



HOMESTRONG'S HEROES HOME REPAIR PROGRAM APPLICATION

Thank you for your interest in HomeStrong's Heroes Home Repair Grant Program. The Program is designed to provide home improvements to low-to-moderate income veteran and active duty homeowners. The program is available for owner-occupied single family homes.

Homeowners whose applications have been accepted for this Program will receive a ONE-TIME GRANT for eligible home repairs. The finished rehabilitation work must be free of any Health and Safety Code, Building Code, or other State and local code violations and must, at a minimum, meet Section 8 Housing Quality Standards (HQS).

Please submit your completed application and all requested information to:

HomeStrong USA
Attn: Heroes Home Repair Program
8711 Monroe Court, Suite A, Rancho Cucamonga, CA 91730
Or email to: info@homestrongusa.org
Or fax to: (800) 915-3480

TO BE ELIGIBLE, YOU MUST:

1. Be a veteran (honorably discharged) or active duty service member
2. Be an owner occupant of a home in **Riverside, San Bernardino or Los Angeles County**.
3. The home may not be for sale or sold for a period of three (3) years from the date repairs are completed.
4. Have a maximum total family income (including all adult members of the household and all sources of income) of no more than:

Riverside and San Bernardino County

1 person household	\$36,150
2 person household	\$41,300
3 person household	\$46,450
4 person household	\$51,600
5 person household	\$55,750
6 person household	\$59,900
7 person household	\$64,000
8 person household	\$68,150

Los Angeles County

1 person household	\$50,500
2 person household	\$57,700
3 person household	\$64,900
4 person household	\$72,100
5 person household	\$77,900
6 person household	\$83,650
7 person household	\$89,450
8 person household	\$95,200

(2017 Income Limits – Department of Housing and Urban Development)

The Heroes Home Repair Program requires the completion of the application in order to participate in the Program. The following is a listing of what information you will be required to provide in order to initially submit a completed application.

8711 Monroe Court, Suite A, Rancho Cucamonga, CA 91730
(909) 297-5180

www.HomeStrongUSA.Org
info@HomeStrongUSA.Org



DOCUMENT CHECKLIST

PROOF OF MILITARY SERVICE

- ✓ COPY OF **DD-214 FORM**

APPLICATION FORMS

- ✓ ALL application forms are required to be completed and signed. In addition, applications without the required proof of Household, Ownership, Residency, Homeowners Insurance and Income as described below will be considered incomplete. All incomplete applications will not be processed.

PROOF OF HOUSEHOLD SIZE (NUMBER OF OCCUPANTS)

- ✓ Copy of **California Driver's license/ID Card** for **ALL** homeowners
- ✓ Names of **ALL** other household members
- ✓ Copy of the applicant's **Federal Income Tax return** to support the stated household size
- ✓ A completed and signed **Household Size Affidavit**

PROOF OF HOME OWNERSHIP

- ✓ If you own a *Single-family home*, please attach a copy of the recorded **Grant Deed**, and a copy of the most recent **Property Tax Bill** for your property.
- ✓ If you own a *Mobile Home*, please attach a copy of the **Certificate of Title** and a copy of the current **Housing and Community Development Registration Card OR Department of Motor Vehicle (DMV) Registration Certificate**.

PROOF OF RESIDENCY

- ✓ Mortgage Statement-last 30 days
- ✓ Copy of two **(2) current, different utility bills** (i.e., water, gas, trash or electricity bill) to your application. If you live in a mobile home park and have several utilities billed on your rent, please provide your space rent bill and another bill such as a telephone bill.

