

Home Sweet Home Community Redevelopment Corporation

Application / Assessment for Assistance for Minor/Major Home Repairs
 Disaster Recovery Relief Services – Texas
 Email: info@homesweethomecrc1.org

****To be eligible for minor home repair assistance, the client/owner must be the homeowner. Proof will be required.**

Date of Assessment: _____ DR#: _____ FEMA#: _____

Name: Last, First: _____ DOB: _____

Disaster Full Address: _____

Primary Contact#: _____ Alt Contact#: _____

Email Address: _____ Annual Household Income\$: _____

Married Single Widow Total Number of members in Household: ____

Household Members Full Name	Age	Relationship	Date of Birth	Income (Proof Required)
		Spouse/Other		

Check all that applies:

- Elderly (62 years and older)
 - At or less than 80% AMI – Average Median Income
 - US Citizen/Legal Resident in Home
 - Special Needs (Limited English proficient (LEP)/Disability)
 - Disabled (Physically or Mentally)
 - Veteran
 - Children <12 years of age
 - Special Needs Other: _____
- *Primary Language Spoken: _____

Describe your client's current circumstances.

- Employed FT Employed PT Unemployed Retired SS/SSI/SSDI Student

Describe the immediate impact that the Natural Disaster/ Fire had on your household.

Damage to Home	Forced to Relocate
Decrease in Wages or Lost Job	Depleted Saving/Investments
Change in number of household members	Decrease in Physical/Mental Health
Denied Assistance (FEMA/SBA/GLB etc.)	Damage Exceed assistance received
Mandatory Evacuation	Loss a household member due Covid

Type/Condition of Home (Check all that applies):

Type of Home: ____ Single Family Home (SFH) ____ Mobile Home ____ Condo/Duplex ____ Other:

____ Home is Paid Off/No Mortgage ____ There is a Mortgage on the Home

(Provide Copy of Deed or Payoff Statement)

(Provide copy of Current Mortgage Statement)

(Please fill out Release form Mortgage Release Information)

Home Uninhabitable ____ Yes ____ No Is the Property condemned? ____ Yes ____ No

Is the client living at the pre-disaster address? ____ Yes ____ No

If it becomes necessary for the client to move, does the client have somewhere to stay? ____ Yes ____ No

Are you willing to take out a loan to rebuild your home? ____ Yes ____ No

Do you have a Reverse Mortgage on your home? ____ Yes ____ No

Do you need any door widening or ramps outside the home? ____ Yes ____ No

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Rooms Affected by Disaster (Check all that applies):

<input type="checkbox"/> Kitchen	<input type="checkbox"/> Laundry Room	<input type="checkbox"/> Bedroom 2
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Master Bedroom 1	<input type="checkbox"/> Bedroom 3
<input type="checkbox"/> Master Bathroom	<input type="checkbox"/> Bedroom 4 ___ or ___ 5	<input type="checkbox"/> Dining Room
<input type="checkbox"/> Living Room	<input type="checkbox"/> Formal Dining Room	<input type="checkbox"/> Formal Living Room
<input type="checkbox"/> Hallway	<input type="checkbox"/> Garage Attached/Detached	<input type="checkbox"/> Foundation
<input type="checkbox"/> Roofing	<input type="checkbox"/> Siding around the home	<input type="checkbox"/> Brick
<input type="checkbox"/> Fence/Gate	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

1. Does the home need level? ___ Yes ___ No
2. Does home have Roof leaks? ___ Yes ___ No
3. If yes to the above, what percentage of roof has leaks? _____% If more than 60% do you have a hole in your roof? You are maybe able to see outside? (take pictures from inside).
4. Is there a blue tarp on the roof? ___ Yes ___ No
5. Is there noticeable damage to ceilings and walls? Structural Damage such as large cracks along the walls or large cracks in the foundation? ___ Yes ___ No
6. Does home contain unvented space heater? ___ Yes ___ No
7. Security issues? (e.g. doors, windows) ___ Yes ___ No
8. Sanitary Issues? (Mold, mildew, sewage) ___ Yes ___ No
9. Snowstorm Damages? ___ Yes ___ No If yes, please list damages. _____
10. Do you own the home they live in? ___ Yes ___ No if No, who owns the home?
 Name _____ Address _____
 Phone Number _____ Relationship to the owner: _____
11. Is Title/Deed in Client's own name? ___ Yes ___ No
12. Are there a pending lien on Property? ___ Yes ___ No If Yes, what kind of liens?
 _____ (Mortgage, Taxes, etc.)
13. Are the Taxes Current? ___ Yes ___ No (All taxes must be up-to-date attach copy)
14. Do you have a Flood Development Permit for repairs? ___ Yes ___ No
 If yes, please provide a copy. (You do not need to get a permit until we start your project) (Not required for all properties).
15. If applicable, do you have an Elevation Certificate? ___ Yes ___ No
 If yes, please provide a copy. (if you are in a flood zone you must have this certificate)
16. Do you have a copy of a survey? ___ Yes ___ No
 If not, you must have a copy of a survey before we consider your property for repairs.
17. Did you receive any funding from FEMA, Homeowner Insurance or Flood, or etc. for home repairs? If you have and you used these funds on the home, please provide receipts/pictures of repairs. (Copies only) Print/copy color pictures only. **No black & White**

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Disclosure of Previous Disaster Recovery Assistance

Amount Approved: _____
FEMA Assistance: _____
Home Repair Assistance: _____
Rental Assistance: _____
Personal Property: _____
SBA Assistance: _____
Homeowner's Insurance: _____
Flood Insurance: _____
Total Capacity (Total of Above): \$ _____

Affirmation

I affirm that all information provided above is true and accurate to the best of my knowledge. I understand that the completion and signing of this Application / Assessment for Assistance for Minor Home Repairs does not guarantee that repairs will be done to my home, nor does it constitute an agreement of said. I acknowledge that falsification of the information above is grounds for denial of my Repair and Rebuild application, proceedings for recoupment of any financial assistance obtained and/or criminal or civil prosecution.

Consent and Release

I hereby authorize Home Sweet Home Community Redevelopment Corporation to share any of my information in its possession, including but not limited to my name, address, other personal information, and the type of assistance I am receiving with other disaster relief and voluntary organizations in partnership with our organization to coordinate available disaster relief services and assistance.

Home Sweet Home Community Redevelopment Corporation will need to disclose confidential information to Corporate Sponsors, FEMA, Harris County Long Term Recovery Committee, our City, Parish, County, Federal and State Funders for the purposes of facilitating repairs to your home cause by the Natural Disaster or Fire. My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms and conditions. I have also had the opportunity to ask some questions. I am also signing this release on behalf of my children that are under the age of eighteen (18).

Client's Printed Name

Client's Signature

Date

Client's Printed Name

Client's Signature

Date

Case Manager's Printed Name

Case Manager's Signature

Date

Case Management Agency