



#### Habitat for Humanity Northwest Harris County Home Repair Program

#### Need for Adequate Housing

- Must live in the Northwest Harris County service area.
- 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 Home Repair program, the household income must not exceed 80% of the median income:

Number of People in Household	Maximum Income Limits
1	\$52,200
2	\$59,650
3	\$67,100
4	\$74,550
5	\$80,550
6	\$86,500
7	\$92,450
8	\$98,450

• Anyone applying for a loan for a larger home repair must have a credit score of 550 or above.

#### Partnership

- Applicant(s) must sign all required documents within 30 Calendar days after Application Fee.
- Agree to 14 hours of sweat equity as follows: 5 hours of classes, 7 hours helping neighbors on their project and 2 hours greeting volunteers.
- Cooperate in allowing Habitat and its agents access to your property.

#### **Required Documentation** (*Must Submit All Documents with Application*)

- **Copy** of complete 2023 & 2024 (*if filed*) income tax form.
- **Copy** of 3 months' paycheck 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 current insurance policy and flood insurance. (*if applicable*)

- **Copy** of proof mortgage is current. If paid off copy of deed or tax receipt showing ownership.
- \$25 non-refundable application fee. (Money Order or Check Only)

# If applying for a Critical Home Repair, please provide the additional documents listed below.

- **Copy** of the social security card for applicant(s).
- **Copy** of driver's license or photo id.
- **Copy** of most current electric utility bill or any document mailed to your current address. (*The government requires us to document your address using something regularly mailed to your place of residence.*)
- Copy of final, signed divorce decree (all pages), *if you are legally divorced*.

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 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 Home Repair Program. All information will be kept confidential.

# **APPLICANT(S) INFORMATION**

Applicant:	Co-Applicant:		
Home Address:		City:	
Current address ( <i>if different f</i>	from home address):	Zip:	
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 □ S	Single (inc. divorced, widowed)		
Do you own the home? $\Box$ Ye	s □ No		
Number of people living in y	our home (including yourself):		
Do you have pets? $\Box$ Yes $\Box$ N	No		
If so, how many? a	and what kind?		

#### **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
Do you currently have flood insurance? □ Yes □ No

#### **CONDITIONS OF HOME**

What repairs are needed in your home?

### HOUSEHOLD INCOME

	Applicant	Co-Applicant
Name of Employer		
Phone Number		
Number of Years Employed		
Monthly Gross Wages		
Disability		
Social Security		
SSI		
Child Support		
Alimony		
Other Income		
TOTAL		

# List the names and monthly gross income of all people living in the home. Determination of eligibility is made on total household income. You must provide proof of all household income.

NAME	OCCUPATION	AGE	MONTHLY INCOME	INCOME SOURCE

# **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.

If applying for a loan from Habitat for Humanity Northwest Harris County, I understand that I must have a credit score of 550 or higher. I authorize Habitat for Humanity Northwest Harris County to access my credit report.

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 GOVERMENTMENT 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:
$\Box$ I do not wish to furnish this information.	□ I do not wish to furnish this information.
<ul> <li>Race (applicant may select more than one racial designation):</li> <li>American Indian or Alaska Native</li> <li>Native Hawaiian or other Pacific Islander</li> <li>Black/African American</li> <li>White</li> <li>Asian</li> </ul>	<ul> <li>Race (applicant may select more than one racial designation):</li> <li>American Indian or Alaska Native</li> <li>Native Hawaiian or other Pacific Islander</li> <li>Black/African American</li> <li>White</li> <li>Asian</li> </ul>
<b>Ethnicity:</b> <ul> <li>Hispanic or Latino</li> <li>Non-Hispanic or Latino</li> </ul>	<b>Ethnicity:</b> <ul> <li>Hispanic or Latino</li> <li>Non-Hispanic or Latino</li> </ul>
Birthdate:	Birthdate:
Marital status: □ Married □ Separated □ Unmarried (single, divorced, widowed)	Marital status: □ Married □ Separated □ Unmarried (single, divorced, widowed)

Total number of people living in your household	
Number of individuals who are veterans in your household	
Number of individuals who are disabled in your household	
Number of individuals who are 65yrs and over in your household	
Number of individuals who are under 18yrs in your household	

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