SUPPLEMENTARY DOCUMENT CHECKLIST

Please submit the following documents along with your home repair loan application.

Note: Not all documents will be applicable for your situation. If you have questions or need assistance locating certain documents, please call (361) 573-2511 or email kemberley@goldencrescenthabitat.org

Applications are considered incomplete until all applicable documentation is submitted

Personal Information	Attached	N/A
Copies of photo for all persons in the household (ex: driver's license, passport)		
Applicant Release Form (see attached) signed by applicant and co-applicant (if applicable)		
Income and Assets: Include All Household Income		
If self-employed, provide the past two years. Tax returns		
Most recent pay stubs from employer(s) from the last three (3) months		
Most recent statements for checking and savings accounts for the last two (2) months		
Proof of Social Security Benefits for retirement, disability, survivor and family (All pages are required of your most current award letter)		
Proof of VA Benefit (Letter showing gross amount)		
Most recent child support 12 months payment history		
Most recent statement for retirement funds and other investments		
Property		
Deed of home or proof of homeownership (if inherited please provide death certificate(s), probated will, gift deed, or affidavit of heirship)		
Most current mortgage statement (if applicable)		
Most current property tax receipt		
Most current utility bill (2) months with homeowner name and address (electric or water)		
Other		
Note from doctor explaining need if requesting ADA shower or ramp		
DD Form 214 – Certificate of release or discharge from active duty		
NGB-22 National Guard if applicable)		

1

Golden Crescent Habitat for Humanity®

Submit completed application to office online or by APPOINTMENT ONLY
Golden Crescent Habitat for Humanity 4103 N.
Navarro St., Suite 200
Victoria, TX 77901
Email:kemberley@goldencrescenthabitat.org
Phone: (361) 573-2511

TEXAS VETERANS COMMISSION

This program is supported by a grant from the Texas Veterans Commission *Fund for Veterans' Assistance*. The *Fund for Veterans' Assistance* provides grants to organizations serving veterans and their families. For more information, visit www.TVC.Texas.gov.

EQUAL HOUSING OPPORTUNITY

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 obtain housing because of race, color, religion, sex, handicap, familial status, or national origin.

HOME REPAIR APPLICATION

HOUSEHOLD INFORMATION

Applicant	Birth Date:	Disabled? If yes please describe: ▢ Yes ▢ No
Email:	Phone #:	
Co-Applicant (if applicable)	Birth Date:	Disabled? If yes please describe: ▢ Yes ▢ No
Email:	Phone #:	
Did you or anyone in your household serve or is currently serving in the military		▢ Yes ▢ No

Other Household Residents				
Name	**Relationship**	**Birth Date**	**Disabled? (Y/N)**	**If Y, please describe**

HOME INFORMATION			
Address:		**Unit #:**	
City:	**State**	**Zip:**	**County:**

Was the home built before 1978?	▢ Yes	▢ No
Are there other listed owners besides the applicant and co-applicant? Legal name(s) of additional owner(s): Please use back for additional information	▢ Yes	▢ No
Do you have a city and/or county citation? If yes, what is the service period? Please use back for additional information	▢ Yes	▢ No
<u>Applicant must occupy the home as a primary</u> residence. Do you expect to move within the next year? If yes, please list reason for moving: Please use back for additional information	▢ Yes	▢ No

For internal use only:

GCHFH Program:

▢ Aging in Place ▢ Weatherization ▢ Critical Home Repair

SHARING PERSONAL INFORMATION

If your application is a more appropriate fit with other similar programs may we share it with?

- ▢ Yes
- ▢ No

_____(Initial) I give GCHFH my consent to share the information in this application with similar organizations.

Is there anyone you would like to authorize us to communicate with on your behalf regarding your project and information? (case worker, health navigator, friend, relative, etc.?

- ▢ Yes
- ▢ No

If yes,fill out next sections:

Name:	**Relationship:**
Phone Number:	**Email:**

_____**(Initial)** I give GCHFH my consent to share my application/project details with the person listed above.

HOMEOWNER ACKNOWLEDGEMENT

I certify that the facts set forth in this application are true and complete. I understand that I may be declined or removed from the program if the information provided is later determined to be untrue. I understand that GCHFH is verifying my credit record and screening all household members on the sex offender registry. I further understand that by completing this application, I am submitting myself and any household member over 18 years of age. I realize I have the right to dispute the information reported.

I agree to all the above and sign this of my own free will.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

FOR OFFICE USE ONLY

Date Received:_____

Date Reviewed:_____

Reviewed by (staff signature):_____

PHOTO/VIDEO RELEASE

Photographic Release: I do hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images and video, audio, and electrical recordings made by Habitat during my Activities with Habitat, including but not limited to, the right to use such materials for any purpose and the right to any royalties, proceeds or other benefits derived from them. I understand that I will not have any ownership interest in or to such photographs, images and/or recordings, I have not been provided or promised any compensation, and I hereby waive any rights, privileges or claims based on any right, of publicity, ownership or any other rights arising, relating to or resulting from the photographs, images and/or recordings. I understand and agree that this paragraph also applies to my minor children who are volunteering.

Signature of Applicant:_____Date_____

Signature of Co-Applicant:_____Date:_____

FAMILY BIO

Please write a short family bio as it may be helpful in finding sponsors to help fund your project.

OFFICE USE ONLY

APPROVAL

Signature:_____ Date:_____

Print Name:_____