

Disaster Recovery Program

ENTITY: City of Edcouch
PROJECT: Approval for Assistance under the Disaster Recovery Program.
FUNDING YEAR: CDBG Disaster Recovery Program 2009

SYNOPSIS:

The family is being recommended for applicant approval under the Disaster Recovery Program. The applicant has met all of the program requirements for assistance under the CDBG Disaster Recovery Program. The following is a profile of the project

Martha Melgoza

Family of four (4)
Applicant's age is 41, daughter's age is 19, daughter's age is 9, and son's age is 5
Title Search: No Abstract & Liens
Flood Zone: No - Zone X
Insurance: N/A
Structures: 1
Taxes: current
Assets & Deposits: \$621.23
Debt to Income Ratio: N/A
Pay Back: No - Deferred Loan
Number of Bedrooms: 4
Square Feet: 1338
Total annual household income: \$ 16,455.57
HUD Income Limits (family of 4): \$ 36,500.00

Existing Dwelling: 2 bedrooms frame home, built in 1960.

RECOMMENDATION:

The Disaster Recovery Program Staff recommends approval for assistance under the Disaster Recovery Program by the County Commissioner's Court.

INITIAL INSPECTION

Date: 10-29-09 City: Edcouch If County Wide, Precinct #: _____

Name of Applicant: Marta Melgoza Inspector: Monica Guerra

Address: 214 Sgt. Cervantes Year House was Built: BEFORE '09

EXTERIOR

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

Notes: SOME BLOCKS HAVE TILTED

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

Notes: ROTTED WOOD THROUGHOUT.

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

Notes: SOME ARE CRACKED, BUT STILL FUNCTION

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

Notes: BACK DOOR & FRONT DOOR FRAMING HAS ROTTED.

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

Notes: ROTTED THROUGHOUT. HAS NEVER BEEN REPLACED / T.

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

Notes: REPLACED SHINGLES IN 1999.

Is the roof sound and free from hazards?

Notes: _____

7. Other Exterior Structural Observations (stairs, rails, ramps, etc.): _____

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

Notes: SOMETIMES FLOODS & BACKS UP.

9. 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: _____

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

Notes: LOW WATER PRESSURE

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

Notes: USED TO SMELL GAS & STILL SMELL IT AT TIMES.

12. Other observations about all Exterior Plumbing / Drains / Sewer: _____

13. **Electrical Lines:** Good [] Repair [] Replace []

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

Yes [] No []

Location(s): _____

Notes: _____

INTERIOR

14. Describe **Flooring Conditions** for Entire Dwelling: FLOOR HAS SLOPED & HAS
SLACKED.

Describe Specific Floor Problem Areas: THROUGHOUT HOME

Is Floor Repairable Yes [] No []

Notes: _____

15. Condition of **Kitchen Cabinets:** Good [] Repair [] Replace []

Notes: BROKEN & ROTTED FROM BOTTOM.

16. **Ceiling Coverings:** Good [] Repair [] Replace [X]

Notes: _____

17. **Wall Coverings:** Good [] Repair [] Replace [X]
Interior Trim Good [] Repair [] Replace [X]
Interior Finish (Wall Texture) Good [] Repair [] Replace [X]

Notes: AREAS WHERE WALLS HAVE CRACKED & DETACHED.

18. **Water Heater:** 1/2 OLD. Good [] Repair [] Replace [X]
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: _____

19. **Insulation:**

Good [] Repair [] Replace

Are the attic and walls appropriately insulated for regional conditions?

Notes: NOT INSULATED @ ALL.

20. **Lead Base Paint Assessment**

Required [] Not Required []

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

Yes No []

Notes: _____

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

Yes [] No []

Location(s): _____

Notes: LIGHTS WILL GO OUT EVERY NOW & THEN; TRIP THE BREAKERBOX

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

will cost more than 1/2 to rehab. Suggested Reconstruction.

- Note - If more room is needed, attach additional sheet.