

# URBAN COUNTY PROGRAM

## Hidalgo County Commissioner's Court Consent Agenda Request Form

No. \_\_\_\_\_

Date: September 22, 2009

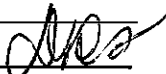
Meeting Date Request: September 29, 2009

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:**

Request for approval of one (1) applicant in the City of San Juan and one (1) applicant in the City of La Joya under the HOME Homeowner Occupied Housing Rehabilitation Program.

**Background:**

The following families are being recommended for approval to receive assistance under the HOME Homeowner Occupied Housing Rehabilitation Program:

<u>APPLICANT</u>	<u>CASE NUMBER</u>	<u>CITY</u>	<u>FUNDING YEAR</u>	<u>LOCATION OF PROPERTY</u>
Oralia de la Rosa Alaniz Deferred Loan - Elderly Reconstruct	SJ 75-09-02	San Juan Precinct #2	HOME 2008	Lots 1, 2 & 3, Block 7, El Cahon subdivision Hidalgo County, Texas.
Hipolito & Maria Toscano Deferred Loan - Disabled Reconstruct	LJ 40-09-01	La Joya Precinct #1	HOME 2008	All of Lot 15 Amanda Subdivision, being a subdivision of 10.05 acres out of a 12.46 acre tract out of Lot 265, Los Ejidos de Reynosa Viejo of land in Hidalgo County Texas.

The amount of assistance to the family will be determined after receipt of bids through the procurement process. Thereafter, selection of bidders will be presented to County Commissioner's Court. Funding is available through the HOME 2008 Budget. The Urban County Program staff recommends approval of applicant's.

Please initial for approval:

HOME Manager \_\_\_\_\_  
Finance *FMAA*

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 \_\_\_\_\_

# Housing Rehab Program

**ENTITY:** City of San Juan

**PROJECT:** Approval for Assistance under the HOME Homeowner Occupied Housing Rehabilitation Program.

**FUNDING YEAR:** HOME 2008

**SYNOPSIS:**

The family is being recommended for applicant approval under the HOME Homeowner Occupied Housing Rehabilitation Program. The applicant has been on the Countywide Waitlist since January 2009, and has met all of the program requirements for assistance under the HOME Homeowner Housing Rehabilitation Grant Program. The following is a profile of the project

<b>Oralia De La Rosa Alaniz</b>	Family of one (1)	
	Applicant's age is 76	
	Title Search:	No Abstract & Liens
	Flood Zone:	No – Zone C
	Insurance:	N/A
	Structures:	1
	Taxes:	current
	Assets & Deposits:	\$1,756.53
	Debt to Income Ratio:	N/A
	Pay Back:	No - Deferred Loan - Elderly
	Number of Bedrooms:	2
	Square Feet:	864
	Total annual household income:	\$ 9,858.00
	HUD Income Limits (family of 1):	\$ 25,550.00

Existing Dwelling: 2 bedrooms frame home, built in 1957.

**RECOMMENDATION:**

The HOME Staff recommends approval for assistance under the Housing Rehabilitation Program by the County Commissioner's Court.

# INITIAL INSPECTION

Date: 8/19/09 City: San Juan If County Wide, Precinct #: 2  
Name of Applicant: Oralia D. Alaniz Inspector: A. Garcia  
Address: 419 W. Chaparral Year House was Built: N/A

## EXTERIOR

1. **Foundation Condition:** Good [ ] Repair [ ] Replace []  
**Foundation Type:** Piers [] Concrete [ ]  
Is the foundation sound and free from hazards?

Notes: Shakes alot when walked on

2. **Exterior Walls:** Good [ ] Repair [ ] Replace []  
Are the exterior surfaces sound and free from hazards?

Notes: Insed damage old weathered

3. **Windows:** Good [] Repair [ ] Replace []

Notes: OK

4. **Trim:** Good [ ] Repair [ ] Replace []

Notes: Old weathered, rotting

5. **Overhang / Trim:** Good [ ] Repair [ ] Replace []

Notes: Same as trim

6. **Roof Shingles:** Good [ ] Repair [ ] Replace []

Notes: Very old some water damage

7. Roof: 1 Good [ ] Repair [ ] Replace [  ]  
 Front Porch Roof Good [ ] Repair [ ] Replace [  ]  
 Rear Porch Roof Good [ ] Repair [ ] Replace [  ]

Is the roof sound and free from hazards?

