

Home Sweet Home Community Redevelopment Corporation

Application / Assessment for Assistance for Minor Home Repairs
 Disaster Recovery Relief Services – Texas
 9602 Dulcimer Street Houston Texas 77051
 Texasdisaster@homesweethomecrc.org

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

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

Client Name: Last, First: _____ DOB: _____

Disaster Full Address: _____

Primary Contact#: _____ Alt Contact#: _____

Email Address: _____ Annual Household Income\$: _____

Married Single Window Total Number of members in Household: ____

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

Check all that applies:

- | | |
|--|--|
| <input type="checkbox"/> Elderly (62 years and older) | <input type="checkbox"/> Disabled (Physically or Mentally) |
| <input type="checkbox"/> At or Less than 80% AMI – Average Median Income | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> US Citizen/Legal Resident in Home | <input type="checkbox"/> Children <12 years of age |
| <input type="checkbox"/> Special Needs (Limited English proficient (LEP)/Disability) | <input type="checkbox"/> 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
	Decrease in Wages or Lost Job
	Change in number of household members
	Denied Assistance (FEMA/SBA/GLB etc.)
	Mandatory Evacuation

	Forced to Relocate
	Depleted Saving/Investments
	Decrease in Physical/Mental Health
	Damage Exceed assistance received
	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 owe any taxes to the City or County? ____ Yes ____ No and how much? _____ On payment plan? ____

Do you need any doors widened or ramps outside the home? ____ Yes ____ No

Home Sweet Home Community Redevelopment Corporation

Application / Assessment for Assistance for Minor Home Repairs
 Disaster Recovery Relief Services – Texas
 9602 Dulcimer Street Houston Texas 77051
 Texasdisaster@homesweethomecrc.org

Rooms Affected by Disaster (Check all that applies):

<input type="checkbox"/> Kitchen	<input type="checkbox"/> Laundry Room	<input type="checkbox"/> Bedroom 1
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Master Bedroom	<input type="checkbox"/> Bedroom 2
<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	<input type="checkbox"/> Foundation
<input type="checkbox"/> Roofing	<input type="checkbox"/> Sliding around the home	<input type="checkbox"/> Brick
<input type="checkbox"/> Other:	<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 above, what percentage of roof has leaks? _____% If more than 60% do you have a whole 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. Does client own the home they live in? _____ Yes _____ No if No, who own the home?
 Name _____ Address _____
 Phone Number _____ Relationship to the owner: _____
11. Is Title/Deed in Client's own name? _____ Yes _____ No
12. Is there a pending lien on Property? _____ Yes _____ No If Yes, what kind of lien?

13. Are the Taxes Current? _____ Yes _____ No (All taxes must be up-to-date attach copy)
14. Does client 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)
15. If applicable, does client 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 No, you must have a copy of a survey before we will consider your property for repairs.

Home Sweet Home Community Redevelopment Corporation

Application / Assessment for Assistance for Minor Home Repairs
Disaster Recovery Relief Services – Texas
9602 Dulcimer Street Houston Texas 77051
Texasdisaster@homesweethomecrc.org

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**
18. Has work been done to the property by another contractor or yourself? ___ Yes ___ No
If yes, please provide receipts and/or pictures of job completed.
19. Has work been done by another organization to this property? ___ Yes ___ No
If yes, Organization Name: _____
Contact Person: _____
Phone: _____ Email: _____
- Was the work they started completed? _____ Yes _____ No (Copy of only)

If the assistance requested directly related to the immediate impact of Hurricane Harvey, Hurricane IKE, Hurricane Laura, February 2021 Snowstorm, there may be other grants/programs available. We will work with other Nonprofits, Lenders, and/or Government Agencies only. **(If your home was flagged by the City or County, we will not be able to assist if the other contractor has liens on your property.)**

If yes to the above, please explain how & provide a brief description of the client's living conditions, include any safety issues and critical challenges facing the client, if they do not receive any assistance with the address above. Also, state exactly what flood related repairs are needed to the home. Example: My home received 18" of rain because of Hurricane Harvey. Me and my young children are still living in the pre-disaster address. The home has been repaired but needs other repairs and there is a strong smell of mold. The floors, walls, baseboard, cabinetry, and furnishings were destroyed. I do not have support or funds to move out of my home or pay for repairs. (Please Print/Type clearly)

Home Sweet Home Community Redevelopment Corporation

Application / Assessment for Assistance for Minor Home Repairs
Disaster Recovery Relief Services – Texas
9602 Dulcimer Street Houston Texas 77051
Texasdisaster@homesweethomecrc.org

Signature of client _____

Date: _____

Please do not fill out any of this section.

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, 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 any 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