



# Repair Program

## Aging in Place

Habitat for Humanity Texarkana (HFHT) is committed to building strength, stability, and self-reliance through our Critical Repair program. Critical Repair is defined as any disrepair that threatens the health or safety of the occupants of any home modification necessary to provide safe access for disabled persons. (Cosmetic repairs are excluded).

**Cost:**

In keeping with the organization's philosophy of "A Hand Up, Not a Hand Out" program recipients are required to pay a fee of the total repair costs unless it is a partnership with a funding resource.

Recipients must meet the following eligibility requirements:

- Applicant must be elderly (over the age of 65), disabled or a U.S. Military Veteran with Honorable and General Under Honorable Conditions-Discharges
- Own and reside in the home for which repair is requested
- Reside within Miller or Bowie Counties
- Demonstrate the ability to pay the fee of the total cost of repair when applicable

**Income Requirements:**

Gross (income before deductions) Per HUD Adjusted for Poverty Guidelines

| FY 2021 Income Limit Area<br>Texarkana MSA | Median Income<br>\$57,800 | 1 Person  | 2 Person  | 3 Person | 4 Person | 5 Person | 6 Person  | 7 Person  | 8 Person  |
|--|---------------------------|-----------|-----------|----------|----------|----------|-----------|-----------|-----------|
| Maximum                                    | 60%                       | \$25,600  | \$29,250  | \$32,900 | \$36,500 | \$39,500 | \$42,400  | \$45,350  | \$48,250  |
| Minimum                                    | 30%                       | *\$12,880 | *\$17,240 | \$21,960 | \$26,500 | \$31,040 | \$35,350* | \$37,800* | \$40,200* |

The program is provided strictly on a funds availability basis. The scope of acceptable projects is determined on a case-by-case basis and may be affected by funds availability, grant and/or contract restrictions, local, state, or federal building and repair regulations.

The organization reserves the right to place a limit on the scope and/or cost of repair provided to each household to provide repairs to the maximum number of eligible Individuals in the service areas.

**CRITICAL REPAIR**

**Requested assistance, if approved:**

**Flooring**

\_\_\_\_\_ Floor covering (Hazardous carpet, laminate, etc.)

\_\_\_\_\_ Floor Repair (Rotting, hole(s), etc.)

**Roof**

\_\_\_\_\_ Repair

\_\_\_\_\_ Replace

**Plumbing**

**\_\_\_\_\_ Inside**

\_\_\_\_\_ Kitchen Explain \_\_\_\_\_

\_\_\_\_\_ Bathroom Explain \_\_\_\_\_

**\_\_\_\_\_ Outside**

\_\_\_\_\_ Under the Home Explain \_\_\_\_\_

**Other Critical Need: Explain \_\_\_\_\_**

\_\_\_\_\_

**Accessibility:**

**Exterior**

\_\_\_\_\_ Ramps

\_\_\_\_\_ Grab Bars

\_\_\_\_\_ Railings

**Interior Assistive equipment**

Grab Bars

Sink

Toilet

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*Critical Repairs do not include cosmetic repairs.

Inspection Additional Notes:

**BRUSH WITH KINDNESS (Based on availability)**

\_\_\_\_\_ Yard Work Explain \_\_\_\_\_

## **Critical Repair Program Required Documents List**

The complete application, including copies of the documents listed below, must be received within 30 days. Incomplete applications will not be considered. Do not mail or submit original documents, except the application form. Original documents will be copied and returned to you while you wait. Mailed original documents will not be returned.

The following information is required for all persons residing in your household, with income of any kind. Identification must be provided for all adults in your household, regardless of income.

1. The "Critical Repair Application" completed and signed. If an item does not apply mark "N/A"
2. Three most recent Pay Check stubs for any person over the age of 18 in your household.
3. Benefits statements for Social Security Administration (SSA), VA, and/or any other Pension, Retirement, or Disability benefits for all household members.
4. Most recent bank statement (checking and/or Savings), retirement, investment accounts, or any assets. If applicable, you can sign a statement of "No Banking, or Investment Accounts".
6. Child Support: Your entire current Child Support Court Order, AND either 1) an official statement of payments received for the past 6 months, or 2) actual child support payment stubs for the past 6 months. You may obtain this at the county clerk's office where it was filed. Proof of no child support must also be provided for each child. Proof can be obtained at the Attorney General's office. both must apply.
7. Copies of current Driver's License, Texas I.D. or Military I.D. for all adult household members
8. Social Security Card for applicant and co-applicant. (front and back)
9. Deed or Proof of Ownership
10. Homeowner Insurance (declaration page)
11. Current property tax receipt.

## TELL US YOUR STORY:

Name: \_\_\_\_\_

How many people in your household? \_\_\_\_\_

1. Tell us a little about yourself and your family, if you are a Veteran please include your military history. (Example: who are you as a person, your background, etc?)
2. Why are you needing help with repairs or homeownership?
3. Have you tried any other programs for help? How long ago?
4. If HFHT can help you, how will your quality of life improve?

