



Critical Repair Program

Habitat for Humanity Texarkana of Texarkana, Inc., A.K.A. (HFHT), is committed to building strength, stability, and self-reliance through our Critical Repair Program. Critical Repair is any disrepair that threatens the health or safety of the occupants or any home modification necessary to provide safe access for disabled persons. **(Cosmetic repairs are excluded). Damages covered by insurance claims might also be ineligible.**

Cost:

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

Recipients must meet the following eligibility requirements:

- Applicant must be eligible low-income, disabled, or a U.S. Military Veteran with Honorable and General Conditions.
- Your home is a single-family, site-built dwelling unit. (No modular or mobile homes.)
- Your home requires urgent repair, which if left unattended, would jeopardize the health and/ or safety of the occupants.
- Own and reside in the home for which repair is requested.
- Reside within Miller or Bowie Counties.
- Must show proof of current home insurance declaration and show proof that property taxes are paid current.
- Demonstrate the ability to pay the fee of the total cost of repair when applicable.
- Household income does not exceed the current HUD income limits (effective June 15, 2023) listed below:

Income Requirements:

Gross (income before deductions) Per FY 2023 HUD Adjusted for Poverty Guidelines

Family Size	1	2	3	4	5	6	7	8
Maximum Income	40,400	46,150	51,900	57,650	62,300	66,900	71,500	76,100

The program is provided strictly on a fund's availability basis. The scope of acceptable projects is determined on a case-by-case basis. It may be affected by funds availability, grant and contract restrictions, and 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. Eligible housing units may be approved for assistance once a 2-year period. Maximum funding depends upon the availability of funding per application/ address but may be less or more as approved by the HFHT Repair Committee. Requests for critical repair will be reviewed on a first-come, first-served basis unless Habitat for Humanity of Texarkana, Inc. / Habitat Repair Committee. has a more critical repair project that takes precedence because of immediate safety and health concerns.

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:

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 packet. 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 people 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", is completed and signed. If an item does not apply mark "N/A"
2. Three most recent paycheck 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, and/ or Verification of Disability form.
4. Last three months' bank statements (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. Copy of tuition statement for any college-age students,
8. Copies of current Driver's License, Texas I.D., or Military I.D. for all adult household members
9. 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 are 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 do you need 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?

Addendum to all applications for projects which may involve Federal funds, whether directly or indirectly through grant funding.

Applicant:

Federal regulations now require the statement to be a part of a part of any application which involves Federal funds in any way. HFHT may use Federal funds for the Critical Repair Program and please carefully read this statement and sign and date below to signify your understanding of this regulation.

PENALTY FOR FALSE OR FRADULENT STATEMENT:

U. S. C. Title 18, Sec.1001, Provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

I have read and understand this statement above.

Signature

Date

Printed Name

Criminal Background Check Consent Form

I, _____, hereby authorize Habitat for Humanity of Texarkana, Inc. 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 of Texarkana, Inc. and/or its agents and any person or entity that provides information according to this authorization, from any liabilities, claims, or lawsuits regarding 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 for the program, I can still be disqualified.

Full Name (Printed) _____

Birth Name or Other Names Used _____

Present Address _____

City _____ State _____ Zip _____

Date of Birth*: _____

Social Security Number: _____

Signature Date

Full Name (Printed) _____

Birth 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 and background checks. Habitat for Humanity of Texarkana, Inc. abides by all applicable state and federal housing laws.

* NOTE: If you need Criminal Background Check Consent Forms for additional persons over eighteen also residing or spending time in the home, please contact the HFHT Office at 903-832-1746.

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's 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.

Participant 1 Name (please print)	Participant Signature	Date

Witness (please print)	Witness Signature	Date

Participant 2 Name (please print)	Participant Signature	Date

Witness (please print)	Witness Signature	Date

Participant 3 Name (please print)	Participant Signature	Date

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 the Application and supporting document to 2623 1/2 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? Yes / No Was a Spouse? Yes / No If yes, submission of DD214 Required		Are you a U.S. Military Veteran? Yes / No If yes, submission of DD214 Required		
Dependents (children under 18 years 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	_____	_____
_____	_____	M / F	_____	_____
Will there be visitors or family members who will be consistently in your home or assisting you through the repair process? We reserve the right to collect further information and to request additional documents if there are any names listed below. YES / NO If Yes, Name(s)_____				

Present Address

Street _____ Proof of ownership must be submitted.
 City, ZIP, county _____ _____ Copy of Deed _____ Copy of Mortgage
 Mailing Address _____ If different from the 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 & Contact Person _____	Current Employer & Contact Person _____
Address _____	Address _____
Phone _____	Phone _____
What type of work do you do? _____	What type of work do you do? _____
Monthly (Gross) Wages \$ _____	Monthly (Gross) Wages \$ _____
<u>Attach a copy of the three most recent pay stubs.</u>	<u>Attach a copy of the three most recent pay stubs.</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			
TOTALS			

TOTAL MONTHLY HOUSEHOLD INCOME \$

VERY IMPORTANT

Please provide documentation to verify all income. Attach copies of these documents: Your three most recent paycheck stubs; TANF authorizations; Social Security, SSI, Disability check stubs, child support checks/ court order docs; pension check stubs; Aid to Families with Dependent Children (AFDC), or other documents that will verify the incomes listed above. Verification of Disability form if the disability has yet to be determined by a government entity.

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.

If additional persons over the age of eighteen are listed in this application, please, know we will need them to provide their information and sign an additional Criminal Background Check Consent Form. Please, contact the office at 903-832-1746 for questions, concerns, or additional documents.

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	List Bank, Savings & Loan, Credit Union, Investment Group, or Retirement Company
Name_____	Name_____
Address_____	Address_____
Account Number _____	Account Number _____
Balance: \$_____	Balance: \$_____
List Bank, Savings & Loan, Credit Union, Investment Group, or Retirement Company	List Bank, Savings & Loan, Credit Union, Investment Group, or Retirement Company
Name_____	Name_____
Address_____	Address_____
Account Number _____	Account Number _____
Balance: \$_____	Balance: \$_____

AUTHORIZATION AND RELEASE

I (We) understand by my signature filing this application, that I am (we are) authorizing HFHT to evaluate my (our) actual need for home repair assistance.

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 (We) understand that Habitat for Humanity of Texarkana, Inc. screens all applicant families on the 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 the denial of my application. Criminal convictions are considered on a by-case basis and consider 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 _____

Applicant Signature X _____ Soc. Sec. No. _____ Date _____

Co-Applicant Signature x _____ Soc. Sec. No. _____ Date _____

Habitat for Humanity of Texarkana, Inc. does not discriminate against any protected class and must comply with the provisions of the Fair Housing Act.

HFHT and its affiliate organizations will not proselytize, nor will we work with entities or individuals who insist on proselytizing as part of their work with HFHT. This means that HFHT will not help on the expressed or implied condition that people must adhere to or convert to a particular faith or listen and respond to messaging designed to induce conversion to a particular faith.



Race and Ethnic Data Reporting Form for Government Monitoring

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 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 provide this information. Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian and Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (Specify) _____ Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Birthdate: _____ / _____ / _____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to provide this information. Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian and Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (Specify) _____ Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Birthdate: _____ / _____ / _____ Marital status: <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: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type) _____ Interviewer's signature _____ Date _____ Interviewer's phone number _____