



**Habitat**  
for Humanity®  
Montgomery County, TX



We are pledged to the letter and spirit of U.S. policy for the achievement of equal Housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

## HOME REPAIR PROGRAM APPLICATION

### APPLICANT/HOMEOWNER INFORMATION

Driver's License/Photo ID Number*:				Phone Number*:	
Full Name*:					
Date of Birth*:	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other	Marital Status*: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (check appropriate box below too): <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Social Security Number* (Last 4) XXX-XX-	
				Primary Language Spoken*:	
Residence Address*:				Are you a veteran? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
City*:	State*: TX	Zip Code*:	Email Address*:	Household Size*: _____ (# of people that live in home)	

### CO-APPLICANT INFORMATION

Full Name*:		Phone Number:	
Driver's License/Photo ID Number*:		Social Security Number* (Last 4) XXX-XX-	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (check appropriate box below too): <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Date of Birth:	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:			Relationship to Applicant:

**When not specifically indicated, please provide information for the Applicant/Co-Applicant (Spouse)**

### U.S. Citizenship/Eligible Immigration Status\*

Is the Applicant a U.S. Citizen or have an Eligible Immigrant Status? <i>For this program, Eligible Immigrant Status is considered primarily a Permanent U.S. Resident. For special cases, please discuss with your assigned Eligibility Specialist.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If applicable, is the Co-Applicant a U.S. Citizen or have an Eligible Immigrant status?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### EMERGENCY CONTACT INFORMATION

Information for a relative or friend who could be contacted if neither you nor the co-applicant can be reached.

Email Address:			Phone Number:
Last Name	First Name	Middle Name	

## ELIGIBILITY INFORMATION

Is your home located in Montgomery County?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the home your primary residence?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you currently own the home and the land?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your home pending foreclosure, subject to outstanding suits, judgments, or tax liens that will jeopardize ownership?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your home current on taxes or has an approved payment plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you received any other benefits through Montgomery County?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been denied from other home repair programs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or anyone in the home disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your household impacted by recent natural disasters? If yes, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Homestead exemption? If yes, name under exemption: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a HOA? If yes, Name and contact information of HOA: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

## DAMAGED RESIDENCE INFORMATION

Estimated Cost of Damage *: \$	Source of estimated cost or received funds from *: <input type="checkbox"/> FEMA <input type="checkbox"/> Insurance <input type="checkbox"/> 3 <sup>rd</sup> Party Appraisal <input type="checkbox"/> Self <input type="checkbox"/> Contractor <input type="checkbox"/> SBA <input type="checkbox"/> Other, explain _____
Year your home was built * (estimate, if not known):	
What type of home is it? * <input type="checkbox"/> Single <input type="checkbox"/> Duplex <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Condo/Townhome	
Utilities*: <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> City Water <input type="checkbox"/> Water Well <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Tank	
Air Conditioning *: <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> NONE	
Do you currently have a Contractor hired to work on this home? * <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide Contractor name and telephone number:	

## Requested Repairs:

Please put a check on the types of repairs or modifications you are requesting for your home:

_____ Ramp access to primary entrance	_____ Floor repair
_____ Hand Rail to primary entrance	_____ Plumbing
_____ Grab bars in bathroom	_____ Electrical
_____ Roof repair	_____ Other: _____

## Income Information

APPLICANT / HEAD OF HOUSEHOLD*				CO-APPLICANT/SPOUSE		
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed, please indicate source of income:				Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed, please indicate source of income:		
Current Employer:				Current Employer:		
Wage/Salary: \$				Wage/Salary:		
Other Monthly Income: Source: (Secondary employment, child support, benefits etc...)				Other Monthly Income: Source: (Secondary employment, child support, benefits etc...)		
ADDITIONAL HOUSEHOLD INCOME						
Enter <b>Monthly Unearned Income</b> received for any household member(s) leave blank if none.						
SSA/SSI	PENSION	CHILD SUPPORT	PUBLIC ASSISTANCE	SURVIVOR BENEFIT	ALIMONY	OTHER
\$	\$	\$	\$	\$	\$	\$

## Household Composition

Please provide the following information on all household members including dependents. Include all dependent(s) that will be living in the NEW home for at least 6 months or more annually, which may include an unborn child.

