



Voluntary Demolition Assistance Program Application

Community Development programs are funded through the U.S. Department of Housing and Urban Development (HUD) to assist low to moderate income homeowners with eligible, necessary repairs for health, safety and accessibility. Cosmetic repairs are ineligible. Community Development staff will evaluate your home to assess the extent of required and feasible repairs.

Homeowner's assistance programs include: Minor Repair, Major Rehabilitation, Reconstruction, and Voluntary Demolition. Minor Repair is provided in the form of a limited grant, available once every two years (except health/safety emergencies). Homes deemed infeasible for Minor Repair may be referred to the Major Rehabilitation or Reconstruction programs. Major Rehabilitation and Reconstruction are provided in the form of a repayable, 0%-interest loan. Voluntary Demolition funding provides demolition assistance to assist owners to tear down and remove dilapidated houses which have been vacant for a minimum of 90 days. Demolition assistance may be provided as a grant to eligible owners or owners intending to rebuild with dedicated affordable housing, or assistance may be in the form of a 0%-interest loan. The Construction Project Specialist will meet with homeowner, assess the property, and discuss options and potential timeline.

Funding for all programs is limited and may require significant wait times. Projects are subject to competitive bidding by independent contractors. Some work may be submitted to nonprofit housing repair agencies or volunteers, when feasible. Applications will be acted upon in the order received. Only completed applications which include all required supporting documentation will be accepted for consideration. Emergencies as defined by program guidelines will take priority.

At a minimum, this program is for owner occupied households:

- Participant's household income may not exceed 80% of the Area Median Household Income
- The Homeowner must be willing to sign all necessary forms.

Required Documents-ALL documents must be submitted with application for the application to be complete-Incomplete Applications will not be processed.

Fill out application, gather the required documents together and then **CALL 209-5175 TO MAKE AN APPOINTMENT.** Please bring with you the following, please note if not applicable:

- ☐ 1. Social Security cards for everyone in the household.
- ☐ 2. Driver's License(s) for everyone in the household age 18 and over, or under age 18 with driving certification.
- ☐ 3. W-2 forms for the past 2 years.
- ☐ 4. Income Tax Returns for the past 2 years.
- ☐ 5. Two (2) months current consecutive check stubs for everyone working age 18 and over, Social Security award letters.
- ☐ 6. Print out from child support office.
- ☐ 7. Permanent resident card for everyone in household.
- ☐ 8. Financial account statements for all accounts, such as checking, savings, or investment accounts. (For the last 6 months)
- ☐ 9. Divorce Decree.
- ☐ 10. Deed to property

Your application will not be processed until all required information is submitted. All forms need to be signed by both spouses. Thank you for your cooperation.

Documentos Requeridos

Llene la aplicación, y **LLAME AL 209-5175 PARA HACER UNA CITA.** Por favor traiga con usted los siguientes Documentos:

- ☐ 1. Las tarjetas de Seguro Social para todos los que vive en la casa.
- ☐ 2. La Licencia (licencias) de conducir para todos los conductores que viven en la casa.
- ☐ 3. Formas de Impuestos (W-2) de 2 años consecutivos.
- ☐ 4. Impuestos durante los últimos 2 años.
- ☐ 5. Dos (2) talones reciente de cheque consecutivos para todos los que estan trabajando mayor de 18 años.
- ☐ 6. Documentos oficial de oficina de manutención de menores.
- ☐ 7. Tarjeta de residente permanente para todos los miembros de la familia que vive en la casa.
- ☐ 8. Estados de cuenta financieros para todas las cuentas, como cuentas de cheques, ahorros o inversiones. (Para los últimos 6 meses)
- ☐ 9. Decreto de Divorcio
- ☐ 10. Escritura de Propiedad

Su aplicación no puede ser procesada hasta que toda la información requerida sea entregada. Todas las formas tienen que ser firmadas por ambos cónyuges. Gracias para su cooperación!

Application Directions:

Please fill out the application completely.

Do not leave any blanks.

Write N/A or strike through non-applicable sections.

Use back or additional pages if necessary.