Notes: OK

8. Other Exterior Structural Observations (stairs, rails, ramps, etc.): \_\_\_\_\_

9. Sewer Connected to City Main Line [ ]  
 Yard Line: Good [ ] Repair [  ] Replace [ ]

Notes: OK

10. Septic Tank: N/A Good [ ] Repair [ ] Replace [ ]  
 Sewer Connected to Septic System [ ]  
 # of years with current Septic System: \_\_\_\_\_

Is plumbing free from sewer back up? \_\_\_\_\_

Yard Line & Drain Field: Good [ ] Repair [ ] Replace [ ]

Notes: \_\_\_\_\_

11. Water Line: Good [ ] Repair [ ] Replace [  ]

Notes: Low pressure

12. Gas Line: Good [ ] Repair [ ] Replace [ ]  
 LP Gas Line & Tank to Code Relocate [ ] Replace [ ]

Notes: OK

13. Doors (front & back): Good [ ] Repair [ ] Replace [  ]

Don't close properly due to warping of door frame.

Notes: \_\_\_\_\_  
14. Other observations about all Exterior Plumbing / Drains / Sewer: \_\_\_\_\_

14. Electrical Lines: OK Good [ ] Repair [ ] Replace [ ]

Electrical Hazards – is the exterior of unit free from electrical hazards?:

Yes [ ] No [ ]

Location(s): \_\_\_\_\_

Notes: \_\_\_\_\_

## INTERIOR

15. Describe Flooring Conditions for Entire Dwelling: All over very unstable.

Describe Specific Floor Problem Areas: \_\_\_\_\_

Is Floor Reparable Yes [ ] No [  ]

Notes: \_\_\_\_\_

16. Condition of Kitchen Cabinets: Good [ ] Repair [ ] Replace [ ]

Notes: OK

17. Ceiling Coverings: Good [ ] Repair [ ] Replace [  ]

Notes: Done water damage.

18. Wall Coverings: Good [ ] Repair [ ] Replace [  ]  
Interior Trim Good [ ] Repair [ ] Replace [  ]  
Interior Finish (Wall Texture) Good [ ] Repair [ ] Replace [  ]

Notes: \_\_\_\_\_

19. Water Heater: OK Good [ ] Repair [ ] Replace [ ]  
Is hot water heater located and equipped in a safe manner and free of hazards?

Plumbing: Good [ ] Repair [ ] Replace [ ]  
Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?

Notes: \_\_\_\_\_

20. Insulation: NONE Good [ ] Repair [ ] Replace [ ]  
Are the attic and walls appropriately insulated for regional conditions?

Notes: \_\_\_\_\_

21. Lead Base Paint Assessment Required [ ] Not Required [  ]

22. Infestation – Is the unit free from rats or severe infestation by mice or vermin?

Yes [ ] No [ ]

Notes: \_\_\_\_\_

23. Electrical Hazards – are the rooms free from electrical hazards?:

Yes [ ] No [ ]

Location(s): OK

Notes: \_\_\_\_\_

24. INSPECTORS FINAL RECOMMENDATION (Rehab. or Recon. – list reasoning for recommendation):

Due to low home appraisal and high cost estimate for repairs, rebuild.



# Housing Rehab Program

**ENTITY:** City of La Joya

**PROJECT:** Approval for Assistance under the HOME Homeowner Occupied Housing Rehabilitation Program.

**FUNDING YEAR:** HOME 2008

**SYNOPSIS:**

The family is recommended for applicant approval under the HOME Homeowner Occupied Housing Rehabilitation Program. The applicant has met all program requirements for assistance under the Housing Rehabilitation Program as an emergency case. Determination as an emergency case is due to catastrophic loss – home burn . The following is a profile of the family.

**Hipolito & Maria Toscano**

Family of seven (7)

Applicant's age is 50, spouse age is 36, daughter's ages are 12, 9 & 2yrs and son's ages are 5 & 4.

