



# HOME AFTER HARVEY Application

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

| Applicant       |  |               |  |          |  |
|-----------------|--|---------------|--|----------|--|
| Name            |  | Date of Birth |  | SSN      |  |
| Home Phone      |  | Cell Phone    |  | Email    |  |
| Address         |  | City/State    |  | Zip Code |  |
| Mailing Address |  | City/State    |  | Zip Code |  |
| Co-Applicant    |  |               |  |          |  |
| Name            |  | Date of Birth |  | SSN      |  |

## II. Household Members (All people residing in the home, regardless of relationship; does not include Applicant or Co-applicant)

| First Name  | Middle Name | Last Name | Suffix | Age | Relationship |
|---|-------------|-----------|--------|-----|--------------|
|   |             |           |        |     |              |
|   |             |           |        |     |              |
|   |             |           |        |     |              |
|   |             |           |        |     |              |
| Please indicate here if more space is needed and continue of the back of this page. |             |           |        |     |              |

## III. Property/Mortgage

| Street Address  |     | City/State   |           | Zip Code             |    |
|---|-----|--------------|-----------|----------------------|----|
| Legal Description (if known)  |     |              |           |                      |    |
| Lot   |     | Block        |           | Subdivision          |    |
| Owners named on deed  |     |              |           |                      |    |
| Name  |     |              |           |                      |    |
| Name  |     |              |           |                      |    |
| Mortgage Information  |     |              |           |                      |    |
| Mortgage Holder   |     |              |           |                      |    |
| Address   |     | City/State   |           | Zip Code             |    |
| Account #   |     | Balance \$\$ |           | Date of Last Payment |    |
| Is this home your primary residence?  |     |              |           | Yes                  | No |
| Property Taxes  |     |              |           |                      |    |
| Amount \$\$   |     | Current?     | Yes       | No                   |    |
| <i>If taxes are not current, how much is owed?</i>                                    |     |              |           |                      |    |
| Paid Annually?  | Yes | No           | Escrowed? | Yes                  | No |
| Homeowner's Insurance   |     |              |           |                      |    |
| <i>Please indicate what types of insurance are carried on the home:</i>               |     |              |           |                      |    |
| Homeowners  |     | Windstorm    |           | Flood                |    |
| Amount \$\$   |     | Current?     | Yes       | No                   |    |
| <i>If insurance is not current, how much is owed?</i>                                 |     |              |           |                      |    |
| Paid Annually?  | Yes | No           | Escrowed? | Yes                  | No |
| Paid Monthly?   | Yes | No           |           |                      |    |
| Date of last claim  |     |              |           | Amount Awarded \$\$  |    |
| Reason for claim  |     |              |           |                      |    |
| FEMA Claim #  |     |              |           | Amount Awarded \$\$  |    |
| Are there any liens or judgement against the property? Please indicate amounts below. |     |              |           |                      |    |
| Taxes   |     | Weeds        |           | Other                |    |
| Explain Other   |     |              |           |                      |    |



# HOME AFTER HARVEY

## IV. Income (to be considered for this program, you must report ALL household income)

| Applicant              |  | Co-Applicant |  | Household Members |  | Total |  |
|------------------------|--|--------------|--|-------------------|--|-------|--|
| Wages                  |  | Wages        |  | Wages             |  |       |  |
| Wages                  |  | Wages        |  | Wages             |  |       |  |
| Child Supp             |  | Child Supp   |  | Child Supp        |  |       |  |
| SSI                    |  | SSI          |  | SSI               |  |       |  |
| SSI                    |  | SSI          |  | SSI               |  |       |  |
| SSDI                   |  | SSDI         |  | SSDI              |  |       |  |
| Pension                |  | Pension      |  | Pension           |  |       |  |
| Other                  |  | Other        |  | Other             |  |       |  |
| Other                  |  | Other        |  | Other             |  |       |  |
| <b>Household Total</b> |  |              |  |                   |  |       |  |