Application must be complete and signed.

Make an appointment to submit completed application and required documents

*An appointment is required to submit your completed application. Please contact Community Development Department at 979-209-5175 to schedule an appointment.

Please check if true:

☐ Property has been vacant at least ninety (90) days.

☐ Property has been disconnected from electric service at least ninety (90) days

Applicant Comments: *(List Specific Items and rooms, concerns)*

Do not leave blanks. Write N/A or line through non-applicable sections. Use back if necessary.

A. HOMEOWNER INFORMATION	
Owner Name(s):	
Social Security #:	TDL# or TID#:
Date of Birth:	Marital Status:
Street Address:	
City/State/Zip:	County:
Owner Telephone Number(s):	Email Address:
Alternate Contact Name:	Alternate Contact Telephone Number:
Spouse Name:	
Social Security #:	TDL# or TID#:

Date of Birth:	Telephone Number:
Total # Household Members:	Total # Disabled/Handicapped Household Members:
Total # Household Members over age 62:	

Is any household member temporarily absent from home? **Yes** ☐ **No** ☐

If Yes, Who? _____

If Yes, Indicate reason for temporary absence: _____

Do you anticipate other members will join your household within the next 12 months? **Yes** ☐ **No** ☐ If Yes, Explain

B. OWNERSHIP HISTORY	
Do you own this property? Yes ☐ No ☐	Have you lived in this property more than 2 years? Yes ☐ No ☐
Is there a mortgage on this property? Yes ☐ No ☐	Do you currently occupy this property as your primary residence? Yes ☐ No ☐
Do you have in your possession a title to this property? Yes ☐ No ☐	

C. ADDITIONAL PROPERTY: Please list each additional property, if needed use back or additional page
Do own any additional property (including land)? Yes ☐ No ☐
Percentage of Ownership: _____
Address of Additional Property: _____ _____
<u>If Yes, Do you receive any rental income?</u> How much? _____ Frequency? _____

D. 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 with the City of Bryan: Yes ☐ No ☐
If Yes, identify who, organization name, and role: _____
Is this a current role? Yes ☐ No ☐ 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 with the City of Bryan: **Yes**
☐ **No** ☐

If Yes, identify who, organization name, and role: _____

Is this a current role? **Yes** ☐ **No** ☐ If No, identify date role ceased: _____

E. Household Information (List ALL members of the household) Include Full Name (Exactly as it appears on Driver's License or other government document)			
1. Head of Household Name: _____			
Social Security #: _____		Driver's License: _____	
Age: _____ Birth Date: _____ Citizen: Yes ☐ No ☐ Permanent Legal Resident: Yes ☐ No ☐ Ethnicity: (Select One Only) ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Race: (Select One or More) ☐ White ☐ Black or African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ Amer. Indian/Alaskan Native & White ☐ Asian and White ☐ Black or African American & White ☐ Amer. Indian/Alaskan Native & Black or African American ☐ Other Multi-Racial ☐ Asian/Pacific Islander	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐ Handicap or Disability: Yes ☐ No ☐ Veteran: Yes ☐ No ☐ Full Time Student: Yes ☐ No ☐ Receives Income: Yes ☐ No ☐	
Household Member #2 Name: _____			
Relationship to Head of Household: ☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult Relationship: _____			
Social Security #: _____		Driver's License: _____	
Age: _____ Birth Date: _____ Citizen: Yes ☐ No ☐ Permanent Legal Resident: Yes ☐ No ☐ Ethnicity: (Select One Only) ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Race: (Select One or More) ☐ White ☐ Black or African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ Amer. Indian/Alaskan Native & White ☐ Asian and White ☐ Black or African American & White ☐ Amer. Indian/Alaskan Native & Black or African American ☐ Other Multi-Racial ☐ Asian/Pacific Islander	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐ Handicap or Disability: Yes ☐ No ☐ Veteran: Yes ☐ No ☐ Full Time Student: Yes ☐ No ☐ Receives Income: Yes ☐ No ☐	
Household Member #3 Name: _____			
Relationship to Head of Household: ☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult Relationship: _____			
Social Security #: _____		Driver's License: _____	
Age: _____ Birth Date: _____	Race: (Select One or More) ☐ White ☐ Black or African American	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐	

