



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.

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**.

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), disabled or qualify as low income.

It is necessary to verify your eligibility for our home repair program.

THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH THE COMPLETED (2) PAGE APPLICATION. Do not send originals. They will not be returned to you.

- **Copy of Drivers License or Texas ID (age verification) for ALL ADULTS. (Age 18 or older)**
- **Copy of Birth Certificate or legal document(s) showing U.S. Citizenship requirements for Head of Household.**
- **Copy of Physician's Statement or Supplemental Security Income (SSI) award letter (must provide disability verification if you are disabled.**
- **Copy of current income information (Must provide 1040 IRS Form from current year or previous year filed, Social Security Award Letter, (2) most recent pay stubs or copies of most recent paychecks for ALL ADULTS (Age 18 or older).**
- **Last (2) Months of Checking AND Savings account statements for ALL ADULTs (Age 18 or older)**
- **Title or deed to property. Please include all pages and make sure there is a notary seal.**
- **And any other document required by Fort Bend CORPS.**

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 OR have missing required documents and is not signed by the applicant cannot 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.

Fort Bend CORPS
1004 Blume Road Rosenberg, TX 77471
(281) 617-7416
(281) 617-7924 FAX

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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 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 interior 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 or disabled;

The home must be in need of critical repairs 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: _____ City: _____ Zip: _____

Phone Number: _____ Cell Number: _____ Email: _____

Spouse's Name: _____ Age: _____

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

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

Are you a U.S. Citizen? (Please circle one) YES or NO OR Legal Resident? YES or NO

Learned of Program From: _____

CRITICAL Repairs: Exterior ____ Roof ____ Interior ____

Combined Household Income:	Amount Per Month:
Social Security	_____
Wages	_____
Other Income	_____ Total \$ _____

ETHNICITY: (MUST choose one)

Hispanic or Latino €
 Not Hispanic or Latino €

RACE: (MUST select one or more)

American Indian/Alaskan Native €
 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, Social Security Disability (SSI) Pension, 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