



Free Home Repair Programs

Hearts & Hammers – Exterior home repairs by volunteers.

Roofs Over Fort Bend – Roof repair or replacement for leaky roofs.

Interior Repair Program – Repairs to interior living spaces.

Energy Efficiency Program – Energy efficiency improvements.

Dear Applicant:

The Fort Bend Community Revitalization Projects (Fort Bend CORPS) is a nonprofit organization that provides home repairs to eligible homeowners **at no cost to the homeowner**. The CORPS has received your name as a candidate for this service. Your home will be considered to receive home repairs.

To be eligible for home repairs from the CORPS you **must**:

1. Own the home and live in the home (single family dwelling in Fort Bend County).
2. Be elderly (62 or older) and/or disabled and/or be living on a low income.

It is necessary to verify your eligibility for our home repair program. Please mail to our office **copies** of (DO NOT SEND ORIGINALS):

- Drivers License or Texas ID (age verification)
- Physician's statement or SSI award letter (must provide disability verification) if you are disabled.
- Current income information (Must provide 1040 IRS Form from current year or previous year filed, award letter, pay stub, check copies, etc.) for each member of the household that is over 18.
- Title or deed to property. Please include all pages and make sure there is a notary seal.
- **IF APPLYING FOR ENERGY EFFICIENCY PROGRAM** – Need a copy of current electric bill.

This information is confidential and will be used only to verify eligibility for CORPS programs. This information will not be returned to you. **Please send copies only.**

This information is necessary for our files. Even if you have been contacted by the CORPS staff and have an application on file, you must send this information to remain on our list. ALL blanks MUST be filled in. If an item does not apply to you write in N/A. Any applications containing blanks can not be considered complete, and will be REJECTED.

If you have any questions or if you need assistance in completing this request, please do not hesitate to call us.

We look forward to receiving this information from you as soon as possible.

Sincerely,

Fort Bend CORPS



Free Home Repair Program – Application For Assistance

The Fort Bend Community Revitalization Projects (Fort Bend CORPS) is a nonprofit organization which provides home repair services for low income, elderly and/or disabled Fort Bend County homeowners. *There is never a charge to the homeowner.*

Available program/services are:

Hearts & Hammers – Exterior repairs & painting by volunteer crews.

Roofs Over Fort Bend (RFB) – Repair/replace leaky damaged roofs.

Interior Repair Program (IRP) – Provide inside repairs that pertain to health and safety aspects of the house including broken sewers, electrical shorts, sheetrock and holes in the floor. No cosmetic repairs.

To be eligible for this service the applicant must be all of the following:

1. **The owner and occupant of the home;**
2. **Low income, elderly and/or disabled;**

The home must be in need of critical repair and located in Fort Bend County. Our goal is to provide home repairs for people with no means to make the repairs themselves. All repairs must be **NECESSARY** and positively influence the quality of life, health and safety.

Homeowner Name: _____ Age: _____

Address: _____ Zip: _____

Phone Number: _____ Spouse's Name: _____ Age: _____

How Long at This Address: _____ Children (residing in the home) _____ Are You Widowed? _____

Disabled: (Please circle one) YES NO Number in Household: _____

Learned of Program From: _____

CRITICAL Repairs: Outside ____ Roof ____ Inside ____

Combined Household Income: Amount Per Month:

Social Security _____

Wages _____

Other Income _____ Total \$ _____

ETHNICITY: (**MUST** choose one)

RACE: (**MUST** select one or more)

Hispanic or Latino

American Indian/Alaskan Native

Not Hispanic or Latino

Asian

Black/African American

Native Hawaiian/Other Pacific Islander

White



List each family member who lives in the house including yourself.

Name	Relationship	Age	Sex

List each family member who has a job or receives Social Security, AFDC, Food Stamps, Retirement, Child Support, etc.

Name	Relationship	Address	Annual Income

TO THE BEST OF MY KNOWLEDGE, THIS INFORMATION IS CORRECT. I UNDERSTAND THAT MY HOME IS BEING CONSIDERED FOR CRITICAL HOME REPAIRS AT NO COST TO ME, AND THAT THE *CORPS* WILL PAY ALL COSTS ASSOCIATED WITH THE LABOR AND MATERIALS OF THE REPAIRS. IF APPROVED FOR THIS SERVICE, I AUTHORIZE THE *CORPS* TO MAKE ALL ARRANGEMENTS FOR THE REPAIRS. I RELEASE THE *CORPS*, THEIR RESPECTIVE CONTRIBUTORS, SPONSORING AGENCIES, VOLUNTEERS AND OTHER PERSONS ASSOCIATED THEREWITH FROM ALL CLAIMS OR POTENTIAL CLAIMS ASSOCIATED WITH THE REPAIRS.

Signature

Signature

Date

Date