Citizen: Yes ☐ No ☐ Permanent Legal Resident: Yes ☐ No ☐ Ethnicity: (Select One Only) ☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ Amer. Indian/Alaskan Native & White ☐ Asian and White ☐ Black or African American & White ☐ Amer. Indian/Alaskan Native & Black or African American ☐ Other Multi-Racial ☐ Asian/Pacific Islander	Handicap or Disability: Yes ☐ No ☐ Veteran: Yes ☐ No ☐ Full Time Student: Yes ☐ No ☐ Receives Income: Yes ☐ No ☐
Household Member #4 Name:		
Relationship to Head of Household: ☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult Relationship: _____		
Social Security #:		Driver's License:
Age: Birth Date: Citizen: Yes ☐ No ☐ Permanent Legal Resident: Yes ☐ No ☐ Ethnicity: (Select One Only) ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Race: (Select One or More) ☐ White ☐ Black or African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ Amer. Indian/Alaskan Native & White ☐ Asian and White ☐ Black or African American & White ☐ Amer. Indian/Alaskan Native & Black or African American ☐ Other Multi-Racial ☐ Asian/Pacific Islander	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐ Handicap or Disability: Yes ☐ No ☐ Veteran: Yes ☐ No ☐ Full Time Student: Yes ☐ No ☐ Receives Income: Yes ☐ No ☐
Household Member #5 Name:		
Relationship to Head of Household: ☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult Relationship: _____		
Social Security #:		Driver's License:
Age: Birth Date: Citizen: Yes ☐ No ☐ Permanent Legal Resident: Yes ☐ No ☐ Ethnicity: (Select One Only) ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Race: (Select One or More) ☐ White ☐ Black or African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ Amer. Indian/Alaskan Native & White ☐ Asian and White ☐ Black or African American & White ☐ Amer. Indian/Alaskan Native & Black or African American ☐ Other Multi-Racial ☐ Asian/Pacific Islander	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐ Handicap or Disability: Yes ☐ No ☐ Veteran: Yes ☐ No ☐ Full Time Student: Yes ☐ No ☐ Receives Income: Yes ☐ No ☐
Household Member #6 Name:		
Relationship to Head of Household: ☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult Relationship: _____		

Social Security #:		Driver's License:	
Age: Birth Date: Citizen: Yes ☐ No ☐ Permanent Legal Resident: Yes ☐ No ☐ Ethnicity: (Select One Only) ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Race: (Select One or More) ☐ White ☐ Black or African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ Amer. Indian/Alaskan Native & White ☐ Asian and White ☐ Black or African American & White ☐ Amer. Indian/Alaskan Native & Black or African American ☐ Other Multi-Racial ☐ Asian/Pacific Islander	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐ Handicap or Disability: Yes ☐ No ☐ Veteran: Yes ☐ No ☐ Full Time Student: Yes ☐ No ☐ Receives Income: Yes ☐ No ☐	

F. SOURCES OF INCOME

ANNUAL INCOME OF ALL HOUSEHOLD MEMBERS

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

1. Current Employment Information: Including Self-Employment; if you are unemployed, write N/A

Household Member Name:		Occupation:	Work Phone:	
Employer Name and Address:		City:	State:	Zip Code:
Date Hired:	Salary: Yes ☐ No ☐ \$	Hours Worked per Week: Wages per Hour: \$	Pay Period: ☐ Hourly ☐ Weekly ☐ Bi-weekly (26) ☐ Twice Month ☐ Annually ☐ Other: _____	
Household Member Name:		Occupation:	Work Phone:	
Employer Name and Address:		City:	State:	Zip Code:
Date Hired:	Salary: ☐ Yes ☐ No \$	Hours Worked per Week: Wages per Hour: \$	Pay Period: ☐ Hourly ☐ Weekly ☐ Bi-weekly (26) ☐ Twice Month ☐ Annually ☐ Other: _____	
Household Member Name:		Occupation:	Work Phone:	
Employer Name and Address:		City:	State:	Zip Code:
Date Hired:	Salary: ☐ Yes ☐ No \$	Hours Worked per Week: Wages per Hour: \$	Pay Period: ☐ Hourly ☐ Weekly ☐ Bi-weekly (26) ☐ Twice Month ☐ Annually ☐ Other: _____	

	\$		☐ Other: _____
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2. Other Income & Benefits (i.e. Pensions/Retirement, 401k, V.A. Benefits, Soc. Sec., SSI, AFDC, Child Support, Royalties, Rental Income, etc.)

