



CITY OF SHREVEPORT

P.O. BOX 31109 SHREVEPORT, LA 71130 • 505 TRAVIS STREET SHREVEPORT, LA 71101
Website: www.shreveportla.gov

Department of Community Development Bureau of Housing and Business Development

Dear Homeowner:

In order to process your Request for Services Application, you must submit the documents listed below:

1. **Copy of the Deed to your property (if you are unable to locate your Deed, a copy may be obtained from the Clerk of Courts office at 501 Texas Street).**
2. **Copy of your Homeowner or Fire Insurance (with Dwelling Coverage and effective dates)**
3. **Copy of your most recent Paid City Tax Receipt**
4. **Copy of your Current Homestead Exemption Receipt**
5. **Copy of your Current Pay Stub or Proof of Income a (Social Security Award Letters, Retirement Letters, etc.) for all people in household**
6. **Copy of your Current Bank Statement for *All* Accounts**

All documents must be submitted with the Request for Services Application. If you have any questions or concerns please call (318) 673-7508.

Sincerely,
Bureau of Housing and Business Development

***NOTE: PLEASE MAIL COPIES ONLY, DO NOT MAIL ORIGINAL DOCUMENTS.**

WARNING!!!!!!!

Title 18, Section 101 of the U.S. Code states that a person is guilty of a felon for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



CITY OF SHREVEPORT

**Bureau of Housing and Business Development
PRELIMINARY APPLICATION
REQUEST FOR SERVICES**



Date of Application _____

Neighborhood _____

Council District _____

Services Requested: (Please Check)

FOR OFFICE USE ONLY	
Year	_____
Program Code	_____
Applicant No.	_____
Inspector Assigned	_____
Date Inspected	_____

PAINT YOUR HEART OUT

Applicant Name:		Co-Applicant Name:	
Social Security #	Home Telephone No.	Social Security #	Alternate Telephone No.
Date of Birth:	Monthly Income \$ _____	Date of Birth:	Monthly Income \$ _____
Property Address: (Number, Street, Zip Code)		Mailing Address: (Number, Street, Zip Code)	
Place of Employment:		Place of Employment:	
Employer Address:		Employer Address:	
Employer Telephone :		Employer Telephone :	
Race: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other			
Homeowner applied for Homestead Exemption <input type="checkbox"/> Yes <input type="checkbox"/> No		City Taxes Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Characteristics of House: (Circle One)		Approximate Age of House: _____	
How many stories? 1 or 2		What kind of roof? Shingles or Composition	
Number of bedrooms: 1 - 2 - 3 - 4 - 5		Siding or Wood?	
		Brick or Frame?	
		Single Family or Duplex?	
Have you ever received any services through our programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what year? _____			
Briefly describe services needed for house:			

I realize that this is on a preliminary Request for Services and does not constitute a guarantee that services will be provided or that a loan or grant will be approved. I understand my Request for Service will be processed on a first-come, first-serve basis, depending upon funding availability.

Signature of Applicant: _____

Date: _____

CITY OF SHREVEPORT

AFFIDAVIT OF IDENTITY

STATE OF LOUISIANA

PARISH OF CADDO

BEFORE ME, the undersigned authority, on this day personally appeared:

who after being by me first duly sworn, upon oath depose(s) and say(s):

“I (We) am (are) the same person(s) whose name(s) appear(s) on the application and various other documents in connection with said request for housing rehabilitation services; and I (we) further state that I (we) currently own and occupy the property for which services are requested.”

SWORN TO AND SUBSCRIBED this _____ day of _____, 20____.

Affiant

Affiant

STATE OF LOUISIANA

PARISH OF CADDO

This instrument was acknowledged before me on this _____ day of _____

_____, 20____, by the Affiant(s) whose signature(s) appear above.

Notary Public

Borrowers further acknowledge that they have read and understand the following:

18 UNITED STATES CODE SECTIONS 1010 AND 1014

WARNING: Section 1010 of Title 18 U.S.C. applicable to Federal Housing Administration transactions provides in part): “Whoever, for the purpose of influencing in any way the action of [the Federal Housing Administration] makes, passes, utters or publishes any statement, knowing the same to be false...or loan...shall be fined not more than \$5,000.00 or imprisoned not more than two years, or both.”

“Whoever knowingly makes any false statement or report...for the purpose of influencing in any way the Action of...any institution the accounts of which are insured by the Federal Savings and Loan Insurance Corporation...any member of the Federal Home Loan Bank System, the Federal Deposit Insurance Corporation, the Federal Savings and Loan Insurance Corporation...upon any application...or loan...shall be fined not more than \$1,000,000.00 or imprisoned not more than thirty years, or both.”