## V. Employment

|                  |           |            |              |               |         |
|------------------|-----------|------------|--------------|---------------|---------|
| Employer's Name  |           |            | Phone Number |               |         |
| Address          |           | City/State |              | Zip Code      |         |
| Employment Dates |           | From       | To           | Position Held |         |
| Pay \$\$         | Frequency | Weekly     | Two Weeks    | Monthly       | 2xMonth |
| Employer's Name  |           |            | Phone Number |               |         |
| Address          |           | City/State |              | Zip Code      |         |
| Employment Dates |           | From       | To           | Position Held |         |
| Pay \$\$         | Frequency | Weekly     | Two Weeks    | Monthly       | 2xMonth |
| Employer's Name  |           |            | Phone Number |               |         |
| Address          |           | City/State |              | Zip Code      |         |
| Employment Dates |           | From       | To           | Position Held |         |
| Pay \$\$         | Frequency | Weekly     | Two Weeks    | Monthly       | 2xMonth |
| Employer's Name  |           |            | Phone Number |               |         |
| Address          |           | City/State |              | Zip Code      |         |
| Employment Dates |           | From       | To           | Position Held |         |
| Pay \$\$         | Frequency | Weekly     | Two Weeks    | Monthly       | 2xMonth |
| Employer's Name  |           |            | Phone Number |               |         |
| Address          |           | City/State |              | Zip Code      |         |
| Employment Dates |           | From       | To           | Position Held |         |
| Pay \$\$         | Frequency | Weekly     | Two Weeks    | Monthly       | 2xMonth |
| Employer's Name  |           |            | Phone Number |               |         |
| Address          |           | City/State |              | Zip Code      |         |
| Employment Dates |           | From       | To           | Position Held |         |
| Pay \$\$         | Frequency | Weekly     | Two Weeks    | Monthly       | 2xMonth |
| Employer's Name  |           |            | Phone Number |               |         |
| Address          |           | City/State |              | Zip Code      |         |
| Employment Dates |           | From       | To           | Position Held |         |
| Pay \$\$         | Frequency | Weekly     | Two Weeks    | Monthly       | 2xMonth |
| Employer's Name  |           |            | Phone Number |               |         |
| Address          |           | City/State |              | Zip Code      |         |
| Employment Dates |           | From       | To           | Position Held |         |
| Pay \$\$         | Frequency | Weekly     | Two Weeks    | Monthly       | 2xMonth |



# HOME AFTER HARVEY

## VI. Monthly Expenses

|                               |  |       |  |            |  |           |  |
|-------------------------------|--|-------|--|------------|--|-----------|--|
| Mortgage                      |  | Phone |  | Car Note   |  | Insurance |  |
| Utilities                     |  | Taxes |  | Child Supp |  | Other     |  |
| Other                         |  | Other |  | Other      |  | Other     |  |
| <b>Total Monthly Expenses</b> |  |       |  |            |  |           |  |

## VII. Assets & Liabilities

| Assets                   | Liabilities |        |         |
|--------------------------|-------------|--------|---------|
| Bank Name & Address      |             |        |         |
| Account Number           |             |        |         |
| Account Balance          |             |        |         |
| Bank Name & Address      |             |        |         |
| Account Number           |             |        |         |
| Account Balance          |             |        |         |
| Property Owned Address   |             |        |         |
| Market Value             |             |        |         |
|                          |             |        |         |
| Property Owned Address   |             |        |         |
| Market Value             |             |        |         |
|                          |             |        |         |
| Vehicle Make/Year        |             |        |         |
| Market Value             |             |        |         |
|                          |             |        |         |
| Vehicle Make/Year        |             |        |         |
| Market Value             |             |        |         |
|                          |             |        |         |
| <b>Total Assets</b>      |             |        |         |
| Name & Address           |             |        |         |
| Acct#                    | Payment     | Months | Balance |
|                          |             |        |         |
| Name & Address           |             |        |         |
| Acct#                    | Payment     | Months | Balance |
|                          |             |        |         |
| Name & Address           |             |        |         |
| Acct#                    | Payment     | Months | Balance |
|                          |             |        |         |
| Name & Address           |             |        |         |
| Acct#                    | Payment     | Months | Balance |
|                          |             |        |         |
| <b>Total Liabilities</b> |             |        |         |

