



Longview Habitat for Humanity (LHFH) is committed to building strength, stability, and self-reliance through shelter with our Critical Repair and Brush with Kindness programs. Critical Repair is defined as any disrepair that threatens the health or safety of the occupants or any home modification necessary to provide safe accessibility for disabled persons. (Cosmetic repairs are excluded). The Brush with Kindness program (currently available **only** in Longview) provides beautification and light exterior yard assistance.

Cost:

In keeping with the organization’s philosophy of “A Hand Up, Not a Hand Out” program recipients are required to pay 8% of the total repair costs.

Recipients must meet the following eligibility requirements:

- Applicant must be elderly (over the age of 60), 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 Gregg, Harrison, or Upshur counties
- Demonstrate the ability to pay 8% of the total cost of repair
- All household income must be at or below 80% of the published median area income. See chart below.

Income limits Gregg or Upshur County:

1 person	\$ 33,800	4 persons	\$ 48,250
2 persons	\$ 38,600	5 persons	\$ 52,150
3 persons	\$ 43,450	6 persons	\$ 56,000

Income limits Harrison County:

1 person	\$ 32,000	4 persons	\$ 45,700
2 persons	\$ 36,600	5 persons	\$ 49,900
3 persons	\$ 41,150	6 persons	\$ 53,050

The program is provided strictly on a funds availability basis. The scope of acceptable projects is determined on a 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 in order to provide repairs to the maximum number of eligible individuals in the service areas.

905 McCann Rd P.O. Box 2551 Longview, Texas 75606

Phone (903) 236-0900 Fax (903) 230-9726

www.longviewhabitat.org

Building homes.....Building lives

BRUSH WITH KINDNESS (LONGVIEW ONLY)

____ Yard Work Explain _____

***Brush w/ Kindness applicants only complete Page 1 and sign and date Page 5 for your application to be complete.

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 Explain _____

_____ 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 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. DD214 for all veteran household members. (Provide only if applying for the Veterans' Critical Repair program) Form can be obtained from the VA Services office or call the Longview Habitat office for other acceptable service documents.
3. "The Federal Funds Addendum" form (must be signed)
4. Most recent Pay Check Stub for any person over the age of 18 in your household.
5. Benefits statements for Social Security Administration (SSA), VA and/or any other Pension, Retirement or Disability benefits for all household members.
6. 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".
7. 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.
8. **If divorced:** a copy of your entire Divorce Decree; **if widowed** a copy of a Death Certificate or Will **If married,** both must apply.
9. Copies of current Driver's License, Texas I.D. or Military I.D. for all adult household members
10. Social Security Card for applicant and co-applicant. (front and back)
11. Deed or Proof of Ownership
12. Homeowner Insurance (declaration page)
13. 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 Longview Habitat can help you, how will your quality of life improve?



Addendum to all applications for projects which may involve Federal funds, including LHFH Homeownership Application and First Time Home Buyers grant

Applicant:

Federal regulations now require the statement be a part of any application which involved Federal funds in any way. Longview Habitat uses Federal funds to purchase building lots, for the repairs program and Habitat Homeowners apply for a HUD First Time Home Buyers grant. Therefore, please carefully read this statement and sign & 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 this day read and understand the statement above.

Signature

Date

Printed Name

Criminal Background Check Consent Form

I, _____, hereby authorize Longview Habitat for Humanity 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 for the purpose of evaluating my application for critical home repair.

I release Longview Habitat and/or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all 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. Longview Habitat for Humanity abides by all applicable state and federal housing laws.

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Signature Date

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LHFH Participant Media Disclosure and Release

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

By participating in LHFH programs, events and activities you grant LHFH the right to use your (and your dependent's) name, photograph and biography and any other collected information not of a *confidential nature, for such purposes. This includes information provided verbally or in writing for the Tell Us Your Story uses.

All photographs and video material become the property of LHFH and may be displayed, distributed or used by LHFH for any purpose.

You also acknowledge LHFH'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 LHFH 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 LHFH's Confidentiality Statement for an explanation of the information that LHFH treats as confidential.***

_____	_____	_____
Participant 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 Application and supporting document to 905 McCann St. Longview, TX 75601

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 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 yrs old who live with you)

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Relationship to You</u>
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____

Other Adults (18 yrs & older) (who live with you or will be present in the home)

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Convicted of a Crime</u>	<u>Relationship to You</u>
_____	_____	M / F	Y / N	_____
_____	_____	M / F	Y / N	_____

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 _____
 City, ZIP, County _____
 Mailing Address _____
If different from Street address
 How long have you lived there? _____
 Do you own this property? YES___ NO___

Proof of ownership must be submitted:
 _____ Copy of Deed
 _____ Copy of Mortgage
 What year was the home built? _____

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

Monthly Income Please list your <u>monthly</u> 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 most recent pay check 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 Name _____ Address _____ Account Number _____ Balance: \$ _____	List Bank, Savings & Loan, Credit Union, Investment Group, or Retirement Company Name _____ Address _____ Account Number _____ Balance: \$ _____
List Bank, Savings & Loan, Credit Union, Investment Group, or Retirement Company Name _____ Address _____ Account Number _____ Balance: \$ _____	List Bank, Savings & Loan, Credit Union, Investment Group, or Retirement Company Name _____ Address _____ Account Number _____ 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 Longview 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; 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 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 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 furnish 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 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