

DISASTER RESPONSE HOME REPAIR PROGRAM APPLICATION

The Habitat for Humanity of Greater Los Angeles (Habitat LA) Disaster Response (DR)-Home Repair Program helps those who have been affected by federal, state or local emergency declarations. Habitat LA receives special funding for this work which is limited and focused on recovery efforts in most of LA County but does not include the San Gabriel Valley. Habitat LA uses DR funding to fill gaps and address unmet needs coordinating with other agencies.

ELIGIBILITY CRITERIA

- Applicant(s) must own a property within the Habitat LA service area.
- The property must be owner-occupied and the owner's primary residence.
- Limited assistance may be provided to tenants of properties to replace personal items.
- Eligible properties are owner-occupied Single-Family Residences (SFR), manufactured homes, condominiums, townhomes and duplexes.
 - Multi-family dwellings larger than four units (apartment buildings,), homes used as rental units, boats and recreational vehicles (RV's) are not eligible.
- Insurance settlements, FEMA and SBA assistance and help from agencies like the Red Cross and Salvation Army
 are required to be used as primary available sources of financing for rebuilding and repair of eligible properties.
 Habitat LA's funding will be used as secondary assistance which will pay for materials and service costs only. No
 grants will be available.
- Homeowner(s) must have been current with the following prior to the disaster:
 - Mortgage loan payment (if homeowner is still making payments)
 - $\circ~$ Homeowner's insurance policy
 - Property taxes
- Applicants who own multiple real estate properties are eligible for assistance only on a primary residence.
- Applicants will be approved on a first-come, first-served basis.
- In addition to aiding with materials, service costs and personal items, Habitat LA may hold volunteer events or utilize volunteers to assist with cleanup or other tasks that require no specialized skills. Media companies or outside contractors interested in the work might also be present.

FOR QUESTIONS OR ADDITIONAL INFORMATION, PLEASE CONTACT US AT:

8739 ARTESIA BOULEVARD · BELLFLOWER, CA 90706 · (310) 818-5235 · www.habitatla.org



EMAIL: disasterresponse@habitatla.org

APPLICATION CHECKLIST

Please complete all sections of this application. Upon review and confirmation of the information provided, you will receive notification regarding the status of your application. Please understand that our disaster response program is dependent on the availability of funding. Therefore, not all eligible applicants will be approved. If you have any questions, please feel free to call the Disaster Response Department at **310-818-5235**.

- Did you complete all applicable sections?
- **D** Did all applicant(s) sign the Home Repair Program application? Refer to Section 10.

To complete this application, please include copies of all required documents listed below. All documents submitted must show the name and address of the homeowner(s):

- □ If you are still making mortgage loan payments, a copy of your most recent mortgage statement
- **D** Proof of current homeowner's insurance (Including flood/hazard insurance when applicable)
- **D** A copy of one recent utility bill if available (gas, power, water, phone, etc.
- □ A copy of a valid photo I.D. for all property owners on title
- **D** Documentation to verify household income listed below which may include one or more of the following:
 - Federal Income tax returns and W-2 and/or 1099 Forms for the most recent filing for all employed household members
 - Form 1040 with schedule C, E or F and a year-to-date profit and loss statement for self-employed individuals or business owners
 - o Pay stubs for the most recent month for each employed household member
 - Child support, alimony, and monthly benefit statements for all household members receiving any form of benefit (e.g. Retirement/Pension, Unemployment, SSI, TANF, SSDI, etc.)
- **Current checking and/or savings account statements**
- □ For veterans, please provide a copy of your DD-214 discharge form
- □ If you are a widow/widower of a veteran, please provide a copy of the deceased member's DD-214 discharge form and death certificate
- Copies of estimates received from other companies for repairs and rebuilding

APPLICATION PROCESS

- > Homeowner applies and copies of all supporting documents.
- > Habitat LA reviews applications for completeness and eligibility and provides a status update within 3 days.
- A property assessment will be performed which allows Habitat LA to determine if it can or cannot perform repairs. A property assessment does not guarantee approval.
- > Based on program funding and property assessment results, applications are reviewed for program approval.
- > Approved homeowners review scope of work and sign program agreements with Habitat LA staff.
- > Home repair projects are scheduled based on funding and program calendar availability.
- We understand that applicants are living in unhealthy and difficult situations and will work as fast as we can to get through the application process and start approved repairs as soon as we are able.







