



HOME AFTER HARVEY

Home After Harvey (HAH) is designed to help uninsured or underinsured low-income owner-occupied get back into homes damaged by wind or flood in a named storm. The intent of the program is to augment insurance or FEMA award shortfalls and restore the home to a basic livable condition. Depending on ability to pay, qualified applicants may be required to repay all or part of funds used. The terms of the loans will meet affordability criteria and be at zero interest and fees; terms offered will vary based on individual applicant status. **"Double Dipping", or keeping FEMA/insurance awards instead of paying toward repairs is not allowed.**

Applicant eligibility will be determined by total household income, which may not exceed 80%AMI, and creditworthiness. The property must have been the primary residence of the owner prior to the storm and continue to be so for at least 5 years after completion of repairs. Failure to do so can result in forfeiture of any subsidies applied to the total and default.

Property eligibility will be determined by structural soundness and absence of property liens. Property taxes may be no more than 1 year in arrears and, if so, owner must set up a repayment plan prior to work being done. A tax repayment plan that was in place before the August 29, 2017 and in good standing is acceptable. Property with a *substantial damage* designation by FEMA may be ineligible if the cost of repairs and compliance exceeds the value of the home or maximum *HAH* award. Utilities must on at home unless scope of damage prevents power, gas or water.

Eligible repairs: the intent of the program is not to restore homes to pre-storm condition or upgrade them. It is to repair them to a minimum standard of livability. Accessibility features present before damage, such as bathroom fixtures and wheelchair ramps, will be replaced. Some accessibility modifications may be possible during repairs, if funding is available. Base model kitchen appliances may be included in repairs, but this is limited to ranges, venthoods, refrigerators and dishwashers. **Owner upgrades or installations may be NOT be done until the conclusion of contract.** Items not covered under *HAH* repairs include ceramic tile, stainless steel appliances, stone countertops, etc. Repairs will be made using durable builders' grade materials.

In the event of future uninsured damage to homes, properties repaired using *HAH* funding will not be eligible for assistance through this agency.

Applications will be accepted through _____ . Additional requested documentation must be submitted within 10 days of date of request letter.



HOME AFTER HARVEY Application

I. Homeowners (Applicant & any co-owners residing in the house)

Name _____ Date of Birth _____

SS# _____ Home Phone _____ Cell Phone _____

Home Address _____ City _____ Zipcode _____

Mailing (If different) Address _____ City _____ Zipcode _____

Co-applicant's Name _____ DOB _____ SS# _____

II. Household Members

(All people residing in the home, regardless of relationship, unless listed in section I)

Name (first,MI,last,suffix)	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Check here if more space is needed and continue on back of page

III. Property

Street Address _____ City _____ Zip _____

Legal Description (if known) _____

Lot _____ Block _____ Subdivision _____

Owners Named _____

On Deed _____

Mortgage Holder _____ Address _____

Acct# _____ Balance\$ _____ Date of Last Payment _____

Is this home your primary residence? _____ Yes _____ No _____

Property Taxes \$ _____ Paid (Check one) _____ Taxes (Check one) _____

Annually _____ Escrowed _____ Current? Yes _____ No _____

Balance owed _____ Insurance (Check all that apply) _____

on taxes? _____ Homeowners _____ Windstorm _____ Flood _____

Insurance Expense \$ _____ Insurance is _____

Paid _____ Annually _____ Monthly _____ Escrowed _____

Date of last insurance claim _____ Award \$ _____ Reason _____

FEMA claim: Number _____ Award Amount _____

Are there any liens or judgments against the property? Indicate amounts.

Taxes _____ Weeds _____ Other _____ Explain other: _____

IV. Income

To be considered for this program, you must report ALL household income

Applicant	Co-Applicant	Household Members	Totals
Wages _____	Wages _____	Wages _____	_____
Wages _____	Wages _____	Wages _____	_____
Child Supp _____	Child Supp _____	Child Supp _____	_____
SS _____	SS _____	SS _____	_____
SSI _____	SSI _____	SSI _____	_____
SSDI _____	SSDI _____	SSDI _____	_____ Total
Pension _____	Pension _____	Pension _____	_____ Household
Other _____	Other _____	Other _____	_____ Income
Other _____	Other _____	Other _____	_____

V. Employment

Applicant

Employer Name and Address _____

Phone # _____ Dates From _____ To _____ Position _____
 Weekly Bi-weekly Semi-moni Bi-monthly
 Pay \$ _____

Employer Name and Address _____

Phone # _____ Dates From _____ To _____ Position _____
 Weekly Bi-weekly Semi-moni Bi-monthly
 Pay \$ _____

Co-Applicant

Employer Name and Address _____

Phone # _____ Dates From _____ To _____ Position _____
 Weekly Bi-weekly Semi-moni Bi-monthly
 Pay \$ _____

Employer Name and Address _____

Phone # _____ Dates From _____ To _____ Position _____
 Weekly Bi-weekly Semi-moni Bi-monthly
 Pay \$ _____

Household Members

Employer Name and Address _____

Phone # _____ Dates From _____ To _____ Position _____
 Weekly Bi-weekly Semi-moni Bi-monthly
 Pay \$ _____

Employer Name and Address _____

Phone # _____ Dates From _____ To _____ Position _____
 Weekly Bi-weekly Semi-moni Bi-monthly
 Pay \$ _____

VI. Expenses

Mortgage		Telephone		Car Note		Other	
Insurance		Utilities		Other		Other	
Taxes		Child Sup		Other		Total \$	

VII. Assets & Liabilities

Assets		Liabilities			
Bank Name & Address		Name & Address			
Account Number _____ Balance _____		Acct#	Payment	Months	Balance
Bank Name & Address					
Account Number _____ Balance _____		Name & Address			
Property Owned		Acct#	Payment	Months	Balance
Address					
	Market Value _____	Name & Address			
Property Owned		Acct#	Payment	Months	Balance
Address					
	Market Value _____	Name & Address			
Vehicle		Acct#	Payment	Months	Balance
Make & Year _____					
	Value _____	Name & Address			
Vehicle		Acct#	Payment	Months	Balance
Make & Year _____					
	Value _____	Name & Address			
Total Assets		Total Liabilities			

VIII. Requested Work

Year Built _____ Damage Type: Flood _____ Wind _____

Damage to accesibility features (ramps, tubs, etc)? _____

Is there a need for accessibility modifications? _____ Describe _____

Describe flood damage, including depth of water in house:

Describe wind damage:

Please include any photographs of damage and contractors' estimates you may have.

PLEASE NOTE: If you have already signed an agreement with a contractor, you are not eligible for this program.

I understand that by filing this application, I authorize Habitat for Humanity to evaluate my need, ability to pay and willingness to partner. I understand that evaluation will include a home inspection, employment/income verification, a credit check, verification of homeownership and mortgage in good standing, insurance and residency. I have answered all questions on this application truthfully. I understand that if I have not answered truthfully my application may be denied and if I previously received an acceptance letter, I may be disqualified. The original of this application and all supporting documents will be retained by Habitat for Humanity even if not approved. I understand that Habitat for Humanity screens all staff, volunteers, board members and applicants on the sex offender registry. By submitting this application I am agreeing to such a screening for myself and all members of my household.

Applicant

Date

Co-Applicant

Date