



City of Beaumont

Owner-Occupied Housing Rehabilitation Program

Application Process

Welcome – The City of Beaumont’s Owner-Occupied Housing Rehabilitation Program Assistance is available to homeowners who need assistance with repairs to their principal place of residence. Senior citizens are the priority category for this program.

Qualifications:

Persons must be Low to Moderate Income. (80% or below of Median Family Income)
Persons must own or be in process of buying the house that they want to have rehabilitated and it must be their principal place of residence. Homeowner must have lived in the home for 1 year prior to assistance or applying.

Requirements:

Please fill out this entire application and return to the City of Beaumont’s Housing Services Division, 801 Main Street, Suite 201, Beaumont, Texas, or by mail to P. O. Box 3827, Beaumont, Texas 77704. All verifications must accompany the application or the application will not be accepted.

Verifications:

The following verifications are required and must be current and up to date:

Copy of Deed or Mortgage Verification:

Shows that you are the home owner or you are in the process of buying your home.

Income Verification:

Federal regulations require a “snapshot” of your gross income (net, if you are self-employed) and project it forward 12 months. You will be asked to submit six (6) months of checking and three (3) months of savings account statements. Along with six (6) consecutive check stubs from any and all employment for each household member, and any assistance payments such as Social Security, child support alimony, etc. Federal

regulations require that we calculate income from your assets, such as bank account, and add that to your income.

Tax Certificate: (City, County, School). “All of your property taxes must be paid up to date.” If back taxes are owed, please provide a copy of your payment plan from the Jefferson County Tax Office.

Copy of Insurance Policy on house.

Shows current fire coverage on structure.

Program Administration:

- The amount of assistance for Rehabilitation will not exceed \$65,000 per residence. The amount of assistance for Reconstruction will not exceed \$100,000 per residence. The amount of assistance for Replacement Housing will not exceed \$100,000 per residence.
- The purpose of the Owner-Occupied Rehabilitation Program (OCC) is to provide housing assistance to 80% Area Median Family Income (AMFI) and below families residing in and around the Hope VI revitalization area (Census Tracts 6, 7 and 9) in Beaumont. Assistance may be provided in other areas inside the Beaumont city limits when feasible. Program Administrator and Department Head review will be required in such instances.
- Rehabilitation and Reconstruction assistance will not be provided in a floodplain. Replacement assistance is available to eligible home owners for construction on a lot not located in a 100-year flood plain.
- The minimum amount of assistance that may be provided to any applicant shall be One Thousand Dollars (\$1,000.00).
- For each unit assessed under the Program, a preliminary budget will be prepared to indicate the potential cost of emergency repairs, rehabilitation, or reconstruction. This budget, including any inspection checklist, notes, photographs and drawings will be called the “feasibility analysis”. This budget should include all major systems but need not detail individual items of cost. If the cost of rehabilitation, including lead hazard inspection and reduction, demolition, and site improvements required by environmental conditions:
 - Is less than or equal to \$15,000, the City of Beaumont will offer Community Development Block Grant (CDBG) Rehabilitation assistance to the applicant (not to exceed \$24,500 where lead-based paint is present).
 - Is less than \$51,250 for hard costs, the City of Beaumont will offer HOME Owner-Occupied Rehabilitation assistance to the applicant. Reconstruction will not be an option and the City will prepare a detailed work write-up and cost estimate for

rehabilitation adequately documented to be used as bid documents.

- Is more than \$51,250 for hard costs, the City will offer Reconstruction assistance to the applicant from the City's HOME Owner-Occupied Program.
- If feasibility analysis indicates a budget in excess of \$51,250 based on the above estimate for rehabilitation and the applicant does not desire Reconstruction, the City should "walk away" from the project after notifying the applicant that the project is not feasible and offering an explanation in writing.

- Applicant must have a current Homeowner's Insurance policy with sufficient coverage to replace the home in case of fire.
- No repairs will be authorized if all required documentation and verifications are not up to date at the time of rehabilitation.
- As per HUD CPD Notice#91-01, repairs will be bid on by contractors that have been approved by the City of Beaumont as having met the necessary bonding and performance requirements.
- ***A lien will be placed on your property for a period as determined by the federal long-term affordability requirements.*** The lien amount is equal to the rehab contract amount. Assistance is provided as a 0% interest deferred (forgivable) loan amortized at the annual percentage rate consistent with the term of the loan. The lien is released at the end of the required affordability period.
- The home owner is required to maintain the home as his/her principal residence for the required affordability period; property taxes and homeowner insurance with sufficient coverage (at a minimum, the contract amount) must be maintained during this period. The City of Beaumont must be shown as co-insured on the insurance policy.
- You must obtain a Tax Certificate from Jefferson County Tax Office. All of your property taxes must be paid up to date or you must have a payment plan with Jefferson County and be up to date on payments.

