



Habitat for Humanity Northwest Harris County Disaster Recovery Repair Program



Need for Adequate Housing

- Must live in the Northwest Harris County service area.
- Structure must have been owner occupied by the applicant(s) and damaged by disaster related events.
- Structure must be the owner's primary residence.
- Need will be verified by signed application and site visit.

Ability to Pay

- To qualify for assistance from the Disaster Recovery Repair program, the household income must not exceed 100% of the median income:

Number of People in Household	Maximum Income Limits
1	\$53,500
2	\$61,100
3	\$68,700
4	\$76,300
5	\$82,500
6	\$88,600
7	\$94,700
8	\$100,800

Partnership

- Applicant(s) must sign all required documents within 30 Calendar days after Application Fee.
- If your household has remaining FEMA or insurance money, you will be required to apply those funds to the repair of your home.
- Cooperate in allowing Habitat and it's agents access to your property

REQUIRED DOCUMENTATION (MUST TURN IN WITH APPLICATION)

- Copy of complete 2019 & 2020 (if filed) income tax form
- Copy of 3 months pay check stubs and/or pension check stubs
- Copy of current award letters for disability, SSI, or Social Security payments
- If child support is claimed as part of the income, copy of proof from the Attorney General's Office of payment for 1 year
- Copy of documentation of repairs completed by other organizations
- Copy of FEMA assessment, if available
- Copy of flood and homeowner insurance, SBA, and/or FEMA paperwork (verification of acceptance/denial of claim(s))
- Copy of homeowners and/or flood insurance, SBA, and FEMA checks

- Copy of current insurance policy and flood insurance (if applicable)
- Copy of invoices/receipts for funds spent used from assistance
- Copy of certificate of mold remediation (if applicable)
- Copy of proof mortgage is current

Applications will be accepted between 10AM-4PM, Monday-Friday. Please turn in your application with the required documents at our office located at 13350 Jones Rd. Houston, TX 77070 or you can mail your application with the required documentation to P.O Box 682785 Houston, TX 77268. If you have any questions, please contact our office at 281-477-0460, or visit our website at www.habitatnwhc.org.



Application for Disaster Home Repairs

Please fill out this application as accurately and completely as possible. Habitat for Humanity Northwest Harris County will use the information to determine if you qualify for our Disaster Home Repair Program. All information will be kept confidential.

APPLICANT(S) INFORMATION

Applicant: _____ Co-Applicant: _____

Home Address: _____ City: _____

Zip: _____

Current address (if different from home address):

Social Security Number: _____

Applicant

Co-Applicant

Phone Number: _____

Applicant

Co-Applicant

Email Address: _____

Applicant

Co-Applicant

Date of Birth: _____

Applicant

Co-Applicant

Marital Status: Married Single (inc. divorced, widowed)

Do you own the home? Yes No

Number of people living in your home (including yourself): _____

Do you have pets? Yes No

MORTGAGE INFORMATION

Are you making loan payments on your home? Yes No

If yes, what is your monthly payment? \$_____per month

Are your loan payments current? Yes No

Do you currently have homeowner's insurance? Yes No If yes, who is your insurance provider _____

Do you currently have flood insurance? Yes No If yes, who is your insurance provider _____

CONDITIONS OF HOME

What repairs need to be completed in your home?

What repairs are pending to be completed by another organization(s)?

HOUSEHOLD INCOME

	Applicant	Co-Applicant
Name of Employer		
Phone Number		
Number of Years Employed		
Monthly Gross Wages		

	Applicant	Co-Applicant
Wages		
Disability		
Social Security		
SSI		
Child Support		
Alimony		
Other		
TOTAL		

Did you receive FEMA assistance? Yes No Amount: \$ _____

Did you receive Homeowners and/or Flood Insurance assistance? Yes No Amount: \$ _____

Did you receive SBA assistance? Yes No Amount: \$ _____

APPLICANT AGREEMENT

I understand that by filing this application, I am authorizing Habitat for Humanity Northwest Harris County (Habitat for Humanity NWHC) to evaluate my need for home repairs. Repairs to be completed will be at the sole discretion of Habitat for Humanity Northwest Harris County and my ability to pay as agreed. I understand the evaluation will include a home assessment and income verification. **I authorize Habitat for Humanity Northwest Harris County to verify my employment income.**

I understand that if my household has any remaining funds from the assistance we received from FEMA, our homeowner's Insurance, and/or our flood Insurance, we will be required to apply those remaining funds to the repair of our home in addition to Habitat for Humanity NWHC's funds.

I have answered all the questions on this application truthfully. I understand 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 services, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity Northwest Harris County even if the application is not approved.

Applicant Printed Name	Applicant Signature	Date
Co-Applicant Printed Name	Co-Applicant Signature	Date



INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

APPLICANT NAME:	CO-APPLICANT NAME:
<input type="checkbox"/> I do not wish to furnish this information.	<input type="checkbox"/> I do not wish to furnish this information.
Race (applicant may select more than one racial designation):	Race (applicant may select more than one racial designation):
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
Ethnicity:	Ethnicity:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
Birthdate:	Birthdate:
_____/_____/_____	_____/_____/_____
Marital status:	Marital status:
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)

Please fill out the information below:

Number of people living in the household (including applicants):	
How many people in the household are veterans?	
How many people in the household are disabled?	
How many people in the household are over the age of 65?	
How many people in the household are under the age of 18?	

For other members in the household **NOT** including the applicant(s), please fill out the following:

Household Member	Name & Occupation	Age
1		
2		
3		
4		

This application was taken by: _____

Interviewer's Name (Print or type) _____

Face to Face interview

By Mail

By Telephone

Interviewer's Signature _____ Date: _____

Interviewer's Phone Number: 281-477-0460