PROOF OF HOMEOWNERS INSURANCE

- ✓ Copy of the **homeowner's insurance policy**

PROOF OF INCOME ELIGIBILITY

- ✓ If you are currently *employed*, please provide copies of the last **three (3) paycheck stubs**;
- ✓ If applicant(s) is self-employed, copy of most recent **profit & loss statement**
- ✓ If you are receiving *Social Security, annuities, insurance policy benefits, retirement funds, pensions, unemployment, disability or death benefits, worker's compensation, severance pay, alimony, child support, or Armed Forces income*, please attach a copy of the **entitlement letter or equivalent**;
- ✓ If the applicant(s) is receiving *AFDC, other public assistance, or welfare income* a copy of the **benefit statement** shall be required from the Department of Social Services or other agency that states the amount of benefits;
- ✓ Provide copies of two **(2) most recent monthly bank statements for each account**. All pages are required even if the last page reads "left blank intentionally."
- ✓ Provide a copy of your most recent **income tax return or a letter from the Internal Revenue Service (IRS)** stating you were not obligated to file income taxes for the preceding calendar year,
- ✓ Complete and sign the **Income Tax Affidavit** with the supporting documents (letter from the IRS). You may contact the IRS at 1-800-829-1040.



**HOMESTRONG'S HEROES HOME REPAIR PROGRAM
INTAKE FORM**

PERSONAL INFORMATION

MEMBER

First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Date of Birth _____

Alternate Phone (____) _____ E-mail _____

SPOUSE

First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Date of Birth _____

Alternate Phone (____) _____ E-mail _____

Marital Status (Circle One): Single Married Divorced Separated Widowed

Current Household Type (Please circle the most accurate):

Single adult Married w/o children Married w/ children Two or more unrelated adults Other



SERVICE MEMBER DEPENDENTS

Please complete one entry for each legal dependent of the service member eligible for Military/VA benefits as a dependent physically residing in household at the time of application.

Household Size: _____ Number of Dependents: _____

First Name _____

Last Name _____

Relationship _____ Date of Birth _____

First Name _____

Last Name _____

Relationship _____ Date of Birth _____

First Name _____

Last Name _____

Relationship _____ Date of Birth _____

First Name _____

Last Name _____

Relationship _____ Date of Birth _____

First Name _____

Last Name _____

Relationship _____ Date of Birth _____



Occupation: _____

For Service Members Only:

Years of Service: _____

Branch of Service: _____

Pay Grade: _____

Military Status: _____

Last 4 digits of SSN: _____

DD214: _____

Date Discharged from Military: _____

Currently Deployed? Yes No

Disabled? Yes No

FINANCIAL INFORMATION-TOTAL HOUSEHOLD (ALL CONTRIBUTORS)

INCOME	Monthly Amount	How Long Received?
Applicant Gross Paychecks		
Co-Applicant Gross Paychecks		
Dividends		
Interest		
Soc. Sec. /Pension		
Other Contributions		
TOTAL HOUSEHOLD INCOME		



Please complete the below monthly expense sheet to the best of your ability. Many items may not be applicable to your situation. A Housing Representative will work with you to complete the sheet upon submission of your application. The key is to be truthful.

Monthly Expenses	Date Due	Amount	Monthly Expenses (Cont.)	Date Due	Amount
Rent or Mortgage			Health		
Electric			Medications		
Gas			Insurance		
Property Taxes			Doctor		
Water			Dentist		
Property Insurance			Family		
Garbage Collection			Life Insurance		
Transportation			Child Care		
Car Payment			Allowances		
Car Payment			Donations		
Gasoline			Religious		
Maintenance			Charitable		
Insurance			Personal		
Bus/Taxi/Toll/ Parking			Barber/Beauty Shop		
Other			Tobacco		
Other			Tithe		
Food			Installment Payments		
Groceries			Credit Union		
Work Lunches Bought			Credit Card		
School Lunches Bought			Credit Card		
Clothing			Department Store Credit		
Clothing			Student Loan		
Maintenance			Personal Loan		
Cleaning			Other		
Entertainment			Other		
Vacations			Miscellaneous		
Meals Out			Union/Other Membership		
Cable/Internet			Dues		
Other			Taxes: Soc. Sec.		
Savings			Federal		
Credit Union/Bank			State		
Company Savings Plan			Other		
IRA			Other		
Other			TOTAL EXPENSES		



To the best of my knowledge, I hereby certify that the information provided on this form is complete, accurate, and true. I agree and understand that by submitting this form I authorize HomeStrong USA to send me emails, newsletters, and customer satisfaction surveys.

I also agree to attend all required financial management workshops and continued education counseling sessions associated with my participation in the HomeStrong's Heroes Home Repair program.

