



HREACDC
 HOUSTON REAL ESTATE ASSOCIATION
 COMMUNITY DEVELOPMENT CORPORATION

Safe Homes Application

Section 2: Household Composition & Income

List all household members and their income sources below:

Name	Relationship to Head of Household	Age	Full-Time Student (Y/N)	Source(s) of Income	Annual Gross Income (\$)
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Total Household Income: \$ _____ Household Size: _____

List all household members and their income sources below:

Section 3: Special Qualification

- Applicant is 65 years of age or older (attach valid ID)
- Applicant has a qualifying disability (attach verification letter or physician form)

Section 4: Property Ownership Verification

Attach one of the following as proof of ownership: Property Tax Bill, Deed, Purchase Agreement, or Mobile Home Title.

Is the property under any liens or foreclosure action? Yes No If yes, explain:

Section 5: Type of Emergency Repair Requested

- Roofing / Gutters / Downspouts
- HVAC Repair or Replacement
- Electrical Panel / Safety Upgrades
- Plumbing / Water Heater / Sewer Line
- ADA Accessibility Modifications (ramps, bathroom safety, etc.)
- Other Emergency Need: _____

Briefly describe the issue and when it began:

Section 6: Certification of Zero Income (if applicable)

I, _____, certify that I have no income of any kind and no expected change in the next 12 months.

Signature: _____

Date: _____

Section 7: Applicant Certification & Authorization

I certify that the information provided is true and complete to the best of my knowledge. I authorize HREA CDC to verify all information for eligibility determination. I understand that false statements may result in denial or repayment of assistance.

Applicant Signature: _____ Date: _____

Co-Applicant Signature (if applicable): _____ Date: _____

Section 8: Internal Use – HREA CDC Verification

Intake Specialist: _____ Date Received: _____ Verified Household

Income: \$_____ % of AMI: _____ Eligible: Yes No

Notes: _____

Section 9: Attachments Checklist

- Valid Photo ID (if age verification required)
- Proof of Ownership
- Proof of Income for all household members
- Special Needs Verification (if applicable)
- Contractor Estimate or Work Order (if pre-inspected)

For Office Use Only

Date Received: _____ Reviewed By: _____ Application #: _____

Status: Approved Denied Pending

Notes: _____