

**ABOUT: Fort Hood Area Habitat for Humanity's Critical Home Repair (ReHabitat) Program** provides services for individuals and families in need of home repair that may be too costly or physically challenging. The ability to provide these services and the cost to the qualified applicant is dependent on the type of funding availability that we currently have from our home modification grants.

To participate in the program, you must be able to meet **ALL** of the following qualifications:

**NEED FOR ASSISTANCE**

- ☐ Are you a U.S citizen or permanent resident?
- ☐ Have you owned **AND** lived in your current home for at least the past 2 years?
- ☐ Is your home located within Bell, Coryell, Lampasas, Milam, and Falls counties?
- ☐ Is your household's annual income **below 80%** of the Area Median for your respective County?

HUD Specific Income Limits									
FY 2022 Income Limits per HUD									
Killeen- Temple, TX HUD Metro FMR Area contains Bell County and Coryell County									
	1 per	2 per	3 per	4 per	5 per	6 per	7 per	8 per	
80% LIMITS Annual	40,500	46,300	52,100	57,850	62,500	67,150	71,750	76,400	
MAX Monthly	3,375	3,858	4,342	4,821	5,208	5,596	5,979	6,367	
Lampasas County, TX HUD Metro FMR Area contains Lampasas County									
	1 per	2 per	3 per	4 per	5 per	6 per	7 per	8 per	
80% LIMITS Annual	45,500	52,000	58,500	64,950	70,150	75,350	80,550	85,750	
MAX Monthly	3,792	4,333	4,875	5,413	5,846	6,279	6,713	7,146	

**ABILITY TO PAY**

- ☐ Are you current on all payments due for housing costs, such as mortgage & property taxes?
- ☐ Are you able to pay up to 8% of the total repair costs?  
*Payments can be financed over a period of time. We will discuss costs before we finalize any repairs.*

**WILLINGNESS TO PARTNER**

- ☐ Are you willing to maintain a safe environment for repair work?
- ☐ Are you willing to fulfill all program requirements in a timely manner?
- ☐ Are you willing to share your experience through conversations, events, and media?

If you answered "yes" to all the above questions, **YOU MAY BE ELIGIBLE**. Please contact our Family Services Coordinator at (254)680-4007 for details.

**REQUIRED DOCUMENTATION CHECKLIST**

**You must include a copy of ALL the following documents with your application packet. Failure to submit all required documentation may result in denial of your application.**

- ☐ Photo ID for the applicant(s)
- ☐ Proof of U.S. citizenship or permanent residence for the applicant(s)  
*Acceptable documentation includes a U.S. birth certificate, U.S. naturalization certificate, U.S. passport, or U.S. permanent resident card.*
- ☐ Current statement showing amount due for any mortgages or liens on the residence
- ☐ Current statement showing amount due for any property taxes on the residence
- ☐ Current statement showing balance in any bank accounts held by applicant(s)
- ☐ Current utility statements, bills, and debt payments showing balance owed and payment history  
*Examples include: gas, water, electric, phone, credit cards, car payment, personal loans, etc.*
- ☐ Documentation of ALL income currently received by **all adult household members**:  
*Examples include: Recent Pay Stubs, Social Security Income, SSDI, Housing Choice Voucher / Section 8, SNAP / Food Stamps, Child Support, Alimony, etc. (A recent tax return is required for self-employed individuals)*
- ☐ DD 214 form for any veterans in the household

Different or additional documentation may be required in unique circumstances.  
Call (254)680-4007 if you have questions on any of the required documentation.

**\*\*\*If Applicant is unable to complete the questionnaire, please give us the point of contact who will be completing the questionnaire on their behalf:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Will you be the primary contact once repairs are being scheduled? \_\_\_\_\_

**EQUAL HOUSING OPPORTUNITY STATEMENT**

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity. 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. We pledge to keep information in this application packet confidential in accordance with the Gramm-Leach-Bliley Act.

**SECTION I: HOUSEHOLD INFORMATION**

Applicant (Homeowner)	Co-Applicant (Co-Homeowner, if applicable)
Name: _____	Name: _____
Birth Date: _____ Age: ____ Gender: M / F	Birth Date: _____ Age: ____ Gender: M / F
Marital Status (check one): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	Marital Status (check one): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried
Phone Number: _____	Phone Number: _____
Email Address: _____	Email Address: _____

**All Other Household Members (Adults & children who also live in the home)**

Name	Relationship	Birth Date (MM/DD/YY)	Age	Gender
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F

**Provide all the following information about your current housing to the best of your present knowledge:**

Street Address: _____	Mailing Address (if different): _____
_____	_____
Total Years at this Residence: _____	

Type of house: ☐ Standard single-family ☐ Mobile / manufactured ☐ Multi-family: \_\_\_\_\_  
Mobile / manufactured and multi-family housing may be subject to additional limitations on repairs.

What year was your house built: \_\_\_\_\_ ☐ unsure # of Stories: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

**Please tell us about the repairs you're requesting on your home:**

_____
_____
_____
_____
_____
_____
_____

You may email photos of the areas in your home that require repairs to [outreach@fhahfh.org](mailto:outreach@fhahfh.org)

**Read this statement BEFORE completing the information below:**

The following information is requested by Fort Hood Area Habitat for Humanity to monitor our efficacy in serving diverse populations in need of housing assistance. You do not need to provide this information but are encouraged to do so. We will not discriminate based on the information provided in this section, nor on whether you choose to provide it.

☐ I do not wish to furnish this information. (If you check this, please leave the rest of this section blank.)