Applicant Signature

Date _____

Applicant Signature

Date _____



PROGRAM DISCLOSURE FORM AND STATEMENT

Note: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: Hometown Community Development Corporation, DBA HomeStrong USA (“HomeStrong”) is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling including, without limitation, pre-purchase and foreclosure prevention counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign and date the form on the following page.**

Client and Counselor Roles and Responsibilities:

Counselor’s Roles and Responsibilities	Client’s Roles and Responsibilities
<ul style="list-style-type: none"> • Reviewing your housing goals and your finances; which include your income, debts, assets and credit history. • Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. • Preparing a household budget that will help you manage your debt, expenses and savings. • Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. • Neither you counselor nor HomeStrong employees, agents, officers, or members may provide legal advice. 	<ul style="list-style-type: none"> • Completing the steps assigned to you in your Client Action Plan. • Providing accurate information about your income, debts, expenses, credit and employment. • Attending meetings, returning calls, providing requested paperwork in a timely manner. • Notifying HomeStrong or your counselor when changing housing goal. • Attending educational workshop(s) (i.e. pre-purchase counseling workshop) is recommended. • Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.



Termination of Services: Failure to work cooperatively with your housing counselor and/or HomeStrong will result in the discontinuation of counseling services.

Initials: _____/_____

Agency Conduct: No HomeStrong employee, officer, member, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: HomeStrong has professional affiliation with HUD; HomeStrong Realty, a HomeStrong wholly-owned subsidiary; HomeStrong USA Fund 1, a HomeStrong wholly-owned subsidiary, HomeStrong USA Fund 2, a HomeStrong wholly-owned subsidiary, HomeStrong USA Capital, a HomeStrong wholly-owned subsidiary, and HomeStrong USA Transitional Housing, a HomeStrong wholly-owned subsidiary, HSRAA, a HomeStrong wholly-owned subsidiary, Bank of America, Wells Fargo, Chase, Citi, Freddie Mac, and Housing Opportunities Collaborative. As a housing counseling program participant. Our industry partners include lenders, real estate agents, landlords, and other individuals or entities in connection with the modification of your loan, sale or purchase of your real property, refinance transactions or in connection with your relocation from your residence. Some of our industry partners are affiliated with former employees of HomeStrong. You are never obligated to use the products or services of HomeStrong, its affiliates or our industry partners.

Alternative Services, Programs and Products & Client Freedom of Choice: HomeStrong may refer you to lenders, real estate agents, landlords, or other third parties in connection with the sale or refinance of your real property or in connection with your relocation from your residence. However, you are not obligated to participate in this or other HomeStrong programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products or services from entities including the Federal Housing Authority ("FHA") for first-time homebuyer loan programs, and the California Housing Finance Agency or the National Homebuyers Fund for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by HomeStrong and its exclusive partners and affiliates.

Privacy Policy: I/we acknowledge that I/we received a copy of HomeStrong's Privacy Policy, attached hereto as Exhibit "A."

Errors and Omissions and Disclaimer of Liability: I/we agree HomeStrong, its employees, agents and members are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in HomeStrong counseling; and I hereby release and waive all claims and causes of action against HomeStrong and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision



PRIVACY POLICY

Exhibit A

Note: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

HomeStrong USA, LLC (“HomeStrong”) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number and demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does HomeStrong collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information, but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.



How is your personal information secured?

We restrict access to your nonpublic personal information to HomeStrong employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information, and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct HomeStrong to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit HomeStrong’s ability to provide services such as foreclosure prevention counseling. If you choose to opt out, please sign below under the “Opt-Out” clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the “Release” clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that HomeStrong make no disclosure of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that HomeStrong will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting HomeStrong.

Applicant 1 (Signature): _____ *Date*

Applicant 2 (Signature): _____ *Date*

RELEASE: I hereby authorize HomeStrong to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I request. I acknowledge that I have read and understand the above privacy practices and disclosures.

Applicant 1 (Signature): _____ *Date*

Applicant 2 (Signature): _____ *Date*



APPLICATION AFFIDAVIT

You are hereby signing this Application Affidavit under the False Claims Act, 31 U.S.C. §§ 3729-3733, those who knowingly submit, or cause another person or entity to submit, false claims for payment of government funds are liable for three times the government's damages plus civil penalties of \$5,500 to \$11,000 per false claim.

