



CITY OF ARLINGTON HOUSING ARCHITECTURAL BARRIER REMOVAL GRANT APPLICATION



The City of Arlington aids with modifications for physically disabled persons through our Architectural Barrier Removal (ABR) grant. The program can provide a one-time \$5,000 grant for permanent modifications that reduce architectural barriers in homes, apartments, or duplexes for disabled persons. Modifications include ramps, handrails, widening of door openings for wheelchair accessibility, safety grab bars and certain other modifications of the dwelling.

Homeowners/Tenants/Lessees Requirements:

- Must meet the US Department of Housing and Urban Development's (HUD) definition of low income based on verified gross household income and based household size.
- The household must be located within the city limits of Arlington, Texas.
- Must be current on property taxes for owners of homes, apartments, duplexes, etc.
- Statement of Disability or letter of medical need from a physician stating that this person is physically disabled and requires modifications made to their environment to maintain his/her independent living.
- Property Owners and/or Property Managers must give written permission on company letterhead for permanent modifications to the property.
- Other qualifications may apply.

Date of Application
(Office Stamp Only)

Definition of Low-income: - "Low-income Household" shall mean that all the persons in the household whose total income does not exceed 80% of the area median income, adjusted for household size, as established by HUD.

Application Process: Architectural Barrier Removal (ABR) Grant applications are given priority in the scheduling of property inspections to verify that the modifications comply with program guidelines. However, an application must be completed and verified by City Staff before any work is to be scheduled.

Household Calculations: The HUD definition of annual income is the gross amount of income of all adult household members that is *anticipated to be received during the coming 12-month period*. Income of all household members aged 18 and over, unless a full-time student, will be included in the household income determination. This includes fulltime and part-time wages, self-employment wages, TANF, alimony, Social Security benefits, pensions, child-support and regular monetary gifts from family, friends, church, or social agency. Money earned from providing services, and interest from bank accounts or investments must be disclosed.

City Procedures: City staff will verify ownership, homeownership, current property taxes, and all income through owner and homeowner certification. Applicants will be required to certify that the information provided is true and will be subject to federal prosecution for knowingly making false statements.

Applicant Income Requirements: The following information is required to complete the application for the City of Arlington Emergency Repair Grant:

✓	Valid Photo ID	Copies of Driver's License, passport, INS Card or Official ID.
	Social Security Cards	Copies of cards for every household member.
	Employment (of all in household over 18)	Most current paycheck stubs, last current (6).
	Business	Net income from business.
	All Accounts – Checking, Savings, IRA's, Stock and Bonds Certificates, etc.	Last (6) month's statements for each account, all pages. Copies of documents.
	Income Tax	Copies of last year's income tax with W-2.
	Documents or Award Letters	Social Security/SSI, Unemployment Benefits, and SNAP.
	Records of Assets	Child Support, Retirement, Pensions, 401(k), Stocks, etc.
	Own Rental or Additional Properties	Copy of rental contract and property information.
	Gifts or Contributions	Financial help from family members, church, organization, etc.
	Property Taxes	Current receipt and/or payment agreement.
	Utility Statement	Current utility bill or statement for gas, water, electricity, etc.
	Written Authorization from Property Owner and/or Property Manager	Provide approval from property owner on company letterhead allowing the modifications to the property.

THE FOLLOWING INFORMATION IS GATHERED TO COMPLY WITH FEDERAL STANDARDS

<input type="checkbox"/> White	<input type="checkbox"/> Native American or Native Alaskan	<input type="checkbox"/> Native Hawaiian or Pacific Islander and White	<p align="center">Household Race – Race and Ethnicity of Head of Household. The information is being collected to assure compliance with fair housing and equal opportunity rules.</p>
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American or Alaska Native and White	<input type="checkbox"/> Native Hawaiian or Pacific Islander and Black/African American	
<input type="checkbox"/> Black/African American and White	<input type="checkbox"/> Native American or Alaska Native and Black/African American	<input type="checkbox"/> Other-Multi-Racial <input type="checkbox"/> US Veteran	
<input type="checkbox"/> Asian <input type="checkbox"/> Asian and White	<input type="checkbox"/> Native Hawaiian or Pacific Islander	ETHNICITY: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	

