



Habitat for Humanity Northwest Harris County

Disaster Recovery Appliance Assistance Program

Application



Please Print

Name: _____ Date _____

Address: _____
Street City Zip Code

Current Mailing Address: _____
Street (include apt. no.) City Zip Code

Phone Number: _____ Number of people in Family: _____

Email: _____

Is this an owner occupied home? _____ Is the Homeowner over 55? _____

Is the Homeowner Disabled? _____ How many under the age of 18? _____

Are you a veteran? _____ Did you have flood insurance? _____

Did you receive funds from FEMA? _____ If so, how much? _____

Which appliances were damaged during Hurricane Harvey?

- ☐ Refrigerator ☐ Washer ☐ Dishwasher
☐ Dryer: (Gas) or (Electric) ☐ Stove: (Gas) or (Electric)

I have answered all the questions on this application truthfully and completely. I understand that if I have not answered the questions truthfully and completely, my application will be considered fraudulent

Signature: _____ Date: _____

Documentation required to determine eligibility (must accompany application)

Proof of income for all family members:

- Copy of last 2 months pay check stubs (if employed)
- Copy of 2017 (or 2018 if received) Social security award letter
- Copy of 2017 (or 2018 if received) award letter for disability
- Copy of check stubs from pension
- Copy of termination letter or 3 months bank statements **if unemployed or not receiving income**

Maximum Income to be eligible:	1 person: \$50,063	5 people: \$77,250
	2 people: \$57,250	6 people: \$83,000
	3 people: \$64,375	7 people: \$88,688
	4 people: \$71,500	8 people: \$94,438

NO APPLICATION CAN BE ACCEPTED WITHOUT INCOME DOCUMENTATION.

Grant Reporting Data

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE INFORMATION BELOW:

We are requesting the following information to monitor our compliance with the Greater Houston Community Foundation.

(1) Zip Code of Primary Residence: _____

(2) Total Number in Family: _____

(3) Number of Individuals with Disabilities: _____

(4) Number of Undocumented Individuals: _____

(5) Did you receive FEMA? (Y/N) _____

(6) Were you denied FEMA? (Y/N) _____

(7) Number of Veterans living in the household? _____

(8) Are you a single head of household? (Y/N) _____

(9) Household age(s): under age 18 _____ 18-30 _____ 31-45 _____ 46-64 _____

65+ _____ Unknown _____

(10) Race/Ethnicity: Number(s) should equal the same as question #2

Number of Non-Hispanic White: _____ Number of African-American: _____

Number of Hispanic: _____ Number of Unknown: _____

OFFICE USE ONLY

Income Guideline: <100 _____ () 100-200 _____ () 200-400 _____ ()

400+ _____ ()

Home Repair: _____ Full _____ Minor

Completed By: _____ Date: _____

For Office use only

Income Verification by: _____ Date: _____

Total Income: _____

HCAD Tax # _____

Verification Home flooded: _____
Date Assessor

Verification sent to Lowe's:_____

Delivery Date Scheduled: _____

Confirmed Delivery Date: _____

☐ Refrigerator ☐ Washer ☐ Dishwasher ☐ Dryer: (Gas) or (Electric) ☐ Stove: (Gas) or (Electric)

Total cost: _____

Comments:

[illegible]