

Disaster Home Repair Program

Thank you for your interest in Fort Bend Habitat for Humanity's Disaster Home Repair program. Fort Bend Habitat for Humanity's (FBHFH) work through the Disaster Home Repair Program will include repairs related to storm damage and other disaster related events. Repair work is performed as resources are available and completion of repairs are contingent on their availability.

Eligibility Criteria for the Disaster Home Repair program are as follows:

- You must own the home where the repairs are to be made.
- You must occupy the home as your primary residence.
- You (or a member of your household) must have a need that makes the requested repairs necessary.
- Your household income must fall less than 80% of A.M.F.I. (Area Median Family Income). *As defined by HUD Income Limits Documentation System.*
- Those receiving services must be present during the duration of the repair work.
- Applicant must demonstrate willingness and ability to pay for a percentage of the project cost through FEMA and/or insurance (See below) if applicable.

(These criteria are subject to change.)

Homeowners will have to pay for Disaster Home Repair services as follows:

- FBHFH will utilize FEMA and/or insurance funds as the primary source of funding for the project FBHFH recognizes that primary sources may not cover the entire scope of work to be completed. Once primary sources are exhausted, FBHFH will seek additional funding to complete the scope of work. The homeowner may not be required to reimburse the cost of repairs. All financial options will be presented to the homeowner prior to work being started.
- We may only be able to commit to part of what a house needs
- No promises of acceptance into the program are made, until a binding agreement is fully executed
- Cost for project will include materials and contracted labor, and a processing fee
- Homeowners will be required to sign a contract of services with FBHFH before work will begin



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Paperwork Needed for Disaster Home Repair Application

You will need to provide proof of total household income by providing copies of the supporting documentation listed below. Your application will be considered incomplete if copies of supporting documentation are not provided with the application. You can bring supporting documentation to FBHFH, located at 505 Julie Rivers Dr. Sugar Land, TX 77478, and we will gladly make the copies for you.

If you need assistance in completing the application, call the FBHFH Office at (281) 403-0708 to schedule an application appointment.

Provide the following documents when you return your application:

- Copies of Driver's License and/or Texas I.D. for all adult family members (18 years and older)
- Divorce Decree (if applicable)
- Proof of Income (as applicable)
 - Copies of current Award Letters or most recent stubs for:
 - Social Security
 - SSI
 - **-** Pension or Retirement
 - Disability (SSDI)
 - Child Support
 - Copies of Pay Stubs for the most recent two months

To Order a Social Security Statement, please call 1-866-964-6304.



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We need you to complete this application to help determine if you qualify for Fort Bend Habitat for Humanity's Disaster Home Repair 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:	Cel	1:					
Date of Birth:							
Marital Status:							
Is anyone in your household a veteran?							
Have you every applied to Fort Bend Habitat for Humanity? If yes, when?							
Do you have pets?If yes, what kind and how man	y?		-				
Number of persons living in your home (including applicant):							



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Mortgage Information

·	n payments current? YES			
Do you currently hav	ve homeowner's insurance?	YES c	or NO	
	Anticipa	ated G	ross Monthly In	come
Name	Relationship	Age	Gross Monthly Income (before taxes)	Income Source (Employment Income, Social Security, SSI, Child Support, Veteran's Benefits, etc)
	SELF			
I certify that the household:	income reported above	represe	nts 100 percent of the	e total monthly income for my



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Description of Repairs Needed					
Photo / Video Release					
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.					
Homeowner's Name (Printed) Homeowner's Signature Date					



Disaster Home Repair Program

Applicant Agreement

I hereby authorize and instruct Fort Bend Habitat for Humanity, Inc. (hereafter Fort Bend Habitat) to obtain and review my credit report. My credit report will be obtained from a credit-reporting agency chosen by Fort Bend Habitat. I understand and agree that Fort Bend Habitat intends to use the credit report for the purpose of evaluating my financial readiness for Disaster Home Repair services.

I understand that by filing this application, I am authorizing Fort Bend Habitat for Humanity to evaluate my need for

disaster 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 Disaster 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 FBHFH 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)

Date

Complete the following if you are not the Applicant but are assisting the Applicant in completing the application:								
Name	Date	Contact Number	Organization					