APPLICANT INFORMATION

Tenant or Homeowner's Name:	Date of Birth:	Age	Male <input type="checkbox"/> Female <input type="checkbox"/>	Physically Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse's Name:	Date of Birth:	Age	Male <input type="checkbox"/> Female <input type="checkbox"/>	Physically Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address: (Number) (Street)		(City, State, Zip Code)		
Phone Number:		Alternate Phone Number or Cell Phone:		
Homeowner's Social Security Number:		Spouse's Social Security Number:		
Marital Status of Tenant or Homeowner: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (widowed, single, or divorced) <input type="checkbox"/> Married but separated		Relation to Tenant or Homeowner? <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Mother/Father <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Other		
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name, Address and Phone Number of Employer:		Name, Address, Phone Number of Employer:		
		Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No Years Retired: _____		

Retired: Yes No Years Retired: _____

HOUSEHOLD COMPOSITION (LIST EVERYONE LIVING IN THE HOUSE, EXCLUDING HEAD OF HOUSEHOLD AND SPOUSE)

Legal Name	Sex (M/F)	Date of Birth	Age	Social Security Number	Relation to Applicant	Physically Disabled
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

ANNUAL INCOME (PLEASE USE SEPARATE SHEET OF PAPER TO LIST ADDITIONAL PEOPLE WITH INCOME)

Income	Head of Household	Spouse	Other Household Member 18 years or older	Other Household Member 18 years or older	Other Household Member 18 years or older	Total
Salary including OT & bonuses						
Social Security/SSI						
Retirement/Pension						
Child Support/Alimony						
Net Income from Business						
Net Rental Income						
Commissions/Tips						
Unemployment Benefits						
Workers Compensation, etc.						
TANF						
Interest and/or Dividend						
Other						

ASSETS (PROVIDE COPIES OF EACH AND EVERY ACCOUNT FOR THE PREVIOUS 6 MONTHS FOR EVERYONE IN HOUSEHOLD)

	Account Name	Account Number	Cash Value	Annual Income from Assets
Checking Account(s)				
Savings Account(s)				
Credit Union Account(s)				
Stocks				
Life Insurance				
401(k)/Retirement Savings				
Other				

HOUSEHOLD EXPENSES

Are you current on your rent or mortgage? Yes <input type="checkbox"/> No <input type="checkbox"/>		Rent or Mortgage Amount:	
List Monthly Utilities:	Water:	Electric:	Gas:
			Home/Cell Phone:
Car Payment:	Monthly Credit Cards:	Loans:	All Other Household Expenses:



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Dear Physician/Healthcare Provider:

Your patient has requested an Architectural Barrier Removal grant from the City of Arlington Housing Office. This grant program has been set up by the city to assist physically disabled persons to maintain independent living by making appropriate modifications to housing.

Your cooperation in completing this form on behalf of your patient is appreciated.

Purpose of statement: To establish that the applicant is permanently, physically disabled, and requires an architectural barrier free environment in order to maintain his/her independent living.

Statement of Disability

Patient Information:

First Name: _____ Last Name: _____ DOB: _____

Address: _____ City/Zip: _____

Prognosis:

- This disability is:
 - Permanent _____
 - Temporary _____ This disability will last at least _____ months.
- This person is physically disabled sufficiently to require an architectural barrier free living environment in order to maintain their independent living.
- Please provide a brief description of the patient's disability:**

.....
Typed or Printed Name of Physician

.....
Date

.....
Physician's Signature

.....
Physician's License Number

.....
Address/City/Zip

.....
Business Phone