DR HOME REPAIR PROGRAM APPLICATION

SUBMIT COMPLETE APPLICATIONS TO:

HABITAT LA HOME REPAIR PROGRAM 8739 ARTESIA BOULEVARD, BELLFLOWER, CA 90706

SECTION 1 – HOUSEHOLD INFO	DRMATION						
ull Name of Homeowner:		F	Full Name of Co-Homeowner:				
Property Address:			C	City: Zip Code:		Zip Code:	
Home Phone #:	Cell Phone #:			Er	mail Address:		
List the names, ages and relation needed. Please indicate Militar	• •				•	page if more space is	
Full Name		Relationship	Ag	e	Military Statu	s and Date of Discharge	
					 Veteran – Dat Active Militar 	-	
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SECTION 2 – SPECIAL NEEDS							
Is anyone in the home disabled	? 🗖 Yes 🗖	No If YES , please de	escrib	e be	elow:		
Do you or any of the applicants	s require transla	tion? 🗖 Yes 🛛 No	o If	YES	5 , in what language	2:	
SECTION 3 – HOUSEHOLD INCO	DME						
Please indicate the gross monthly income figure	Homeowners	Others in your hom	ie C	Othe	ers in your home	Others in your home	
What was your total income on your most recent tax return (Line 22)?							
Have you received a federal or State Disaster award or payment? How much?							
Did you receive or do you anticipate an insurance settlement? How much?							
Have you been approved for an SBA loan or other loan related to the disaster? How much?							
Savings or other assets?							1



SECTION 4 – MORTGAGE AND PROPERTY INFORMATION						
Are you making mortgage loan paymen Yes INO If YES, How much is your payment:	nts on your home?	Do you own any other real estate? Yes No If YES , please list here:				
Are you current on your mortgage? If NO , please explain:	Yes 🗖 No	Do/did you have Homeowner's insurance? Yes No If NO , please explain:				
Do you have any illegal and/or unperm building activity on your home? If YES OR NOT SURE, please explain:		Have you received Habitat LA assistance in the past? Yes I No If YES , please indicate what:				
Has Habitat LA performed repairs on y If YES , please indicate the year you rec	eived repairs:					
Please indicate your utility service prov	viders for each of the	following services (e.	ervices (e.g. LA DWP, SoCal Gas, SCE, etc.):			
Electricity:	Water:		Gas:			
Please indicate your average monthly		he following utility ser				
Electricity: \$	Water: \$		Gas: \$			
SECTION 5 – REQUESTED REPAIRS						
BRIEFLY DESCRIBE THE TYPE OF REPAIRS NEEDED ON YOUR HOME. ATTACH A SEPARATE SHEET OF PAPER IF YOU NEED ADDITIONAL SPACE. PLEASE UNDERSTAND THAT ITEMS LISTED BELOW WILL BE CONSIDERED BUT THE FINAL DECISION REGARDING REPAIRS PROVIDED IS AT THE SOLE DISCRETION OF HABITAT FOR HUMANITY OF GREATER LOS ANGELES.						
AREA OF N		DESC	RIPTION OF REPAIR NEED AND GAP			
AREA OF N Fire damage: I received damage from t My house was destroyed by fire:		DESC	RIPTION OF REPAIR NEED AND GAP			
Fire damage: I received damage from t	ire: the smell of smoke a		RIPTION OF REPAIR NEED AND GAP			
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 Fire damage: I received damage from the My house was destroyed by fire: Smoke damage: Describe what retainst estimates you have received for cleanither systems functioning because of soot and ash: Exterior: Do you need paint, landscapite retention work, windows, etc. Roofing Repairs: If your roof was damate provide estimates your received: Interior: Any damage not already descappliances and everyday items: Water: Has flooding affected your propriod 	ire: the smell of smoke a ng: s, fixtures or applianc ng, debris removal, fo aged, describe it here ribed including small	and ces are not encing, e and	RIPTION OF REPAIR NEED AND GAP			



SECTION 6 – HABITAT LA COMMUNITY PARTNERSHIP CONSENT

If Habitat LA has partnerships with other non-profit, civic and utility organizations that can provide free or low-cost services to affected households. May we share your contact information and/or any application details with them? *If you do not give us permission to share your information with other organizations, your application will remain confidential and for sole use by Habitat LA*. **Tyes, I consent** (complete attached form) **To, I do not consent**

SECTION 7 – STATEMENT OF NEED

WHAT FACTORS ARE LIMITING YOUR HOUSEHOLD'S ABILITY TO ADDRESS THE ISSUES YOU DESCRIBED (CHECK ALL THAT APPLY):

Income (low, limited or no income in home)	Lack of savings/assets to finance home repairs
Ineligible for a loan or FEMA grant	Inadequate insurance settlement
No insurance	Lack of building/repair/home maintenance knowledge
Unfamiliar with contractors and repair process	Other (please explain):

PLEASE TELL US WHY YOU THINK YOU SHOULD BE SELECTED FOR THE DISASTER RESPONSE HOME REPAIR PROGRAM AND HOW IT WILL HELP YOUR HOUSEHOLD. PLEASE FEEL FREE TO ATTACH AN ADDITIONAL SHEET IF NECESSARY.