Household Member Name	TYPE (Social Security, Child Support, SSI, Rental, etc.)	Frequency (Monthly, bi-weekly, etc.)	AMOUNT \$

G. LIABILITIES

1. Mortgage Liability: Do you have a mortgage payment? Yes ☐ No ☐

MORTGAGE HOLDER	ACCOUNT NO.	MONTHLY PYMNT	BALANCE

2. Tax Indebtedness Liabilities (IRS, State, County):

Do you owe any taxes to the IRS? Yes ☐ No ☐

Are you current on your property taxes? Yes ☐ No ☐

AGENCY (IRS, State of, County of, etc.)	TOTAL DEBT \$	REDUCTION AGREEMENT Payment Per Month \$

3. Other Liabilities (Student Loans, Pay Day Loans, Auto Loans, Credit Cards, Court Judgments):

CREDITOR	ACCOUNT NO.	MONTHLY PYMNT	BALANCE

H. ASSETS of ALL Household Members: Do not leave any blanks, if not applicable please write N/A**1. Financial Accounts: (Checking, Savings, Retirement, 401k, Certificate of Deposit (CD), Money Market, Brokerage Accounts, etc.)**

Asset Source		Name of Financial Institution	Account Number	Cash Value	Balance
1. Checking Account #1	☐ Yes ☐ No				
2. Checking Account #2	☐ Yes ☐ No				
3. Savings Account #1	☐ Yes ☐ No				
4. Savings Account #2	☐ Yes ☐ No				
5. Credit Union Account	☐ Yes ☐ No				
6. Stocks, Bonds, Mutual Funds	☐ Yes ☐ No				
7. Certificate of Deposit Account (CD)	☐ Yes ☐ No				
8. Money Market Account	☐ Yes ☐ No				
9. Brokerage Account	☐ Yes ☐ No				
10. Real Estate (Home)	☐ Yes ☐ No				
11. Real Estate (Land)	☐ Yes ☐ No				
12. IRA Accounts	☐ Yes ☐ No				
13. Retirement - Pension Funds:	☐ Yes ☐ No				
14. 401k Account	☐ Yes ☐ No				
15. Trust Funds	☐ Yes ☐ No				
16. Lump Sums Received (inheritance, capital gains, insurance, etc.)	☐ Yes ☐ No				
17. Digital (CashApp, Venmo, Paypal, Etc.)	☐ Yes ☐ No				
18. Other: _____	☐ Yes ☐ No				

2. Property Assets (residence, rental property, raw land, mobile home owned, etc.)

ADDRESS	VALUE	ANY DELINQUENT PROPERTY TAXES DUE

3. Other Assets (Automobile(s), Motorcycles, RV's, Boats, ATV's, etc.)

TYPE	AMOUNT/VALUE	ACCOUNT NO.	AGENT/REP.

I. Previous Housing Assistance from the City: Indicate type, amount and year, if known.

TYPE OF ASSISTANCE (MINOR REPAIR, REHAB, RECONSTRUCTION, DOWN PAYMENT)	AMOUNT OF ASSISTANCE RECEIVED PREVIOUSLY	YEAR ASSISTANCE RECEIVED PREVIOUSLY

J. Homeowner's Insurance Information

Do you have Homeowner's Insurance? **Yes** ☐ **No** ☐

Have you filed a claim with your homeowner's insurance? **Yes** ☐ **No** ☐

Describe the claim you filed: _____

Was the claim approved? **Yes** ☐ **No** ☐

Name of Insurance Company:

Contact Name and Phone Number:

Please complete and sign the Conflict of Interest Questionnaire: Do not leave blank.

