



**LAREDO**

**PRE-ASSESSMENT QUESTIONS FOR HUD COLONIAS WORK**

<b>Date:</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	

<b>Are you a Homeowner?</b>	
<b>Under What Name?</b>	
<b>Is your mortgage current or paid off?</b>	
<b>How many in your household?</b>	
<b>What is your family income?</b>	
<b>Is your House a permanent structure or manufactured home. Is it on Foundation?</b>	
<b>What year was your home built? (1978)</b>	
<b>Is your property located in a flood zone?</b>	
<b>Is anyone in your household Disabled?</b>	
<b>Are your property taxes current?</b>	

<b>What type of repairs are you needing? By Priority:</b> 1. 2. 3.  I certify that I have received copies of my application including disclosure, privacy, and lead base paint information:
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**Homeowner Signature:** \_\_\_\_\_

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**\* FOR OFFICE USE ONLY:**

<b>Questionnaire Conducted by:</b>	
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216 Bob Bullock Loop – Laredo, Texas 78043 – [www.nwlaredo.org](http://www.nwlaredo.org) 956-712-9100

## **WEATHERIZATION & HOME REPAIRS**

### **HOMEOWNER CERTIFICATION**

**I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED TO NEIGHBORWORKS LAREDO IS TRUE AND THAT I AM THE HOMEOWNER AND I RESIDE AT:**

**Address:** \_\_\_\_\_

**I ALSO CERTIFY THAT MY PROPERTY TAXES AND MORTGAGE IS NOT IN ARREARS (PAST DUE).**

**I WILL PROVIDE A COPY OF MY MOST RECENT MORTGAGE STATEMENT (IF APPLICABLE).**

**FALSIFICATION OF INFORMATION AND/OR DOCUMENTATION WILL DISQUALIFY ME FROM THE PROGRAM AND I WILL BE RESPONSIBLE FOR REPAYMENT.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



LAREDO

# Attachment "1"

## City of Laredo, Webb & Zapata Counties Income Limits

Applicants meeting the financial eligibility of their total household income that falls within the low and/or moderate income limits *set annually* by HUD at 80% AMI or lower will be priority. A 2022 Income Limits and estimates of Median Income Report is set below. These charts are subject to change on an annual basis. The most up-to-date income guidelines charts will be utilized. Applicants with a 120% AMI will be considered on a case by case basis, however, funding work will prioritize households not exceeding the 80% AMI.

### FY 2022 Income Limits Summary

Selecting any of the buttons labeled "Click for More Detail" will display detailed calculation steps for each of the various parameters.

FY 2022 Income Limit Area	Median Family Income <a href="#">Click for More Detail</a>	FY 2022 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Laredo, TX MSA	\$66,000	Very Low (50%) Income Limits (\$) <a href="#">Click for More Detail</a>	23,850	27,250	30,650	<b>34,050</b>	36,800	39,500	42,250	44,950
		Extremely Low Income Limits (\$)* <a href="#">Click for More Detail</a>	14,350	18,310	23,030	<b>27,750</b>	32,470	37,190	41,910	44,950*
		Low (80%) Income Limits (\$) <a href="#">Click for More Detail</a>	38,150	43,600	49,050	<b>54,450</b>	58,850	63,200	67,550	71,900

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FY 2022 Income Limit Area	Median Family Income <a href="#">Click for More Detail</a>	FY 2022 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Zapata County, TX	\$47,100	Very Low (50%) Income Limits (\$) <a href="#">Click for More Detail</a>	23,850	27,250	30,650	<b>34,050</b>	36,800	39,500	42,250	44,950
		Extremely Low Income Limits (\$)* <a href="#">Click for More Detail</a>	14,350	18,310	23,030	<b>27,750</b>	32,470	37,190	41,910	44,950*
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### 120% AMI Chart for Laredo and Zapata Areas. Webb County residents will use Laredo data

State	statename	County	cbsasub	areaname	fips2010	lim120_22p1	lim120_22p2	lim120_22p3	lim120_22p4	lim120_22p5	lim120_22p6	lim120_22p7	lim120_22p8
48	TEXAS	479	METRO29700M29700	Laredo, TX MSA	4847999999	57200	65400	73550	81700	88250	94800	101350	107850
48	TEXAS	505	NCNTY48505N48505	Zapata County, TX	4850599999	57200	65400	73550	81700	88250	94800	101350	107850



**CO-APPLICANT INFORMATION**

First Name:

Last Name:

Middle Name:

Name Suffix:      JR.      SR.      III      IV

Street Address:

Zip Code:

City:

State:

Preferred Phone Number:

**Relationship to client:**

Gender:                      Female                      Male

Race:              Black or African American                      White                      American Indian/Alaskan Native

                    Asian                      Native Hawaiian/Pacific Islander                      Other/Multiple Race:

                    Hispanic? Yes              No              Other:

Email:

**NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our programs, please inform us about arranging alternative accommodations.**

How did you hear about us?:

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Applicant Signature - I certify this is my electronic signature

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Co-Applicant Signature - I certify this is my electronic signature