# Criminal Background Check Consent Form

I, \_\_\_\_\_, hereby authorize Habitat for Humanity Texarkana and/or its agents to make an independent investigation of my criminal records, including those maintained by both public and private organizations and all public records to evaluate my application for critical home repair.

I release Habitat for Humanity Texarkana and/or its agents and any person or entity which provides information according to this authorization, from any liabilities, claims, or lawsuits in regards to the information obtained from any of the above-referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge. I understand that if I have not answered the questions truthfully my application may be denied, even if I have already been selected into the program, I can still be disqualified.

Full Name (Printed) \_\_\_\_\_

Maiden Name or Other Names Used \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*NOTE: The above information is required for identification purposes only. Habitat for Humanity Texarkana abides by all applicable state and federal housing laws.

## HFHT Participant Media Disclosure and Release

Photographs and video material are taken at Habitat for Humanity Texarkana, Inc. activities and may be reproduced in HFHT news or promotional material, whether in print, electronic or other media, including the HFHT websites and social media.

By participating in HFHT programs, events, and activities you expressly agree to grant HFHT the right to use your ( and your dependent's ) name, photograph, biography, and any other collected information not of a \*confidential nature.

The term "media" includes, but is not limited to, photos, videos, and verbal and written information provided to the organization at any time during activities and events and in the Tell Us Your Story portion of service applications.

All media materials become the property of HFHT and may be displayed, distributed, or used by HFHT for any purpose including public awareness, reports, and any other use.

You also acknowledge HFHT right to crop, splice, treat and edit any photographs or video material at their sole discretion. You waive your right to inspect or approve the finished product, now and in the future, whether that use is known or unknown to you.

You also agree to release, defend, and hold harmless HFHT and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, from and against any claims, damages, or liability arising from or related to the use of the photographs or video material, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or in the taking, processing, reduction or production of the finished product, its publication or distribution.

\*Please see HFHT Confidentiality Statement for an explanation of the information that HFHT treats as confidential.

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|                                 |                       |      |
|---------------------------------|-----------------------|------|
| Participant Name (please print) | Participant Signature | Date |
|---------------------------------|-----------------------|------|

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|                         |                   |      |
|-------------------------|-------------------|------|
| Witness ( please print) | Witness Signature | Date |
|-------------------------|-------------------|------|

# APPLICATION FOR HOME REPAIR PROGRAM

Please fill out the application as completely and accurately as possible. Incomplete applications will not be accepted.  
Return Application and supporting document to 2623 N Robison Rd Texarkana, TX 75501

| Applicant   |                     | Co-Applicant  |                     |
|---|---------------------|---|---------------------|
| Name _____  |                     | Name _____  |                     |
| Social Security Number _____  | Date of Birth _____ | Social Security Number _____  | Date of Birth _____ |
| Home Phone _____  | County _____        | Home Phone _____  | County _____        |
| Are you a U.S. Military Veteran?<br>Yes / No<br>Was you Spouse? Yes / No<br><br>If yes, submission of DD214<br>Required |                     | Are you a U.S. Military Veteran?<br>Yes / No<br><br>If yes, submission of DD214<br>Required |                     |

| Dependents (children under 18 yrs old who live with you) |               |       |                     |
|--|---------------|-------|---------------------|
| Name   | Date of Birth | Sex   | Relationship to You |
| _____  | _____         | M / F | _____               |
| _____  | _____         | M / F | _____               |
| _____  | _____         | M / F | _____               |
| _____  | _____         | M / F | _____               |

| Other Adults(18 yrs & older) ( who live with you or will be present in the home) |               |       |                      |                     |
|--|---------------|-------|----------------------|---------------------|
| Name   | Date of Birth | Sex   | Convicted of a Crime | Relationship to You |
| _____  | _____         | M / F | _____                | _____               |
| _____  | _____         | M / F | _____                | _____               |

Will there be visitors or family members that will be consistently in your home or assisting you through the repair process?  
 YES / NO If Yes, Name(s)\_\_\_\_\_

| Present Address                      |                                       |
|--------------------------------------|---------------------------------------|
| Street_____                          | Proof of ownership must be submitted. |
| City, ZIP, county_____               | _____ Copy of Deed                    |
| Mailing Address_____                 | _____ Copy of Mortgage If different   |
| from Street address                  |                                       |
| How long have you lived there? _____ | What year was the home built?_____    |
| Do you own this property? YES NO     |                                       |

**Employment Information**

| Applicant  | Co-Applicant   |
|--|--|
| Current Employer<br>_____ Address<br>_____<br>Phone _____                        | Current Employer<br>_____ Address<br>_____<br>Phone _____                        |
| What type of work do you do?<br>_____  | What type of work do you do?<br>_____  |
| Monthly (Gross) Wages \$<br>_____<br><u>Attach a copy of the recent pay stub</u> | Monthly (Gross) Wages \$<br>_____<br><u>Attach a copy of the recent pay stub</u> |
| How long at this company? _____  | How long at this company? _____  |

