

URBAN COUNTY PROGRAM

**Hidalgo County Commissioner's Court
Agenda Request Form**

No. _____

Date: September 8, 2008

Meeting Date Request: September 16, 2008

Deadline for Action: A.S.A.P

Contact Person: DIANA R. SERNA, DIRECTOR

Department: HOME Program

Phone: (956) 787-8127 Fax: (956) 787-5291

Diana R. Serna, Urban County Director 

Caption:


Requesting approval to cancel applications for Maria Del Rosario Aldana & Amelia Colunga at the request of HOME Staff.

Background:

The following families are being recommended for cancellation by the Housing Rehab. Staff. Maria Del Rosario Aldana & Amelia Colunga properties are located within the 100-year floodplain. In-house Urban County Program Homeowner Occupied Rehabilitation policy states "Any applicant whose property is located within the 100-year floodplain according to current FEMA Insurance Rate Maps shall generally not be eligible for assistance under any UCP HOME Program unless approved by the UCP Director. Such approval shall be contingent on such factors as additional construction costs (to deter flooding) and insurance costs and their respective impact on affordability." Due to substantial additional costs, liability issues (related to insurance requirements) and UCPs attempt in protecting HUD's investment, the UCP is recommending cancellation of the following applicants.

<u>APPLICANT</u>	<u>CASE NUMBER</u>	<u>CITY</u>	<u>FUNDING YEAR</u>	<u>LOCATION OF PROPERTY</u>
Maria Del Rosario Aldana Deferred 40% - Loan 60% Reconstruct	WE 80-08-08	Weslaco Precinct #1	HOME 2007	Lot Number One (1), in Block Number Two (2), in the TENN-TEX ADDITION to the City of Weslaco, Hidalgo County Texas.
Amelia Colunga Deferred Loan- Disabled Reconstruct	CW 85-08-11	Countywide Precinct #4	HOME 2007	All of Lot (39) RINCON DE ENCINOS SUBDIVISION NO. 5, Hidalgo County Texas. Hidalgo County Texas.

Please initial for approval:

HOME Manager 
Finance _____

Legal Council _____ Budget _____ Human Resources _____
 Dept./Fund No. _____ Amt. Expended: \$ _____ Funds/ Staffing Budgeted: Yes _____ No _____
 Amount Code: _____ Impact on Future Budget: Yes _____ No _____

Comments:

Action taken by Commissioner's Court:

Approved _____ Tabled _____ Denied _____ Motion made by _____ Seconded _____ Vote _____