OCCUPANCY AND INCOME AFFIDAVIT

I hereby certify that I am the owner of and I have occupied the property located at _____, in Shreveport, Louisiana, for a minimum of two (2) years as my primary residence. I certify that this property is not a secondary address or investment property.

I further certify that the following persons reside in my household and I have disclosed all household income as described below.

HOUSEHOLD MEMBER	SOCIAL SECURITY	GROSS MONTHLY INCOME

These statements are true and correct to the best of my knowledge as of this date. I am aware that federal funds are invested in my property for the repairs to my home. If I knowingly misrepresent or falsify any material facts as certified by me above, it will be cause for legal proceedings by the City of Shreveport, HUD or whoever else it may concern and that all the provisions afforded by law will be in full force and effect.

Property Owner

Property Owner

SWORN TO and subscribed this _____ day of _____, 20____. in Shreveport Caddo Parish, Louisiana, before me the undersigned Notary Public in and for Caddo Parish, Louisiana.

NOTARY PUBLIC

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NEIGHBORHOOD REVITAIZATION PROGRAM

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We hereby authorize you to release to the City of Shreveport, for verification or re-verification (quality control) purposes, information necessary to process my/our request for service. This information includes, but is not limited to, my/our past and present employment status, my/our bank accounts, my/our past and present consumer credit record, and my/our past and present mortgage and/or rent record.

The information furnished to the City of Shreveport is for their confidential use in processing my/our mortgage loan/grant request for service.

Your prompt reply to the City of Shreveport will be appreciated.

Applicant's Signature

Date

Co-Applicant's Signature

Date



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PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. Seq. or 7 USC, 1921 et. seq. (if USDA/FmHA).

LEAD PAINT ACKNOWLEDGEMENT FORM

Date _____

I, the undersigned, do acknowledge the presence or absence of children under the age of six (6) residing in my home, or who stay in my home more than six (6) hours each week, by checking the appropriate statement below.

_____ I DO have small children residing in or staying in my home.

_____ I DO NOT have any small children residing in or staying in my home.

Homeowner

Date



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WATCH OUT FOR LEAD-BASED PAINT POISONING

IF THIS PROPERTY WAS CONSTRUCTED BEFORE 1978, THERE IS A POSSIBILITY IT CONTAINS LEAD-BASED PAINT. PLEASE READ THE FOLLOWING INFORMATION CONCERNING LEAD-BASED PAINT POISONING.

SOURCES OF LEAD-BASED PAINT:

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills, door and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, window sills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands. Put their hands into their mouths. And ingest a dangerous amount of lead

HAZARDS OF LEAD-BASED PAINT POISONING:



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Lead poisoning is dangerous—especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death:

SYMPTOMS OF LEAD-BASED PAINT POISONING:

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomach aches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms, does not mean that you should not be concerned if you believe your child had been exposed to lead-based paint.

ADVISABILITY AND AVAILABILITY OF BLOOD LEAD LEVEL SCREENING:

If you suspect that your child had eaten chips of paint or someone told you this, you should take your child to the doctor or clinic or testing. If the test shows that your child has an elevated blood level, treatment is available. Contact your doctor or local health department for help for more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated level, you should immediately notify the Department of Community Development or another agency to which you or your landlord is applying for rehabilitating assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

PRECAUTIONS TO TAKE TO PREVENT LEAD-BASED PAINT POISONING:

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doors, door frames and window sills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child:

1. Cover all furniture and appliances
2. Dust containing lead can be a health hazard. **DO NOT** vacuum loose paint. Sweep and damp mop.
3. Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. **DO NOT BURN THEM.**



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4. Do not leave paint chips on the floor or in window sills. Damp mop floors and window sills in and around the work to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important.
5. Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

HOMEOWNER MAINTENANCE AND TREATMENT OF LEAD-BASED PAINT HAZARDS:

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, and then repainted with two (2) coats of non-lead paint. Instead of scraping and repainting, the surface may be covered with other material such as wallboard, gypsum, or paneling. Beware that when lead-based paint is removed by scraping or sanding, dust is created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you, as an adult, play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

TENANT AND HOMEBUYER RESPONSIBILITIES:

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, peeling or peeling paint, water leaks from plumbing or a defective roof, You should cooperate with that office's efforts to repair the unit.

I have received a copy of the Notice entitled "Watch Out for Lead-Based Paint Poisoning"

Signature _____

Date _____

Print Full Name _____