Please note:

The home owner enters into a contract with the contractor, not with the City. The City will conduct the necessary inspections and pay the contractor for repairs made as per the signed homeowner/contractor agreement.

The contractor is required to extend a one-year warranty on all Rehabilitation work. The contractor is required to extend a 10-year warranty on the structural components of the home for all Reconstruction homes. Any manufacturer warranty is in addition to the contractor's warranty.

All Rehabilitation warranty repairs must be made within forty-five days of signing the homeowner/contractor agreement.

- i. HOME Rehabilitation** – Rehabilitation shall be defined as bringing an entire structure into conformance with a pre-determined set of specifications and standards that address the entire condition of the structure. At a minimum, the rehabilitated portion must comply with local building codes and standards, and upon completion, the entire structure must comply with housing quality standards (HQS) and local health and safety codes. Rehabilitation shall be limited to “stick built” structures that have been deemed feasible for rehabilitation. Priority for HOME Rehabilitation Assistance is given to eligible families living in and around the HOPE VI Revitalization Area. Assistance is available in other areas of Beaumont on a case-by-case basis.
- ii. HOME Reconstruction** – Reconstruction shall be defined as the demolition, removal, and disposal of an existing housing unit and the replacement of that unit on the same lot with a unit that complies with the universal design features in new construction established by §2306.514, Texas Government Code, energy standards as verified by a RESCHECK certification, and the International Residential Codes, as required by Subchapter G, Chapter 214, Local Government Code. Reconstruction of a housing unit should be of a similar type structure. For example, a stick built housing unit may be replaced with a stick built unit. Manufactured units are not eligible for rehabilitation or reconstruction. Priority for HOME Rehabilitation Assistance is given to eligible families living in and around the HOPE VI Revitalization Area. Assistance is available in other areas of Beaumont on a case-by-case basis.
- iii. HOME Replacement** – Replacement shall be defined as the replacement of housing taken or demolished by government action. Replacement will be for a comparable unit, not to exceed three bedrooms, two baths, at a location that is not within the 100 year flood plain. If the replacement unit is newly constructed, the unit must at a minimum comply with the universal design features in new construction established by §2306.514, Texas Government Code, energy standards as verified by a RESCHECK certification, and the International Residential Codes, as required by Subchapter G, Chapter 214, Local Government Code. Priority for HOME Rehabilitation Assistance is given to eligible families living in and around the HOPE VI Revitalization Area. Assistance is available in other areas of Beaumont on a case-by-case basis.
- iv. CDBG Rehabilitation Assistance** – CDBG Rehabilitation Assistance shall be defined as housing rehabilitation where the rehabilitation and specifications standards do not require the entire structure to be brought to local building code standards and housing quality standards (HQS) upon completion. Assistance is intended to prevent severe deterioration or to alleviate emergencies. CDBG Rehabilitation Assistance is available in all areas of the city targeted for revitalization.

APPLICATION

CENSUS TRACT AREA: _____ APPLICATION DATE: _____ APPLICATION No.: _____
PROJECT ADDRESS: _____

HOUSEHOLD INFORMATION

Primary Applicant Name: _____

Current Address (street, city, state, zip): _____

Phone: W) _____ H) _____ Cell) _____ Email: _____

Birthdate _____ Social Security Number _____

Are you Currently employed? Number of people in your
Gender (M/F) _____ Y N household _____

Are you a full-time student? Y N Do you receive any other income? Y N

OPTIONAL: Federal funding agencies require the collection of ethnicity and race data to track Fair Housing performance. This information will not be used to determine housing eligibility.

Ethnicity (please choose one): Hispanic or Latino
 Not Hispanic or Latino

Race (please check one or more of the following);
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

HOUSEHOLD INFORMATION

CO-ApplicantName: _____

Current Address (street, city, state, zip): _____

Phone: W) _____ H) _____ Cell) _____ Email: _____

Birthdate _____ Social Security Number _____

Gender (M/F) _____ Y N Are you Currently employed? Y N Number of people in your household _____

Are you a full-time student? Y N Do you receive any other income? Y N

OPTIONAL: Federal funding agencies require the collection of ethnicity and race data to track Fair Housing performance. This information will not be used to determine housing eligibility.