CONFLICT OF INTEREST QUESTIONNAIRE For vendor or other person doing business with local governmental entity		FORM CIQ
This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a). By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code. A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.		OFFICE USE ONLY
1 Name of person who has a business relationship with local governmental entity. 		Date Received
2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)		
3 Name of local government officer with whom filer has employment or business relationship. Name of Officer This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary. A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire? Yes No B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity? Yes No C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more? Yes No D. Describe each employment or business relationship with the local government officer named in this section. _____		
4 Signature of person doing business with the governmental entity Date		

City of Bryan Homeowner Waiver, Release, and Indemnification Agreement

The applicants(s) certified that all information in this application is given for the purpose of obtaining Federal U.S. Department of Housing and Urban Development Homeowner Assistance for the City of Bryan Community Development Department and is true and complete to the best of the applicant's knowledge and belief. Any misstatement or falsification of information shall be grounds for revocation or termination of assistance.

TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT ANY PERSON WHO KNOWINGLY AND WILLINGLY MAKES OR USES A DOCUMENT OR WRITING CONTAINING ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENT IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS, OR BOTH.

I hereby authorize the City of Bryan Community Development Department or its designated agents to obtain and receive all records and information pertaining to eligibility for the Community Development Programs, including employment, income, credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby given the City of Bryan Community Development Department the right to request all information that we can and or could obtain from any persons, company, or firm on any matter referenced above. I (WE) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the City of Bryan Community Development Department for purposes of the program. The term of this authorization shall commence on the date of signature and be in force for a period of twelve (12) months.

I/We, the undersigned, certify that I/we am/are the owner(s) of the property to be repaired. I/We consent to the repair of the property. I/We will provide all necessary information, documentation, and property access to expedite this process. I, the undersigned, am the owner of the dwelling located at the property described below, which is in Bryan, Brazos County, Texas. I have requested the assistance of the City of Bryan to coordinate repairs to the dwelling referenced, as stated in my Homeowner's Assistance Program Application. I understand that these repairs may be performed by a non-profit agency, volunteer labor, and/or for-profit contractor, and that these repairs, or the labor to coordinate these services, are funded through a grant of the City of Bryan's Community Development Block Grant (CDBG) funding provided by the U.S. Department of Housing and Community Development (HUD).

IN EXCHANGE FOR THIS GRANT I, THE UNDERSIGNED RELEASE, DISCHARGE, INDEMNIFY, AND HOLD HARMLESS THE CITY OF BRYAN, ITS PUBLIC OFFICIALS, OFFICERS, AGENTS, AND EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DEMANDS, JUDGMENTS, AND CAUSES OF ACTION OF EVERY KIND AND CHARACTER INCLUDING REASONABLE ATTORNEY'S FEES, COURT COSTS, AND EXPERT FEES, WHICH MAY BE ASSERTED BY ANY THIRD PARTY OCCURRING OR IN ANY WAY INCIDENT TO, ARISING OUT OF, OR IN CONNECTION WITH THE SERVICES AND WORK TO BE PERFORMED. I UNDERSTAND THAT THE CITY OF BRYAN IS NOT RESPONSIBLE FOR THE WORK BEING CONDUCTED ON THIS PROJECT. I UNDERSTAND THAT THE LABOR MAY INVOLVE A RISK OF INJURY TO ME OR OTHERS, AND THAT THE CITY OF BRYAN IS NOT RESPONSIBLE FOR THOSE RISKS NOR DOES THE CITY HAVE ANY DUTY TO MITIGATE THOSE RISKS OR MAKE ME AWARE OF SAME. I UNDERSTAND THAT THE CITY DOES NOT WAIVE ITS

GOVERNMENTAL IMMUNITY, THE LIMITATIONS AS TO DAMAGES CONTAINED IN THE TEXAS TORT CLAIMS ACT OR CONSENT TO SUIT.

