

Strengthening communities by building homes, hope, and opportunities for families to help themselves

AGE In PLACE

A. Thank you for your interest in Fort Bend Habitat for Humanity's Age in Place (AIP) program. As an extension to Fort Bend Habitat's Critical Home Repair Program and with guidance from Habitat International, FBHfH has created an Age In Place (AIP) Program. This program includes handicap accessibility modifications (ramps, grab bars and handrails), fall-risk repairs, and minor exterior damage.

B. Eligibility Criteria

- 1. Homeowner must be at least 62 years of age.
- 2. You must own the home where the repairs are to be made.
- 3. You must occupy the home as your primary residence.
- 4. Your household income must be less than 80% of A.M.F.I. (Area Median Family Income as defined by HUD Income Limits Documentation) to qualify for AIP grant funds.
- 5. If not receiving AIP grant funds, applicant must demonstrate willingness and ability to pay for project cost over a three (3) year period without interest.

C. Other Information

- 1. We may only be able to commit to part of the repairs the house needs.
- 2. No promises of acceptance into the program are made until a binding agreement is fully executed.
- 3. FBHfH may engage an Occupational Therapist for a more holistic view of the Homeowner needs. A copy of the report will be given to this individual.
- 4. FBHfH will utilize volunteers to the greatest extent possible in the repair activity.

Fort Bend Habitat for Humanity Critical Home Repair 505 Julie Rivers #150 Sugar Land, TX 77478 (281) 403-0708 OFFICE <u>www.FortBendhabitat.org</u> <u>repairs@FortBendhabitat.org</u>



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Age in Place Application

Dear Applicant: We need you to complete this application to help determine if you qualify for Fort Bend Habitat for Humanity's Age in Place program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

Applicant Information				
Name:				
Address:City:State:Zip:				
Years at Address:				
Do you own the home where work is to be done? YES or NO				
Home Phone: Work Phone: Cell:				
Date of Birth:				
Marital Status: Married Separated Unmarried (Single, Divorced, Widowed)				
Is anyone in your household a veteran? Yes No Name:				
Seniors (Y / N) How Many? Race				
Have you every applied to Fort Bend Habitat for Humanity? If yes, when?				
Do you have pets? If yes, what kind and how many?				
Number of persons living in your home (including applicant): Number of Dependents				

Mortgage Information

Are you making loan payments on your home? YES or NO
If yes, what is your monthly payment? \$per month.
Are your loan payments current? YES or NO
Do you currently have homeowner's insurance? YES or NO

Requested Repairs:					
Please note the types of repairs or modifications you are requesting for your home, noting the most important (1) to least (8).					
	Ramp access to primary entrance				
	Handrails				
	Grab bars in bathroom				
	Door modifications				
	Floor repair				
	Plumbing				
	Electrical				
	Other				

Personal Statement

Please write a *brief* explanation of why you are in need of home repair services.

Anticipated Gross Monthly Income

List the names, relationship to applicant, ages, and monthly gross income of all people living in the home. You must provide proof of all household income.

Name	Relationship	Age	Gross Monthly Income (before taxes)	Income Source (Employment Income, Social Security, SSI, Child Support, Veteran's Benefits, ect)
	Self			

I, the homeowner, hereby grant and convey in perpetuity to Habitat for Humanity all right, title, and interest in any and all photographic images, use of homeowner's name, printed interviews or statements, and video or audio recordings made by Habitat and/or its agents, contractors, directors, employees, officers, volunteers, and other representatives in the course of performing the Work (described in the pre-work agreement form, to be signed before beginning any work), including, but not limited to, any royalties, proceeds or other benefits derived from such photographs, printed materials or recordings.

I understand that by filing this application, I am authorizing Fort Bend Habitat for Humanity to evaluate my need for home repairs. I understand that the evaluation will include a home assessment and income verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to be eligible to receive home repair services, I may be disqualified from the program. I further understand that Fort Bend Habitat for Humanity will notify me of repairs that Fort Bend Habitat for Humanity can complete, if any. The original or a copy of this application will be retained by Fort Bend Habitat for Humanity even if the application is not approved.

Applicant Name (Print)	Applicant Signature	
Assisting Applicant (Print Name)	Assisting Applicant (Signature)	
Date:	Assisting Applicant Contact Number	