Ethnicity (please choose one): Hispanic or Latino
 Not Hispanic or Latino

Race (please check one or more of the following);
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

FAMILY COMPOSITION and INCOME DATA

LIST ALL PERSONS LIVING IN HOUSEHOLD

NAME	AGE	RELATIONSHIP	SOURCE OF INCOME	MONTHLY INCOME
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TOTAL NUMBER OF DEPENDENTS _____

TOTAL MONTHLY INCOME _____ TOTAL ANNUAL INCOME _____



ELIGIBILITY RELEASE

City of Beaumont

Applicant Name: _____

Applicant Address: _____

Instructions to Applicant: Your signature on this *Eligibility Release*, and the signatures of each member of your household who is 18 years of age or older, authorizes the City of Beaumont to obtain information from a third party regarding your eligibility and continued participation in the:

City of Beaumont Affordable Housing Program

Privacy Act Notice Statement: Federal program guidelines require the collection of the information listed in this form to determine an applicant’s eligibility for programs administered by the City of Beaumont which provide assistance with federal grant funds. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant’s eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. The City of Beaumont is authorized to ask for this information under the National Affordable Housing Act of 1990.

Each adult member of the household must sign this Eligibility Release prior to the receipt of benefits to establish continued eligibility.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, “Request for a Copy of Tax Form” must be prepared and signed separately.

Information Covered: Inquiries may be made about items initialed below by the applicant.		
Description	Verification Required	Initials of Applicants
Income (all sources)	X	
Assets (all sources)	X	
Child Care Expenses	X	
Disability Assistance Expenses (if applicable)	X	
Occupancy Preference (Special Needs) (if applicable)	X	
Medical Expenses (if applicable)	X	
Other (list):	X	
Dependent Deduction: <input type="checkbox"/> Full-time Student <input type="checkbox"/> Disabled Household Member <input type="checkbox"/> Minor Children	X	

Applicant's Authorization:

I authorize the City of Beaumont to obtain information about me and my household that is pertinent to determining my eligibility for participation in the City of Beaumont's Affordable Housing Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the City of Beaumont and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the City of Beaumont in the eligibility verification process.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Signatures:

_____ Signature - Head of Household	_____ Printed Name	_____ Date
_____ Signature – Other Adult Household Member	_____ Printed Name	_____ Date
_____ Signature – Other Adult Household Member	_____ Printed Name	_____ Date
_____ Signature – Other Adult Household Member	_____ Printed Name	_____ Date

Verification of EMPLOYMENT		
City of Beaumont		
Address: 801 Main St/P O Box 3827		
Phone: 409.880.3763	Fax: 409.880.3125	Email: lsemien@ci.beaumont.tx.us
Applicant Name:		
RELEASE: Applicant's signature here or on attached "Eligibility Release" authorizes the release and/or verification of the requested employment information.		
_____ Signature of Applicant	_____ Date	
Applicants – Do Not Fill Out The Information Requested Below.		
To the Employer: Federal regulations require verification of employment and income of all members of any household making application to participate in the City of Beaumont's Affordable Housing Program. We ask your cooperation in supplying this information to the City of Beaumont. The information you provide will be used only to determine the eligibility status and level of benefit available to the applicant household.		
Applicant employed since:	Occupation:	
Salary:	Date of last pay increase:	
Base pay rate: \$ per HOUR / WEEK / MONTH (circle one)		
Average number of hours worked per week at base pay rate:		
Number of weeks worked per year:	Overtime pay rate: \$ per hour	
Expected average number of hours overtime to be worked per week during the next 12 months:		
Specify any other compensation not included above (commissions, bonuses, tips, etc.): For: _____ \$ _____ per		
Is pay received for vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, number of days per year		
Total base pay earnings for past 12 months: \$		
Total overtime earnings for past 12 months: \$		
Probability and expected date of any pay increase:		
Does the employee have access to a retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what amount does he/she have access to? \$		
Signature of Employer's Authorized Representative:		
Title:	Date:	Phone:
WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.		

OWNER-OCCUPIED REHABILITATION

REQUIRED DOCUMENTATION CHECKLIST

All of the following documents (if applicable) must be submitted with this application. Missing or incomplete information will cause your application to be delayed or possibly denied. Please include any supplemental forms for each program in which you are interested.

