



## Honoring America's Warriors

## Critical Home Repair Application

Dear Veteran/Service Member,

Honoring America's Warriors would like to thank you for your interest in our Critical Home Repair Program. This program seeks to help low-income veterans/service members accomplish necessary minor repairs and maintenance to provide a safe, secure, and worry-free home. We select based on the greatest need, ability of our volunteers and availability of our resources to complete the work.

### Interested Veterans/Service Members must meet the following criteria:

- Be the owner of record for the home (proof is required), lived in the home for at least one year or more, currently living in the home, and home must be more than ten years old.
- Household income must fall below 60% of Oklahoma's median income; exceptions are anyone affected by recent severe weather. Homeowners will be asked to provide documents of income(s). Recent Tax returns and bank statements may be required.

Number in Household	1	2	3	4	5	6	7	8
Maximum Household Income	\$31,000	\$35,450	\$39,900	\$44,300	\$47,850	\$51,400	\$54,950	\$58,450

- Homeowners must be up to date on property taxes.
- At this time, we are unable to work on mobile homes or duplexes, with the exception of installing handicap accessible ramps for mobile homes.

### Before any work is agreed upon:

- A home evaluation will be conducted to assess the amount and ability to complete and any and all work. Any work requested will be documented and discussed at that time.
- The intent is for all work to be completed in three to four days (typically Thursday to Sunday) although some exceptions may apply.
- It may be necessary for you to move some items before our scheduled workday in order for our volunteers to make those needed repairs. In some cases, we will schedule a storage container to be placed in the driveway or yard for you to store items.

It is essential that you do not apply with other organizations as this may terminate your application with us. Our budget does not enable us to complete roof replacements or repairs.

Once you have completed the application, please mail or hand-deliver to our office. Our office hours vary; please call before stopping by.



# Honoring America's Warriors

# Critical Home Repair Application

## Section 1 – Homeowner Information/Income Verification

Legal Name of Homeowner: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

Legal Name of Homeowner: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (     )                      Cell Phone: (     )                      Work Phone: (     )

Please list the names, ages, and relationship to the homeowner of **ALL** people living in the home, **including homeowner(s)**. Please attach an additional sheet if more space is needed.

<b>Name</b>	<b>SSN</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Monthly Income/Benefits</b>
-------------	------------	---------------------	----------------------	--------------------------------


Were you affected by any recent storms?    Yes        No        If yes, are you uninsured or underinsured?    Yes        No

The total income before taxes for ALL persons living in the home is: \$ \_\_\_\_\_ **per YEAR.**

Attach verification of household income (last two months bank statements) and DD-214 or NGB 22.



## Honoring America's Warriors

## Critical Home Repair Application

### Section 2 – Disability/Military/Criminal Background/Other Information

Is the homeowner or anyone living in the home disabled?      Yes      No      If yes, please circle all that apply:

Uses a Walker, Cane or Crutches

Wheelchair-Bound

Loss of Limb

Blind

Hearing Impaired

Mentally Disabled

Other (Please specify). \_\_\_\_\_

Is translation needed?      Yes      No      If yes, what language? \_\_\_\_\_

Have you applied to/had work done by another organization or non-profit?      Yes      No      If yes, when? \_\_\_\_\_

Name of organization: \_\_\_\_\_

Have you applied for work done by OG&E?      Yes      No      If yes, when? \_\_\_\_\_

Has anyone in the household ever been convicted of a felony?      Yes      No

Please attach an additional sheet if more space is needed.

### Section 3 – Housing Information

In what year was your home built? \_\_\_\_\_ How many years have you lived at this address? \_\_\_\_\_

Is this a mobile home?      Yes      No      (We are unable to repair mobile homes except for handicap modifications).

What is your monthly mortgage payment?      \$ \_\_\_\_\_ Do you own any other home(s)?      Yes      No

Do you receive any assistance with your mortgage payments?      Yes      No      If yes, please complete the following:

Amount: \$ \_\_\_\_\_ Name of agency/individual: \_\_\_\_\_

Are you current on all mortgage and property tax payments?      Yes      No

What type of heating/cooling system do you have? (Please circle one).      Central      Window      Space



## Honoring America's Warriors

## Critical Home Repair Application

### Section 4 – Homeowner's Agreement (Initial by each paragraph to indicate you have read and understand)

I/we (print name) \_\_\_\_\_ certify that the information on this application is true and accurate and that

I/we own and reside in the property at \_\_\_\_\_.

\_\_\_\_\_ I/we confirm that, except for the conditions listed in this application, my/our home is a safe place for volunteers to work.

\_\_\_\_\_ I/we understand that the people who may work on my/our house are unpaid volunteers, that few, if any of them, are skilled in the building trades, and that Honoring America's Warriors **MAKES NO WARRANTY, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED, OR WORK DONE, BY ANYONE**, at my/our house.

\_\_\_\_\_ I/we hereby agree that I/we, my/our assignees, their heirs, distributes, guardians, and/or legal representatives will not make any claim against, sue, or attach the property of Honoring America's Warriors or any affiliated organization or supplier of any tool or equipment I/we use in these activities, for any injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Honoring America's Warriors activities.

\_\_\_\_\_ I/we hereby release Honoring America's Warriors and any of its affiliated organizations from all actions, claims or demands that I/we, my/our assignees, their heirs, distributes, guardians, and/or legal representatives now have or may hereafter have for injury or damages resulting from my participation in any Honoring America's Warriors activities.

\_\_\_\_\_ I/we hereby grant permission for Honoring America's Warriors to check any and all references and to take any and all actions reasonably necessary to substantiate the information contained in this application or otherwise establish my/our suitability as applicant(s) for the Critical Home Repair program, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and history, (2) creditworthiness, including investigations through a credit reporting service, (3) immigration status, (4) military service, (5) family composition, marital status, and other related issues, (6) police records and additional information relative to criminal charges and/or convictions, (7) personal references, including all parties listed in this application and/or any other parties which Honoring America's Warriors desires to contact, and (8) any additional information Honoring America's Warriors deems necessary to evaluate this application. I/we understand that Honoring America's Warriors may reject this application based upon the results of these inquiries.

\_\_\_\_\_ I/we understand that Honoring America's Warriors is a nonprofit corporation with limited resources and cannot afford to provide assistance for each and every applicant. Consequently, I/we agree that Honoring America's Warriors, its staff, whether voluntary or compensated, and its Board of Directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting in my/our behalf in connection with my/our application for critical home repair or any claims of any nature associated herewith.

\_\_\_\_\_ I/we understand that a co-payment for materials based on income will be required before work being completed.



# Honoring America's Warriors

# Critical Home Repair Application

## Section 5 – Personal Statement

Please write an explanation of why you feel your application should be considered. Please list all work needed and describe how this will benefit you. Please attach an additional sheet if more space is needed.

Signature of Homeowner/Veteran:

Date:



## Honoring America's Warriors

## Critical Home Repair Application

### Checklist:

Yes    N/A

- Did you complete all five sections of this application?
- Did you provide proof of homeownership (copy of deed) and current mortgage statement?
- Did you include a copy of your last two months bank statements?
- Did you enclose one or more of the following documents: FEMA#, CAN# or Case Manager Information and/or Insurance documentation **IF** you were affected by any recent severe weather?
- Did you enclose a copy of DD-214 or NGB 22?