I HEREBY WAIVE ANY CLAIM I MAY HAVE NOW, OR THAT MAY ARISE IN THE FUTURE, AGAINST THE CITY OF BRYAN ARISING OUT OF OR IN CONNECTION WITH THE SERVICES AND WORK TO BE PERFORMED.

_____ **(Initial)** I/We affirm that all information given in this application is true and complete to the best of my knowledge and belief.

_____ **(Initial)** I/We affirm that all sources of income are accurately stated in this application, and unless stated above.

_____ **(Initial)** I/We further affirm that I/we do not receive any rental income from properties owned by me or any firm, company, partnership, LLC, or other entity with which I may be affiliated.

_____ **(Initial)** I/We have received a copy of the EPA Pamphlet "Protect Your Family from Lead in Your Home" and have received information regarding the dangers of lead based paint.

ALL INCOME, EMPLOYMENT, AND PRIOR ASSISTANCE INFORMATION WILL BE VERIFIED.

APPLICANT UNDERSTANDS THAT THIS APPLICATION **DOES NOT GUARANTEE** THAT ANY REQUEST FOR ASSISTANCE WILL BE GRANTED.

Homeowner Signature

Date

Co-Homeowner Signature

Date



HOMEOWNER ASSISTANCE Voluntary Demolition Program Information Community Development Department

Voluntary Demolition: This funding provides demolition assistance to help property owners tear down and remove dilapidated houses which have been vacant for a minimum of 90 days for one of the three following activities:

- Demolition and New Affordable Housing Development:** The property owner executes a development contract with the City, agreeing to construct a new home built to minimum Community Development Standards on the property which is required to be occupied by a household earning up to 80% of the Area Median Income. Construction of the home must be complete within 12 months, or the amount of the demolition assistance and related soft costs will become repayable to the City. Property owners need not be income-eligible; however, buyers or occupants of homes constructed on the property must be qualified through the Community Development Department as meeting all program guidelines including income eligibility. Qualified applicants intending to purchase and owner-occupy the new home can also receive down payment assistance in the amount of up to \$7,500 at the close of permanent financing if funds are available. Properties must be developable (utilities availability, zoning, setbacks, minimum lot size, outside floodplain).
- Demolition and Sale to the City:** The property owner, who need not be income-eligible, may convey the property to the city for the Fair Market Value of the property (based on an appraisal approved by staff), and will reimburse the City for the cost of demolition and clearance from the seller's proceeds during settlement at the closing. Properties must be environmentally acceptable and developable as affordable housing.
- Demolition Grant:** A property owner with a household income under 80% of the Area Median Income (see table below), or a non-profit owner may receive a 100% grant for the demolition amount, paid directly to the contractor.

City of Bryan Income Limits for Consideration as Low to Moderate Income:

Household #	1	2	3	4	5	6	7	8
Max. Income (Effective 6-1-2026)	\$54,500	\$62,300	\$70,100	\$77,850	\$84,100	\$90,350	\$96,550	\$102,800

There is limited funding available, and applications will be accepted on a first-come, first-served basis. Once a sufficient number of eligible applications have been received, bids will be requested by demolition contractors. Properties must be environmentally acceptable.

Applications expire 12 months after submission. Applications must be renewed if the project does not begin within 12 months. Approval for assistance is on a first come, first served basis of those meeting all eligibility requirements and is contingent upon availability of funds. For more information, contact: Community Development at (979) 209-5175 or communitydevelopmentweb@bryantx.gov.



Community Development Block Grant Voluntary Demolition Assistance Application Part 1

Applicant and Household Information:

Name: _____

Home/Mailing Address _____
Number Street City State Zip

Best Phone #: _____ Email: _____

Household Demographics: (Does not affect eligibility for demolition – informational purposes only):

Number of people living in your household: _____

Annual Household Income of all household members combined: \$ _____/yr

Race: (Circle all that apply)

Ethnicity: (Circle One)

- 1-White
- 2-African-American
- 3-Asian
- 4-American Indian/Alaska Native
- 5-Native Hawaiian/other Pacific

- 1-Hispanic
- 2-Non-Hispanic

Household Type (Circle all that apply)