- Completed application, signed and dated, with cover page indicating the programs to which you are applying.**
- A completed **Immigration Status Affidavit AND a photocopy of an approved form of identification for EACH ADULT (18 years old or older) HOUSEHOLD MEMBER**
- A signed **Employer Verification form – *Do not fill in the requested information on the bottom half of the form***
- Copies of three consecutive month's worth of your most recent pay stubs**
- Signed **Verification Forms for all other sources of income** (Social Security, Social Security Disability, pension, etc.)
- Complete copies of **2 years of your most recent Federal tax returns, all corresponding W2's and attached schedules**
- If you are self-employed (full or part-time), submit a year-to-date profit/loss statement AND three years of federal income tax returns. Please also submit your estimate of the income you will receive for the next 12 months and an explanation as to how you came to that number.***
- Signed **Asset Verification form AND copies of 6 consecutive months of checking account statements**
- A copy of your **6 most recent savings account statements**, including the interest rate
- A copy of the **most recent statement from all other assets** (IRA, 401K, cash value of life insurance policy, etc.) verifying the current balance and interest rate or annual dividend payment
- A copy of your property deed
- A Mortgage Verification, if your home is not paid for
- Obtain a Tax Certificate from Jefferson County Tax Office; all of your taxes must be paid up to date OR you must have a payment plan with Jefferson County and be up to date; there is a charge for the certificate
- Copy of Homeowner's Insurance Policy (must show current fire coverage)
- For applicants claiming a medical disability, submit attached Verification of Disability Special Need (certification must be made by someone other than the applicant(s))
- If you currently own a home, submit a recent appraisal of that home or most recent Assessor's statement and your most recent mortgage statement***
- If you currently own other real property, such as vacant land and/or commercial property, submit a recent appraisal or Assessor's statement and a recent mortgage statement***

CERTIFICATIONS

It is our policy to verify all information contained in this application. In acknowledgement of this policy, please sign your name(s) where indicated.

I/We certify the following:

All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief.

I/We are aware that any misrepresentation will result in the forfeiture of my/our right to participate in any of the City of Beaumont Affordable Housing Program and may result in legal action against me/us.

Consent to Release Information: I/We authorize representatives from any of the City of Beaumont Affordable Housing Program to supply and receive information to/from all other City of Beaumont Affordable Housing Program that I/we have applied to, my/our employer(s), my/our financial institution(s), other housing/down payment assistance programs, my/our Realtor and/or my/our Mortgage Lender to verify the information contained in this application. This information includes, but is not limited to bank statements, employment status, income, outstanding debts and other financial information. I also authorize representatives from any of the City of Beaumont Affordable Housing Program to allow inspection and reproduction of any financial records or information in their possession. I/We understand that information in this application may be shared with any of our funding sources for the purpose of meeting funding compliance.

I/We understand that the income I/we use to qualify for a mortgage loan amount must be the same as the income I/we claim in this application.

I release all representatives from any of the City of Beaumont Affordable Housing Program from any and all liability arising from release of such information. This authorization is limited solely to information requested for the processing of my application for the City of Beaumont Affordable Housing Program.

If I/we purchase a home under any of the Affordable Housing Program listed in this application, I/we will occupy the home and agree to use the home as my/our primary and principal residence.

I understand that completion of this application does not guarantee that my/our eligibility for the programs and/or that I/we will successfully purchase a home through the City of Beaumont Affordable Housing Program.

Signature/Date

Signature/Date



Equal Opportunity: In accordance with the provisions of the Equal Opportunity Act and the City of Beaumont Affordable Housing Program' policies, there will be no discrimination against an applicant for these benefits on the basis of age, source of income, sex, race, marital status, sexual orientation, national origin, religion or handicap. If you or a member of your household is an individual with a disability, you have the right to request reasonable accommodation for that disability. The City of Beaumont's Affordable Housing Program is committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program. For more information, please contact the individual programs to which you are applying. Spanish translation is available.

Confidentiality: In order to process an application, City of Beaumont Affordable Housing Program may supply and receive information as detailed in the "Consent to Release" clause above. Information may also be released to comply with the auditing requirements of program funding sources. With these two exceptions, all personal and identifying information on an application remains fully confidential.