#	Full Name (Print/Type) *	Relationship *	Date of Birth *	Social Security* (Last 4 digits)	Full-Time Student? (Y/N) *	Employed? (Y/N) *
1		(Self)		XXX-XX- ____		
2				XXX-XX- ____		
3				XXX-XX- ____		
4				XXX-XX- ____		
5				XXX-XX- ____		
6				XXX-XX- ____		
7				XXX-XX- ____		
8				XXX-XX- ____		

## AUTHORIZATION TO RELEASE INFORMATION

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**Warning: Any Person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C 3729.**

I hereby authorize any such companies and/or authorities to release the above-described information to TASFRP or its authorized representative.

Applicant Name:

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Name:

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Other Adult Household Members:**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission to Refer

If your needs can be met more appropriately by another program, may we share your application with them?  
(circle one)

YES

NO

Unless you give us permission to share your information with other organizations, your application will be kept confidential.

## Home Repair Applicant Agreement

I understand that by filing this application, I am authorizing Habitat MCTX to evaluate my need for critical home repairs and my willingness to be a partner family. I understand that the evaluation will include a home assessment and income verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to be eligible to receive Critical Home Repair services, I may be disqualified from the program. I further understand that Habitat for Humanity will notify me of repairs that can complete, if any. The original or a copy of this application will be retained by Montgomery County Habitat for Humanity even if the application is not approved.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Name (Print)

\_\_\_\_\_  
Co-Applicant Signature

Date: \_\_\_\_\_

**Complete the following if you are not the Applicant but are assisting the Applicant in completing the application:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Contact Number**

\_\_\_\_\_  
**Organization**

## 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 of surname.

Applicant	Co-applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race:</b> (applicant may select more than one racial designation)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino    <input type="checkbox"/> Non-Hispanic or Latino</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male</p> <p><b>Date of Birth:</b> _____ / _____ / _____</p> <p><b>Marital status:</b> <input type="checkbox"/> Single    <input type="checkbox"/> Married    <input type="checkbox"/> Divorced    <input type="checkbox"/> Widowed</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race:</b> (applicant may select more than one racial designation)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino    <input type="checkbox"/> Non-Hispanic or Latino</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male</p> <p><b>Date of Birth:</b> _____ / _____ / _____</p> <p><b>Marital status:</b> <input type="checkbox"/> Single    <input type="checkbox"/> Married    <input type="checkbox"/> Divorced    <input type="checkbox"/> Widowed</p>
To be completed only by the person conducting the interview	
<p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face interview</p> <p><input type="checkbox"/> By mail</p> <p><input type="checkbox"/> By telephone</p>	Interviewer's Name (print or type)
	<p>Interviewer's Signature _____ Date _____</p>
	Interviewer's Phone Number

## Provide the following documents when you return your application:

You will need to provide proof of total household income by providing **copies** of the supporting documents listed below. Your application will be considered incomplete if **copies** of supporting documents are not provided with the application.

If you need assistance in completing the application, call the Main Office at 936-441-4663 to schedule an application appointment during business hours: Tue-Sat 8:30am to 4:30pm

- **Copies of Driver's License and/or Texas I.D. for all adult family members (18 years and older)**
- **Copies of Social Security Cards for all adult family members (18 years and older)**
- **Proof of Ownership** – Property deed, property tax bill/receipt, or other acceptable proof of ownership.
- **Proof of Residency** – Utility bill, mortgage statement, and other documents with applicant's name and property address.
- **Proof of Income – For all adults (18+) in the household:**
  - **Two most recent pay stubs (if employed).**
  - **Benefit letters (Social Security, SSI, SSDI, retirement, child support, TANF).**
  - **Two most recent years' federal income tax returns (if filed).**
  - **If not filed, provide two years of IRS tax transcripts.**
- **Three months of checking account statements and three months of savings account statements are required.**
- **Certification of Zero Income (if applicable).**
- **Insurance Documentation** – Proof of homeowner's insurance (if applicable).
- **Other Documents** – Divorce decree or death certificate of spouse (if applicable); HOA statement (if applicable).

## Document Submission Standards

- Only copies of supporting documents will be accepted. Original documents will not be accepted.
- Screenshots or photos of documents will not be accepted.
- All pages of a document must be submitted (e.g., if a statement says, "Page 1 of 3," pages 1, 2, and 3 must be included).
- All submitted documents must be clear and legible.
- If submitted online, documents must be provided in PDF format.