Title Search: No Abstract & Liens

Flood Zone: No – Zone C

Insurance: N/A

Structures: 1

Taxes: current

Assets & Deposits: \$34.75

Debt to Income Ratio: N/A

Pay Back: No - Deferred Loan - Disabled

Number of Bedrooms: 4

Square Feet: 1338

Total annual household income: \$ 20,220.00

HUD Income Limits (family of 7): \$ 43,300.00

Existing Dwelling: 2 bedrooms frame home, built in 1994.

**RECOMMENDATION:**

The HOME Staff recommends approval for assistance under the Housing Rehabilitation Program by the County Commissioner's Court.

# EMERGENCY ASSISTANCE INSPECTION FINDINGS

DATE: Tuesday, August 14, 2007

NAME: Maria & Hipolito Toscano

ADDRESS: 321 E. 6<sup>th</sup> St.  
La Joya, TX.

Approx. Age of Home

PHONE: 956 - 583-1439

N/A Years

In accordance with written standards for the Emergency Loan Program the inspection revealed the following:

Written Standard	Findings
<p><b>Impending or Immediate Hazards</b> within the past 6-months including but not limited to: leaking roofs, hazardous wiring, damaged water lines, broken water heaters, backed-up or damaged sewer lines, broken gas lines. <b>PROPERTIES IDENTIFIED BY CODE ENFORCEMENT FOR DEMOLITION ARE NOT ELIGIBLE.</b></p>	<p><input checked="" type="checkbox"/> <b>NONE</b> History of Hazards: <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 6+ MONTHS Hazard's List:  <input type="checkbox"/> Leaking Roof                      <input type="checkbox"/> Damaged Sewer Line  <input checked="" type="checkbox"/> Hazardous Wiring                  <input type="checkbox"/> Broken Water Line  <input type="checkbox"/> Damaged Water Lines              <input type="checkbox"/> Broken Gas Line  <input type="checkbox"/> Other (list):</p>
<p><b>Broken cooling systems:</b> Require physician's statement attesting to the medical necessity of the same for a household member. Type of Existing Cooling System:  <input type="checkbox"/> Window unit(s)      <input checked="" type="checkbox"/> Central A/C</p>	<p><input type="checkbox"/> <b>NONE</b> Condition of Cooling unit:  <input type="checkbox"/> Not Working                      <input type="checkbox"/> Needs Repair   Physician's Letter stating medical necessity:  <input type="checkbox"/> Letter available                  <input checked="" type="checkbox"/> No letter available  <input type="checkbox"/> Letter does not describe necessity.</p>
<p><b>Catastrophic Loss</b> from Fire or Flooding   <i>\$60,000.00 DEFERRED or 0% INTEREST ACCORDING TO CRITERIA</i></p>	<p><input type="checkbox"/> <b>NONE</b> Type of Catastrophe:  <input checked="" type="checkbox"/> Fire                      <input checked="" type="checkbox"/> Partial Home                  <input type="checkbox"/> Entire Home  <input type="checkbox"/> Flooding                  <input type="checkbox"/> One time                      <input type="checkbox"/> Constant</p>
<p><b>Medical Necessity</b> demonstrated through U.S. licensed physician's written statement declaring that rehabilitation of the client's home is necessary to address a serious medical condition. <i>\$60,000.00 CAP AND ALL OTHER PROGRAM REQUIREMENTS APPLY</i></p>	<p><input type="checkbox"/> <b>NONE</b> Physician's Letter stating medical necessity:  <input type="checkbox"/> Letter available                  <input checked="" type="checkbox"/> No letter available  <input type="checkbox"/> Letter does not describe necessity.  <input type="checkbox"/> Other Proof (list):</p>

Contact me for any questions you may have.

EMERGENCY STATUS:	<input checked="" type="checkbox"/> EMERGENCY	<input type="checkbox"/> NOT AN EMERGENCY
QUALIFIES FOR:	<input type="checkbox"/> \$60,000.00 DEFERRED OR 0% INTEREST LOAN	

INSPECTION BY:

  
 Arturo Garcia, Rehab Specialist

# Toscano- Airport