INCOME, DEBT AND ASSET INFORMATION

Please complete a separate **Income and Asset Section** for **EACH individual in the household who receives income or holds assets or debts**. Make copies of this part of the application if necessary. You do not need to provide employment income information for household members younger than 18. You do need to include assets held by children, or benefit income received by children. On the following list, check YES if you receive the particular income, and check NO if you do not receive the income. You will need to provide verification for each item checked YES. (Refer to the *Required Documentation Checklist* in this packet.)

A. Income Information

Gross income is the combined household income which includes, but is not limited to, job earnings, Social Security and Social Services income (for all in household), TANF, VA benefits, unemployment income, military pay, worker's compensation payments, child support, alimony/maintenance payments, income from pensions or retirement plans, stocks, etc. Failure to report household income is considered fraud and can have serious consequences.

Employment Income (Do not include employment income of children younger than

Self-Employment	Anticipated <u>Net</u> Income for the next 12 months	Clarification (as necessary)
Name of Business:	\$	
Applicant's Employer	Anticipated <u>Gross</u> Annual Income for the next 12 months	Clarification (as necessary)
Name and address of Employer:	\$	
Avg # hours worked per week: _____		
Employer #2	Anticipated <u>Gross</u> Annual Income for the next 12 months	Clarification (as necessary)
Name and address of Employer:	\$	
Avg # hours worked per week: _____		
TOTAL OF ALL EMPLOYMENT INCOME \$ _____		

Benefit Payments

Type of Income	Receive?		Anticipated <u>Gross</u> Annual Income for the next 12 months	Clarification (as necessary)
	YES	NO		
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Supplemental Security Disability Income (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Worker's Comp/Disability Pay/Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Unemployment Insurance/Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Insurance Policy Payments/Annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Pension/Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	
TOTAL OF ALL BENEFIT PAYMENTS \$ _____				

Alimony and Child Support

Provide a copy of the court order for each type of support and indicate whether you are actually receiving the indicated support

Type of Support	Receive?		Anticipated <u>Gross</u> Annual Income for the next 12 months	Clarification (as necessary)
	YES	NO		
Alimony/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$	
TOTAL OF ALL ALIMONY AND CHILD SUPPORT RECEIVED \$ _____				

Other Sources of Income

Type of Other Income	Receive?		Anticipated <u>Gross</u> Annual Income for the next 12 months	Clarification (as necessary)
	YES	NO		
Money or gifts regularly given by persons not living in the home/recurring cash (requires completion of Recurring Cash certification by persons who are the source of the cash or gifts)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Lottery winnings paid in periodic payments	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Rent payments you receive	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other Income (please specify source, ex. Avon)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other Income (please specify source)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
TOTAL OF ALL OTHER SOURCES OF INCOME \$ _____				

B. Debt

Do you have any debt? Yes No **If yes, please list below.**

Creditor's Name	Unpaid Balance
	\$
	\$
	\$
	\$
	\$

C. Asset Information

An asset is cash or a non-cash item that can be converted to cash.

Report the following assets: Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. Equity in rental property or other capital investments. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts. Individual Retirement and Keogh accounts (even though withdrawal would result in a penalty). Retirement and pension funds. Cash value of life insurance policies available to the individual before death. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments. Mortgages or deeds of trust held by an applicant. Any real property. **Do Not Report** necessary personal property such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.

Bank Accounts

Have?		Name of Institution	Type of Account	Current Balance
YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Savings	\$
<input type="checkbox"/>	<input type="checkbox"/>		Savings	\$
<input type="checkbox"/>	<input type="checkbox"/>		Money Market	\$
<input type="checkbox"/>	<input type="checkbox"/>		Money Market	\$
<input type="checkbox"/>	<input type="checkbox"/>		Other (specify)	\$
TOTAL OF ALL BANK ACCOUNT BALANCES				\$ _____

Other Assets

Have?		Name of Institution	Type of Investment	Current Value of Assets	Clarification Notes
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>		Individual Stocks	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Bonds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Mutual Funds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Trust Funds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Retirement Accounts (ie, IRA, Keogh, 401K, 403B, PERA)	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Cash value of life insurance policy	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Gift Money for down payment <i>provide a copy of the gift letter</i>	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Estimated Proceeds from Sale of		
<input type="checkbox"/>	<input type="checkbox"/>		Home	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Value of Other Property (please specify) \$	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Other Asset (please specify)	\$	
TOTAL VALUE OF ALL OTHER ASSETS \$ _____					