Monthly Income Please list your monthly gross income (before deductions) for everyone in your household

| Income Source                                | Applicant |  | Co-Applicant |  | Others in Household |  |
|--|-----------|--|--------------|--|---------------------|--|
| Employment Income (Gross, before deductions) |           |  |              |  |                     |  |
| AFDC/TANF                                    |           |  |              |  |                     |  |
| Social Security                              |           |  |              |  |                     |  |
| SSI  |           |  |              |  |                     |  |
| Disability                                   |           |  |              |  |                     |  |
| Child Support                                |           |  |              |  |                     |  |
| Pension                                      |           |  |              |  |                     |  |
| Other  |           |  |              |  |                     |  |
| <b>TOTALS</b>                                |           |  |              |  |                     |  |

**TOTAL MONTHLY HOUSEHOLD INCOME \$**

**VERY IMPORTANT**

**Please provide documentation to verify all income.** Attach copies of these documents: Your most recent paycheck stub; TANF authorizations; Social Security, SSI, Disability check stubs or authorization letter; child support checks; pension check stubs; or other documents which will verify the incomes listed above.

Self-employed persons may be required to provide tax returns and financial statements.

If you wish to bring your completed application and documents to the Habitat office, we will make copies for you.

Your application cannot be considered until all these documents have been received.



**Your Assets**

List your checking, savings, investment, and retirement accounts.  
 (If you have Other accounts, please list them on the back Of this page)

| Applicant  | Co-applicant   |
|--|--|
| List Bank, Savings & Loan, Credit Union, Investment Group, or Retirement Company<br><br>Name _____<br>Address _____<br>Account Number _____<br>Balance: \$ _____ | List Bank, Savings & Loan, Credit Union, Investment Group, or Retirement Company<br><br>Name _____<br>Address _____<br>Account Number _____<br>Balance: \$ _____ |
| List Bank, Savings & Loan, Credit Union, Investment Group, or Retirement Company<br>Name _____<br>Address _____<br>Account Number _____<br>Balance: \$ _____     | List Bank, Savings & Loan, Credit Union, Investment Group, or Retirement Company<br>Name _____<br>Address _____<br>Account Number _____<br>Balance: \$ _____     |

**AUTHORIZATION AND RELEASE**

I (We) understand by my signature filing this application, I am (we are) authorizing Habitat for Humanity to evaluate my (our) actual need for home repair assistance and ability to pay 8% of the total repair cost.  
 I (We) understand that the application evaluation includes a home and repair assessment, and verification of income. I (We) have answered all the questions on this application truthfully. I (We) understand that if I (we) have not answered the questions truthfully, my (our) application may be denied and that even if I (we) have already been selected to receive assistance, I (we) may be disqualified from the program. I also understand Habitat will not begin work on my home until 1/2 of my portion of the repair cost is received.  
 I (We) understand that Northeast Texas Habitat for Humanity screens all applicant families on National Sex Offender Registry and conducts a criminal background screening. Submission of this application constitutes my consent to this screening for me (applicant/co-applicant) and all persons listed on this application. I further understand that appearance on the National Sex Offender Registry or OFAC list results in denial of my application. Criminal convictions are considered on a by case basis and take into account the age and severity of the offense. However; the appearance of a violent felony conviction results in denial.

I also understand that all Applications are subject to funds availability.

Applicant Signature X \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature x \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Date \_\_\_\_\_

**14. 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  | Co-applicant  |
|--|---|
| <input type="checkbox"/> I do not wish to furnish this information<br><b>Race</b> (applicant may select more than one racial designation):<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> Black/African-American<br><input type="checkbox"/> White<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian<br><input type="checkbox"/> Asian and Caucasian<br><input type="checkbox"/> Black/African American AND Caucasian<br><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American<br><input type="checkbox"/> Other (Specify)<br>Ethnicity:<br>Hispanic or Latino      Non-Hispanic or Latino<br>Sex:<br><input type="checkbox"/> Female <input type="checkbox"/> Male<br>Birthdate:<br>_____ / ____ / ____<br>Marital status:<br><input type="checkbox"/> Married <input type="checkbox"/> Separated<br><input type="checkbox"/> Unmarried (single, divorced, widowed) | <input type="checkbox"/> I do not wish to furnish this information<br><b>Race</b> (applicant may select more than one racial designation):<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> Black/African- American<br><input type="checkbox"/> White<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian<br><input type="checkbox"/> Asian and Caucasian<br><input type="checkbox"/> Black/African American AND Caucasian<br><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American<br><input type="checkbox"/> Other (Specify)<br>Ethnicity:<br><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino<br>Sex:<br><input type="checkbox"/> Female <input type="checkbox"/> Male<br>Birthdate:<br>_____ / ____ / ____<br>Marital status:<br><input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) |

**To be completed only by the person conducting the interview**

|  |  |
|--|--|
| This application was taken by:<br><input type="checkbox"/> Face-to-face interview<br><input type="checkbox"/> By mail<br><input type="checkbox"/> By telephone | Interviewer's name (print or type)<br><hr/> Interviewer's signature <span style="float:right;">Date</span><br><hr/> Interviewer's phone number |
|--|--|