurance on your property.

- | | | |
|---|----------|---------|
| 1. Do you have fire insurance on your property? | _____Yes | _____No |
| 2. Do you have flood insurance on your property? | _____Yes | _____No |
| 3. Do you have windstorm & hail insurance on your property? | _____Yes | _____No |

TAXES: All taxes must be current.

- | | | |
|---|----------|---------|
| 1. Do you have any delinquent taxes at this time? | _____Yes | _____No |
|---|----------|---------|

This form must be completely filled out or it will not be accepted.

I hereby certify that the statements made by me are true and correct to the best of my belief and knowledge. You will become ineligible, if you intentionally falsify any information on this form and will be removed from the list immediately and will not be allowed to reapply.

Signature

Date

MAIL COMPLETED FORMS TO:

Galveston Historical Foundation
Attn: Matt Farragher
502 20th Street
Galveston, TX 77550