Applicant Name: _____ Applicant Signature: _____

Applicant Name: _____ Applicant Signature: _____

Date: _____

Property Address:

FEDERAL STATISTICAL PURPOSE ONLY

Per HUD regulations, data on ethnicity and race is to be collected by one ethnicity and ten race categories. Please select one ethnicity and one race category.

What is the ethnicity and race of the head of your Household?

Hispanic or Latino

Not Hispanic or Latino

And

White

Black/African American

Asian

American Indian or Alaskan Native

Asian AND White

American Indian or Alaskan Native AND White

Black/African American AND White

American Indian/Alaskan Native AND
Black/African American

Native Hawaiian or Other Pacific Islander

Other: _____



INCOME TAX AFFIDAVIT

I (we) the undersigned, being first duly sworn, state the following: (Please check all that apply)

(Check and complete Number 2 & 3 if you were not required by law to file a Federal Income Tax Return.)

1. I (we) certify that I (we) filed Form 1040EZ /1040A/1040 for Tax Year (s). I am providing this certification in addition to a tax account summary provided by the IRS.

2. I (we) hereby certify that I (we) was (were) not required by law to file a Federal Income Tax Return for the following year(s) _____ for the reason(s) _____

Form 4506-T "Request for Transcript of Tax Return" must be submitted to the IRS for verification of non-filing status.

3. I (we) certify that I (we) cannot produce a copy of a signed federal tax return. I (we) agree that I (we) will provide HomeStrong USA with the following:

A Transcript of Tax Return by completing Form 4506T
(Check and Complete Number 3 if you are providing the City with acceptable tax documentation other than copies of tax fillings.)

(Check and complete Number 4 only if the Heroes Home Repair Grant Application is submitted between January 1 and April 15 and you have not yet filed a Federal Income Tax Return for the previous year, but intend to file.)

4. I (we) hereby certify that I (we) have not yet filed a Federal Income Tax Return for the previous tax year. I hereby certify that the information submitted to HomeStrong USA is in accordance and consistent with the tax documentation which I (we) intend to submit for the previous tax year. I (we) agree that I will provide **HomeStrong USA with a copy of my tax filing documents no later than April 16 of this year.**

CERTIFICATION OF ALL APPLICANTS

By my (our) signature below, I (we) certify that the above information is true. I (we) understand that HomeStrong USA can revoke any funds granted upon discovery of an Applicant's material misstatement, whether negligent or fraudulent.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____



HOUSEHOLD SIZE AFFIDAVIT

I (we) the undersigned, being first duly sworn, state the following: *(Please check all that apply)*

1. I (we) hereby certify that my (our) household size is ___ and income limits do not exceed the established limits for household size indicated in the HomeStrong's Heroes Home Repair Grant application.

(Check and complete Number 2 only if you share ownership of property with someone not residing in the property)

2. I (we) hereby certify that I (we) share title of ownership with someone other than those residing in my (our) household on the HomeStrong's Heroes Home Repair Grant application. I (we) hereby certify that the information submitted to HomeStrong USA is in accordance and consistent with the tax documentation which I (we) submitted. I agree that I will provide HomeStrong USA with a copy of my tax filing documents or proof of non-filing, which will be used to determine household size.

CERTIFICATION OF ALL APPLICANTS

By my (our) signature below, I (we) certify that the above information is true. I (we) understand that HomeStrong USA can revoke any funds granted upon discovery of an Applicant's material misstatement, whether negligent or fraudulent.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____



**HOMESTRONG'S HEROES HOME REPAIR PROGRAM
ASSURANCE OF OCCUPANCY AGREEMENT**

HomeStrong's Heroes Home Repair Program Grant Applicant(s):

I understand that the grant is being made to me based upon my assurance that I will live in the house, as my principal place of residence and that if I should sell, rent or move from the property within the first three (3) years of the date of finished repairs, the grant amount will become immediately due and payable to HomeStrong USA.

Homeowner 1 Signature: _____ Date: _____

Homeowner 2 Signature: _____ Date: _____