SECTION 8 – PROGRAM REFERRAL					
WHERE DID YOU HEAR ABOUT HABITAT LA'S HOME REPAIR PROGRAM (CHECK ALL THAT APPLY)?					
Television	Habitat Homeowner	Community/Civic Group:		Neighbor	
Newspaper	Habitat ReStore	Church		Other Non-Profit	
🗖 Radio	Internet Search	Work/Job Fair		Friend/Family Member	
Habitat Website	Habitat Staff Member	🗖 School		🗖 Other	
DO YOU KNOW OTHER HOMEOWNERS IN NEED OF HOME REPAIR ASSISTANCE DUE TO A DISASTER?			MAY WE SEND THEM HABITAT LA DR HOME REPAIR PROGRAM INFORMATION ON YOUR BEHALF?		
Yes No Not Sure			🗖 Yes 🗖 No		
If Yes, please indicate their name and contact information below:					



SECTION 9 – D kept strictly co	EMOGRAPHIC INFORMATION (OPTIONAL) This data wi infidential.	Il be used for statistical	reporting only and will be
Ethnicity	Hispanic	Non-Hispanic	
Racial Background	 White Asian Native Hawaiian/Other Pacific Asian & White American Indian/Alaskan Native American Indian/Alaskan native & African America 	& White	 Black/African American American Indian/Alaskan native Black/African American & White
SECTION 10 -	APPLICANT AGREEMENT		
 at the add I/We grant necessary an applica attempting listed in th marital stat conviction understan I/We agree and my/ou shared wit I/We unde with Habit I/we unde 	fy that the information provided on this application is transformer at the information provided on this application is the ress given or are a tenant that has lost personal propert to permission to Habitat LA to check any and all reference to substantiate the information contained in this application (s) for the Habitat LA's DR Home Repair Program, incluing to confirm my/our (1) employment status and credit his application and/or any other parties which Habitat LA to the substant related issues, (4) police records and other information that Habitat LA deems d that Habitat LA may reject this application based upor the tabitat LA selects my/our home to be repaired, ar home may be taken and a biographical summary about the public or utilized for public relations, promotional erstand and agree that if Habitat LA selects my/our home to be repaired at LA in the ways in which I/we are able.	y like furniture, clothes es and to take any and a ation or otherwise esta uding without limitation istory (2) personal refe A desires to contact, (3) rmation relative to crim necessary to evaluate to the results of these ind photos of me/us, my/c ut me/us and my/our p or program developme e to be repaired, I/we v	and household goods. all actions reasonably blish my/our suitability as n, contacting or otherwise rences, including all parties family composition and ninal charges and/or his application. I/we quiries. bur household members roject may be written and ent purposes. will participate as partners
guarantee compensa anyone ac herewith. I/We unde be distribu I/We unde receive ad I/We unde does not g on submitt not all app I/We unde	erstand that Habitat LA is a nonprofit corporation with li assistance for each applicant. Consequently, I/we agree ted, and its board of directors will not be liable in any w ting on my/our behalf regarding my/our application for erstand that copies of any and all documentation provide ited to a third-party without my/our authorization and r erstand that if I/we receive assistance from Habitat LA's ditional assistance from Habitat LA for 5 years after the erstand that submission of this DR Home Repair Program guarantee assistance from Habitat LA's Home Repair Pr ting all required documentation, meeting the eligibility of elicants may be served. erstand that selection and repairs provided are subject to e subject to change at any time without prior notice.	e that Habitat LA, its sta ray or otherwise be held Habitat LA or any claim ed to determine my/ou may only be returned u Home Repair Program, completion of my/our mapplication and any su rogram. I/We understar criteria and the availabi	ff, whether voluntary or d responsible by me/us or s of any nature associated r program eligibility will not pon request. I/we may not be eligible to repairs. upporting documentation and that selection is based lity of program funding and
	_	2	
Signature of H	omeowner	Date	
Signature of Co	o-Homeowner	Date	