- 1-Elderly
- 2-Non-Elderly
- 3-Single Parent
- 4-Female Head of Household
- 5-Handicapped/Disabled
- 6-Household w/Children
- 7-Large Family 5+

Property Information: Address of structure to be demolished: _____
Number Street

Type of Structure (Circle all that apply): House Garage Shed Other

Structure is (Circle One): Occupied Vacant

If Vacant, structure has been vacant for (Circle One) Less than 90 Days Over 90 Days

I/We, the undersigned, certify that I/we am/are the owner(s) of the property to be demolished, and that the structure to be demolished is a blighted structure which can be shown to negatively affect surrounding property values in the area and poses a threat to human health, safety, and public welfare. I/We consent to the demolition of the property. I/We understand that the City of Bryan will rely upon this information to prove my/our household's eligibility for the Voluntary Demolition Assistance Program. I/We certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/We consent to release of necessary information to determine my/our eligibility. I/We understand that providing false information or providing false statements is grounds for denial of this application, cancellation of any approved grants, and may result in criminal penalties. I/We will provide all necessary information and documentation to expedite this process. **I/WE THE UNDERSIGNED AGREE TO AND SHALL INDEMNIFY AND HOLD HARMLESS THE CITY OF BRYAN, ITS PUBLIC OFFICIALS, OFFICERS, AGENTS AND EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DEMANDS, JUDGMENTS AND CAUSES OF ACTION OF EVERY KIND AND CHARACTER INCLUDING REASONABLE ATTORNEY FEES, COSTS AND EXPERT FEES, WHICH MAY BE ASSERTED BY ANY THIRD PARTY OCCURRING OR IN ANY WAY INCIDENT TO, ARISING OUT OF, OR IN CONNECTION WITH THE SERVICES AND WORK TO BE PERFORMED. THE CITY OF BRYAN DOES NOT WAIVE ITS GOVERNMENTAL IMMUNITY, THE LIMITATIONS AS TO DAMAGES CONTAINED IN THE TEXAS TORT CLAIMS ACT OR CONSENT TO SUIT.**

Signature of Owner-Applicant

Print Name

Date

Signature of Co-Owner-Applicant

Print Name

Date

Upon completion, return with proof of ownership, and a copy of your state-issued photo ID or Driver's License to:

Voluntary Demolition Program, Community Development, City of Bryan, 200 E 29th Street, Bryan, TX 77803, Phone: (979) 209-5175

This funding provides demolition assistance to help property owners tear down and remove dilapidated houses for one of the three following activities. Please check the box for the applicable activity for which you are applying, and return with your application:

1. ☐ **Demolition and New Affordable Housing Development:** A property owner executes a development contract with the City, agreeing to construct a new home built to minimum Community Development Standards on the property which is required to be occupied by a household earning up to 80% of the Area Median Income. Construction of the home must be complete within 24 months, or the amount of the demolition assistance and related soft costs will become repayable to the City. Property owners need not be income-eligible; however, buyers or occupants of homes constructed on the property must be qualified through the Community Development Services Department as meeting all program guidelines including income eligibility. Qualified homebuyer applicants can also receive down payment assistance in the amount of up to \$7,500 at the close of permanent financing if funds are available.
2. ☐ **Demolition and Sale to the City:** The property owner, who need not be income-eligible, may convey the property to the city for the Fair Market Value of the property (based on an appraisal approved by staff), and will reimburse the City for the cost of demolition and clearance from the seller's proceeds during settlement at the closing. Properties must be environmentally acceptable and developable as affordable housing.
3. ☐ **Demolition Grant:** A property owner with a household income under 80% of the Area Median Income, or a non-profit owner may receive a grant for 100% of the cost of the demolition.

There is limited funding available, and applications will be accepted on a first-come, first-served basis. Once a sufficient number of eligible applications have been received, bids will be requested by demolition contractors. If you would like to request demolition assistance, please complete the application and provide evidence of ownership or authority (deed, affidavit of heirship, power of attorney, or other satisfactory proof of ownership) for the address noted on the application.