



NEIGHBORHOOD & HOUSING SERVICES

2025 APPLICATION Under 1 Roof Cool Neighborhood Pilot Program

The Under 1 Roof Cool Neighborhood Pilot Program replaces worn and damaged roofs with new, energy-efficient **white** shingle roofs for qualified homeowners within Urban Heat Island. This program helps lower indoor temperatures, reduce energy bills, and make homes more comfortable year-round.

The City of San Antonio will place a restrictive covenant on the property requiring homeowners to maintain ownership and occupancy for 5 years after project completion.

TO APPLY:

You are encouraged to submit paper applications in-person with required documentation to:

Neighborhood & Housing Services Department
Concourse Level, 100 W. Houston, San Antonio, TX, 78205

DO NOT MAIL APPLICATIONS

For questions or to schedule an appointment, call: 210-207-6459

Learn More at [SA.gov/NHSD](https://sa.gov/NHSD)

PROGRAM ELIGIBILITY REQUIREMENTS

NOTE: Final eligibility is determined upon site visit and roof assessment.

1. Property must be a single-family home within San Antonio city limits in an Urban Heat Island Neighborhood. Refer to attached map.
2. Applicant must live on the property identified in the application.
3. Applicant must have a current year Homestead Exemption on the property.
4. Homeowner must be current on property taxes, payment plan, or have less than \$5,000 in active deferral.
5. Applicant must be a United States citizen or Permanent Resident.
6. Applicant must have clear title. Any liens and judgments must be less than \$5,000.
7. Property **can** have metal roof, gravel roof, clay tiles, or wood shingles. **This program provides Shasta White shingles only.**
8. If there is an active mortgage, applicant will need to provide proof of current mortgage (statement).

PROGRAM GUIDELINES

1. All complete applications will be processed in the order they are received based on funding available. *Under 1 Roof is not an emergency roof replacement program and application processing can take up to three months, depending on demand.*
2. Roofs requiring structural repairs **are not eligible** for Under 1 Roof.
3. Properties in need of significant repairs or full rehabilitation may not qualify for the program.
4. All Under 1 Roof projects use white, 3-tab asphalt shingles and reflective radiant barrier underlayment to increase energy savings and overall energy efficiency of the home.
5. Roof replacement is limited to the primary house on the property. Roofing on detached structures will not be replaced (no detached garages, car ports, sheds, etc.).
6. Under 1 Roof is one-time grant, not to exceed \$19,000 per household.
7. Proof of Homeowners insurance will be needed if the repair costs exceed \$15,000.

APPLICATION CHECKLIST & REQUIRED DOCUMENTS

For in-person appointments please bring all required documents to avoid delays:

- This completed application with all fields filled in and signatures.
- Copies of current picture IDs or driver's licenses & Social Security Cards for all homeowners.
- **IF** currently insured, a copy of property insurance declaration page.
- **IF** property tax account has an active deferral or payment plan (must be less than \$5,000), proof of current payment.

NOTE: Household income documentation not required for homeowners who reside in the San Antonio Urban Heat Island Neighborhoods – areas where neighborhoods experience increased heat. Refer to attached map.

Office Use Only:

- ☐ UHI
☐ Taxes
☐ Homestead
☐ District

UNDER 1 ROOF PROGRAM APPLICATION

Today's Date: _____

My Council District: _____

APPLICANT'S NAME:		DATE OF BIRTH:		CO-APPLICANT:		DATE OF BIRTH:	
ADDRESS (CITY, STATE & ZIPCODE):							
EMAIL:							
PHONE#:				2nd PHONE#:			
DRIVER'S LICENSE/ID:		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE/ID:		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:	
Do you have homeowner's insurance? Yes ____ No ____							
APPLICANT				CO-APPLICANT			
<u>REQUIRED</u> <i>Please Check One</i> Are you a US citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>OPTIONAL DEMOGRAPHIC INFORMATION</u> Are you living with a disability or other chronic medical condition: <input type="checkbox"/> Yes <input type="checkbox"/> No Have you served in Military/Armed Forces: <input type="checkbox"/> Yes <input type="checkbox"/> No What is your preferred language used at home: _____ Gender Identity: _____ Race/Ethnicity (select all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/a/x <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe: 				<u>REQUIRED</u> <i>Please Check One</i> Are you a US citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>OPTIONAL DEMOGRAPHIC INFORMATION</u> Are you living with a disability or other chronic medical condition: <input type="checkbox"/> Yes <input type="checkbox"/> No Have you served in Military/Armed Forces: <input type="checkbox"/> Yes <input type="checkbox"/> No What is your preferred language used at home: _____ Gender Identity: _____ Race/Ethnicity (select all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/a/x <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe: 			

REQUIRED ACKNOWLEDGEMENTS

Please **INITIAL** below to acknowledge the following information:

_____ Under 1 Roof funds are a ONE-TIME GRANT ***not to exceed \$19,000*** per household.

_____ If qualified, I understand the City will place a Restrictive Covenant on the property; requiring me to maintain ownership and occupancy for five years from project completion.

_____ I understand my property may be found unfeasible if not within the program guidelines.

_____ I understand that I must provide Homeowner's insurance if my Roof estimate is over \$15,000.

HOUSEHOLD SIZE

How many people live in this home? _____

In the area below, provide information about people living in the home.

FIRST NAME	LAST NAME	AGE	RELATIONSHIP

If there are children under the age of 6 live in the home or spend at least 6 hours per week in the home the applicant may qualify for the **Green & Healthy Homes Program**. This program provides assistance to Homeowners of residential properties in creating healthy, safe, energy-efficient and sustainable homes for families and children. The San Antonio GHHI is working to prevent housing related health and safety hazards such as addressing lead-based paint, household asthmas triggers and fire hazards.

CHECK HERE IF YOU ARE INTERESTED IN LEARNING MORE: _____

APPLICANT'S CERTIFICATION: I certify that all information given and furnished in this application is given for the purposes of obtaining assistance through this program. I also certify that all information is true and correct to the best of my knowledge and belief. I authorize the City of San Antonio to contact any source to solicit and/or verify information necessary for any eligibility determination for the purpose of the program. I certify that I am the owner and occupant of the property to be repaired and that the property is my principal residence. I understand that any discrepancy or omission in the information provided may disqualify me from participation in the program.

Applicant's Signature

Date

Co-Applicant's Signature

Date

NEXT STEPS

1. Review this application and required documentation.
2. Please email NHSDHousingProduction@sanantonio.gov or call 210-207-6459 to make an appointment to submit the application and required documentation.
3. All applications will be reviewed in order of submission.
4. Application is reviewed for completeness, property tax homestead exemption, current taxes, and clear title.
5. A title review will be conducted to validate ownership of the home.
6. Homeowner will be contacted by phone or letter regarding application approval, denial or if additional information is needed for processing.
7. Once homeowner is qualified, a contractor will review the roof and create an estimate of materials and cost.
8. If estimate is approved, the homeowner will be contacted to sign the Program Agreement and Restrictive Covenant before work can be completed; If estimate is over \$15,000, homeowner's insurance will be required.
9. Contractor will complete the roof replacement, and Restrictive Covenant will become active for five years.



UHI Mitigation Priority/Target Areas

0.25 mi. Implementation and 0.5 mi. Control Areas