## Send **completed** application along with **supporting documentation** via:

**In Person APPOINTMENT ONLY:** Please 936-444-4138 to schedule an appointment to submit your application and supporting documents

### **E-mail documents in PDF ONLY:**

**To:** jfuentes@habitatmctx.org

**CC:** rhernandez@habitatmctx.org

**Subject Line:** Home Repair Application

**Mail:** Habitat for Humanity of Montgomery County, TX

Attention: Family Services PO. Box 2624 Conroe, TX 77305

## Home Repair Program Document Resources

### Order a Social Security Statement

- The fastest way to get your Social Security Statement is to create or log in to your personal "my Social Security" account online at [www.ssa.gov](http://www.ssa.gov).
  - You can view, save, or print it immediately.
- If you prefer a paper copy:
  - For workers over 60: If you aren't receiving benefits and don't have an online account, the Social Security Administration (SSA) will automatically mail you a statement three months before your birthday.
  - For anyone else: You can print, fill out, and mail the "Request For Social Security Statement" (Form SSA-7004), available on the SSA website.
- If you need assistance with your account or have trouble requesting your statement, you can:
  - Call the SSA: You can call the Social Security Administration's toll-free number at 1-800-772-1213. TTY users can call 1-800-325-0778.
  - Visit a local office: You can also make an appointment with your local Social Security office for in-person help.

### Access your tax records:

- For instant access: Use your IRS Online Account on [www.irs.gov](http://www.irs.gov) to view, print, or download your tax transcripts for free.
- For records by mail: Order a free transcript by calling the automated phone service at 800-908-9946 or by submitting Form 4506-T.
- For exact copies: If you need a photocopy of a past return, you must mail Form 4506 and pay a fee.
- Through your tax preparer: If you used tax software or a tax preparer, you can contact them for copies of your returns.



## Home Repair Program Application Checklist

Program Step	Description	Documents
1. Intake	Intake Application	<input type="checkbox"/> Intake Application <input type="checkbox"/> Valid Proof of Identification of applicant & co-applicant <input type="checkbox"/> Copy of applicants & co- applicant Social Security Card (please cover SS# to only show <b>last 4 digits</b> )
2. Eligibility	Applicant Documents <i>(Required)</i>	<input type="checkbox"/> <b>Paystubs</b> – ALL household members 18+ years with income; 3 most recent months (if employed)
		<input type="checkbox"/> <b>Checking Account(s) Statements</b> – applicant & co-applicant; 3 most recent months
		<input type="checkbox"/> <b>Saving Account(s) Statement(s)</b> - applicant & co-applicant; 3 most recent months
		<input type="checkbox"/> <b>Retirement Fund Statements</b> (401(k), Roth IRA, etc.) - applicant & co-applicant; most recent statement
		<input type="checkbox"/> If receiving <b>assistance or benefits</b> , a <b>recent award letter</b> confirming amount received (Social Security Benefits, disability, retirement or pension, workers comp, severance pays or unemployment)
		<input type="checkbox"/> <b>Signed IRS Tax Returns</b> - Copies of two (2) years' most recent federal tax return for each person in the household 18 years and older.
		<input type="checkbox"/> <b>SELF-EMPLOYED ONLY:</b> Copies of three (3) years' federal tax return including Schedule C (i.e., Profit & Loss Worksheet)
		<input type="checkbox"/> <b>Documentation of Ownership and Statement of Ownership-</b> Warranty Deed, Current Copy of Mortgage Statements, Deed of Trust, Title search
		<input type="checkbox"/> <b>Documentation of Principle Residency-</b> utility bill in the applicant and co-applicant's name <i>(if applicable)</i>
		<input type="checkbox"/> <b>Property Tax-</b> Current tax statement
		<input type="checkbox"/> <b>School Tax Verification</b>
		<input type="checkbox"/> <b>Signed letter of authorization to obtain Full Credit Report</b>
		<input type="checkbox"/> <b>Lien and mortgage information-</b> name of lender, estimated payoff balance and account number of all lien holders
		<input type="checkbox"/> <b>Insurance (Homeowners, Flood, Wind) information</b> – company name, agent's name and phone number, policy number, and policy date
	General <i>(If Applicable)</i>	<input type="checkbox"/> <b>Verification of Disability/Special Needs Documentation</b> <i>(If applicable)</i>
		<input type="checkbox"/> <b>Certification of Zero Income</b> <i>(If applicable)</i>
		<input type="checkbox"/> <b>Marriage Certificate/Divorce Decree-</b> If married, a copy of the marriage certificate; OR, if divorced, a copy of the divorce decree