



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
123 E 9th Street, Suite 103, Upland, CA 91784 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, Los Angeles County and South Orange 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. Household income to meet low to moderate income:

Riverside and San Bernardino County

1 person household \$40,250
2 person household \$46,000
3 person household \$51,750
4 person household \$57,450
5 person household \$62,050
6 person household \$66,650
7 person household \$71,250
8 person household \$75,850

(2019 Income Limits – Department of Housing and Urban Development)

Los Angeles County

1 person household \$58,450
2 person household \$66,800
3 person household \$75,150
4 person household \$83,500
5 person household \$90,200
6 person household \$96,900
7 person household \$103,550
8 person household \$110,250

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

www.HomeStrongUSA.org
info@HomeStrongUSA.org



DOCUMENT CHECKLIST

PROOF OF MILITARY SERVICE

- ✓ COPY OF **DD-214 FORM** or **Current Military ID**

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 HOME OWNERSHIP

- ✓ Copy of **California Driver's license/ID Card** for **ALL** homeowners
- ✓ If you own a *Single-family home*, please attach a copy of the recorded **Grant Deed** or a copy of the most recent **Property Tax Bill** for your property.
- ✓ Most recent Mortgage Statement
- ✓ If you own a *Mobile Home*, please attach a copy of the **Certificate of Title** or a copy of the current **Housing and Community Development Registration Card**.

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 (2) 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;



**HOMESTRONG'S HEROES HOME REPAIR PROGRAM
APPLICATION 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		



In your own words, please tell us more about yourself and what you may have learned during your service to our country, including but not limited to your service history. Also, please include what types of repairs need to be done to your home and how these repairs will help you. Please feel free to attach additional documents as needed.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



By my (our) signature below, I (we) certify that to the best of my (our) knowledge, the above information is complete, accurate, and true. I understand that the grant is being made to me based upon my intent to live in the house as my principal place of residence for a minimum of (3)three years. I (we) understand that HomeStrong USA can revoke any funds granted upon discovery of an Applicant's material misstatement, whether negligent or fraudulent. I authorize HomeStrong USA to send me emails, newsletters, and customer satisfaction surveys.

Signature of Applicant: _____

Date: _____

Signature of Applicant: _____

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 services provided, please talk to a HomeStrong employee about arranging alternative accommodations.

About Us and Program Purpose: HomeStrong USA (“HomeStrong”) is a nonprofit. 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.). **HomeStrong is not a HUD-Approved Housing Counseling Agency.**

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: Our industry partners include lenders, real estate agents, landlords, and other individuals or entities. 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 services requested. However, you are not obligated to participate in this or other HomeStrong programs and services. You may consider seeking alternative products or services from other entities.

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 services; 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 valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.



I/we acknowledge that I/we received, reviewed and agree to HomeStrong's Program Disclosures.

Applicant 1 (Printed):

Applicant 1 (Signature)

Date

Applicant 2 (Printed):

Applicant 2 (Signature)

Date



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 services provided, please talk to a HomeStrong employee about arranging alternative accommodations.

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 (If applicable):

- 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.

www.HomeStrongUSA.org

info@HomeStrongUSA.org

**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 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. 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