## VIII. Requested Work

|   |  |              |          |             |  |
|---|--|--------------|----------|-------------|--|
| Year Built  |  | Flood Damage |          | Wind Damage |  |
| Damage to accessibility features (ramps, tubs, etc.)?             |  |              |          |             |  |
| Is there a need for accessibility modifications?                  |  |              | Describe |             |  |
| Describe flood damage, including the depth of water in the house: |  |              |          |             |  |
|   |  |              |          |             |  |
| Describe wind damage:   |  |              |          |             |  |
|   |  |              |          |             |  |

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



## HOME AFTER HARVEY

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



# HOME AFTER HARVEY

## Checklist

### Homeownership

|   |  |
|---|--|
| Property tax receipts for previous year                             |  |
| Copy of divorce decree if property was acquired through court order |  |
| Copy of last mortgage payment receipt or deed                       |  |

### Homeowner's Insurance

|                             |           |  |
|-----------------------------|-----------|--|
| Copy of applicable policies | Homeowner |  |
|                             | Flood     |  |
|                             | Windstorm |  |

### Previous Two Year's Tax Returns (if employed)

|  |              |  |
|--|--------------|--|
|  | Applicant    |  |
|  | Co-Applicant |  |

### Proof of Income

|   |                       |  |
|---|-----------------------|--|
| Paystubs for two most recent months                                       | Applicant             |  |
|   | Co-Applicant          |  |
|   | All Household members |  |
| Current award letters or 3 most recent stubs for                          | Child Supp            |  |
|   | SS                    |  |
|   | SSI                   |  |
|   | SSDI                  |  |
|   | Pension               |  |
|   | Other                 |  |
| Copy of DD214 if applicant or co-applicant has served in the Armed Forces | Applicant             |  |
|   | Co-Applicant          |  |

### Assets

|   |              |  |
|---|--------------|--|
| Bank Statements for Checking and Savings – 3 months | Applicant    |  |
|   | Co-Applicant |  |

### Claims

|  |              |  |
|--|--------------|--|
| Proof of FEMA and/or insurance denial or award | Applicant    |  |
|  | Co-Applicant |  |

### Residency

|   |              |  |
|---|--------------|--|
| TDL, SS card, 2 current utility bills in applicant's or co-applicant's name, and 1 utility bill date from time of Harvey Aug or Sept 2017. And one of the following: auto insurance, official mail with address and dated no earlier than 2 months from current date. | Applicant    |  |
|   | Co-Applicant |  |



# HOME AFTER HARVEY

Other documents may be requested once application is reviewed.

Call 409-832-5853 with any questions regarding this application. Return completed application and documents to:

Habitat for Humanity of Jefferson County, Inc.  
 610 Trinity  
 Beaumont, TX 77701

**Family income must be at or below 80% of the area median income.**

| 1 Person    | 2 People    | 3 People    | 4 People    | 5 People    | 6 People    | 7 People    | 8 People    |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| \$34,650.00 | \$39,600.00 | \$44,550.00 | \$49,450.00 | \$53,450.00 | \$57,400.00 | \$61,350.00 | \$65,300.00 |

**Veteran Income**

| 1 Person    | 2 People    | 3 People    | 4 People    | 5 People    | 6 People    | 7 People    | 8 People    |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| \$43,300.00 | \$49,500.00 | \$55,700.00 | \$61,800.00 | \$66,800.00 | \$71,700.00 | \$76,700.00 | \$81,600.00 |



## 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" (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 taxes may be no more than 1 year in arrears and, if so, owner must set up a repayment plan

Property eligibility will be determined by structural soundness and absence of property liens 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 be on at the 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, vent hoods, 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.**