- How many people currently living in your home have been diagnosed with a Mental or Physical Disability: \_\_\_\_\_

- Have any of the household members ever been a member of the U.S. Military: \_\_\_\_\_

If you answered **"yes"** please tell us the details of their service:

Branch of Service: \_\_\_\_\_ Service Connected Disability? Y / N

Approximate Dates of Service: \_\_\_\_\_

- Are you a Surviving Spouse of a Veteran: \_\_\_\_\_

If you answered **"yes"** please fill in the line above with their service information with the best of your knowledge (blank spaces are okay)

- Please tell us how many household members are of the following Race / Ethnicity:

\_\_\_\_\_ American Indian / Alaska Native; \_\_\_\_\_ Asian; \_\_\_\_\_ Native Hawaiian / Pacific Islander;

\_\_\_\_\_ Black / African-American; \_\_\_\_\_ Hispanic / Latino; \_\_\_\_\_ White / Caucasian;

\_\_\_\_\_ Other: \_\_\_\_\_

How did you hear about our ReHabitat Program? Please check all that apply:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Familiar with Habitat  | <input type="checkbox"/> Saw a post on social media | <input type="checkbox"/> Referred by another agency   |
| <input type="checkbox"/> Shopped in the ReStore | <input type="checkbox"/> Read about it in the news  | Agency Name: _____                                    |
| <input type="checkbox"/> Heard from work        | <input type="checkbox"/> Other: _____               | <input type="checkbox"/> Heard from family or friends |

Please tell us what performing these repairs would mean for you:

(example: How would it improve your quality of life, peace of mind, education, etc.)

---



---



---



---



---

## HOUSEHOLD INCOME

Please list income sources for **ALL** household members.

We need the Gross monthly income amount. (that's the number before all taxes and deductions are taken)

Income Source	Applicant (Homeowner)	Co-Applicant (Co-Homeowner)	Household Members	Total Gross Amount \$ / Month (before taxes)
Earnings from Job	\$	\$	\$	\$
Alimony, Child Support, etc.	\$	\$	\$	\$
Housing Choice Voucher (Section 8, etc.)	\$	\$	\$	\$
Social Security (SS, SSD, etc.)	\$	\$	\$	\$
Supplemental Social Security Income (SSI, SSDI, etc.)	\$	\$	\$	\$
State Program Income Benefits (SNAP, Food Stamps, TANF, etc.)	\$	\$	\$	\$
Self Employment Income	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$

**Total Monthly Income: \$** \_\_\_\_\_

## EXPENSES

Please list all of your household expenses.

Expense Type	Payment to: (name of company/payment agency)	Payment Amount	Frequency of Payment: Monthly, Weekly, etc.
Mortgage/Rent		\$	
Alimony, Child Support, or Separate Maintenance*		\$	
Utilities (gas, water, Electric)		\$	
Student Loans		\$	
Auto Loans		\$	
Credit Cards		\$	
Credit Cards		\$	
Other: _____		\$	

**Total Monthly Expenses: \$** \_\_\_\_\_

(FOR OFFICE STAFF) INCOME: \_\_\_\_\_ EXPENSES: \_\_\_\_\_ DTI: \_\_\_\_\_

## AUTHORIZATION &amp; RELEASE

READ THE FOLLOWING INFORMATION **VERY CAREFULLY** BEFORE SIGNING BELOW  
ASK OUR STAFF ANY QUESTIONS YOU MAY HAVE BEFORE SIGNING THIS DOCUMENT

By signing below, I **confirm the following**:

I understand that, by submitting this application packet, I am authorizing Fort Hood Area Habitat for Humanity (FHAHFH) and its designees to evaluate my qualifications for its Critical Home Repair (ReHabitat) Program. I understand that this evaluation will include an assessment of my actual need for the assistance, my ability to make any required payments, and my willingness to partner in the completion of Sweat Equity and/or other program requirements.

I understand that this evaluation includes verification of all information contained in this application packet regarding all household members, including, but not limited to, information pertaining to residence, income, employment, debt, and background. I understand that verification may include, but is not limited to, credit checks, criminal background checks, sex offender registry checks, and public records checks of all household members, and I have the necessary authorization to submit these household members to such checks. I understand that verification may also include contact with current and former employers, landlords, creditors, and financial institutions disclosed in this packet and throughout the application process, as well as photos of my current residence. By submitting this application packet, I am authorizing FHAHFH and its designees to conduct this evaluation.

I have completed this application packet truthfully and to the best of my present knowledge. If any information included in this packet changes while my application is under review, I understand that I am required to promptly notify FHAHFH staff and may be required to provide documentation verifying such changes. I understand that I must submit all required documentation to FHAHFH within 30 days of signing this agreement, and that failure to do so will disprove my willingness to partner and result in my removal from the program. I understand that any discovery of inaccuracy, incompleteness, fraudulence, or change in the information supplies in this packet may result in the delay or denial of my application or deselection from the program, even after I have been offered approval to participate.

I understand that, if I am approved for the ReHabitat Program, I must abide by all program requirements to ensure the successful completion of repairs. I understand that I may be liable for the full cost of any repair work performed on my behalf if I fail to abide by all program requirements through the time of completion. I understand that FHAHFH and its designees offer no warranties, expressed or implied, regarding repair work done on my behalf, except for defects in materials or workmanship specific to the project, which will be warrantied for six months following project completion.

I hereby release Fort Hood Area Habitat for Humanity, its staff, its volunteers, and all its designees associated with the ReHabitat Program of all liability of any kind.

I understand that the original or a copy of this application packet and its attachments may be retained by Fort Hood Area Habitat for Humanity, even if the application is not ultimately approved or deselection occurs.

---

Applicant Signature

---

Date

---

Co-Applicant Signature

---

Date