



Home Repair Program

Providing critical home repair services to qualified Williamson County homeowners. Locations served depend on current funding (**excludes city limits of Austin and Round Rock**). Recreational vehicles, travel trailers, motor homes, and houseboats will not qualify. Some repairs may be out of our scope.

2024 Income Limits*

Combined income of all adults living in the home must not exceed the following.

Median Family Income	Household Size							
	1	2	3	4	5	6	7	8
50%*	\$44,100	\$50,400	\$56,700	\$63,000	\$68,050	\$73,100	\$78,150	\$83,200
80%*	\$68,500	\$78,250	\$88,050	\$97,800	\$105,650	\$113,450	\$121,300	\$129,100

*HUD FY 2024 Income Limits Documentation System for Williamson County, TX. Funding sources have different maximum income limits.

Homeowner Information

The homeowner(s) must own and reside in the property at the address listed below. This information will be verified with the Williamson Central Appraisal District. Rental property will not qualify.

Homeowner name(s): _____
 House address: _____ City: _____ Zip: _____
 Years at address: _____ When was the house built? _____ Is it in the Historic District? _____
 Mailing address: _____
 Phone: _____ Email: _____
 YES NO Do you have any pets? If yes, what kind and how many? _____
 YES NO Can pets be contained safely away from the area needing repair while work is completed?

Homeownership Information

Mortgage and tax payments must be current to qualify for the repair program.

YES NO Are you making mortgage payments? YES NO Are your property tax payments current?
 YES NO Are your mortgage payments current? YES NO If NO, are you on a payment plan?
 YES NO Do you have homeowners' insurance? YES NO If NO, are you on a deferral plan

Additional Information

Total number of persons, including applicant(s): _____

Name	Relationship	Date of birth	Veteran (Y/N)	Disabled (Y/N)	Listed on sex offender registry (Y/N)

Indicate if any of the following pertain to individuals living in the home: Blind Cane Crutches Walker
 Wheelchair Other (please explain): _____

Gross Monthly Income

List the names and monthly gross income of all adults living in the home. You must provide proof of ALL household income including business income. **NOTE: For anyone over age 18 living in the home but not receiving income, a Certification of Zero Income Form (page five) must be completed.**

Name	Gross Monthly Income (before taxes)	Income Source (Employment, Social Security, Social Security Disability Income, Child Support, Alimony, TANF, Veteran's Support, Business Income, Rental, Investment, etc.)

Total household monthly income: _____

Additional Assets

Do you have or own any of the following items? Please mark those that you have and provide documentation for all items marked. **NOTE: 30% of total additional assets greater than \$20,000 will be added to your total gross income.**

- | | |
|---|---|
| <input type="checkbox"/> Stocks and/or Bonds
<input type="checkbox"/> Mutual Funds
<input type="checkbox"/> Money Market Accounts
<input type="checkbox"/> Life Insurance Proceeds
<input type="checkbox"/> Pension Funds
<input type="checkbox"/> Lump Sum payments | <input type="checkbox"/> Recreational Vehicles (boats, campers, etc.)
<input type="checkbox"/> Real estate, rental property, property ownership, and land contracts
<input type="checkbox"/> Business Franchise
<input type="checkbox"/> IRA, 401K, Keogh, or other retirement account
<input type="checkbox"/> Inheritance funds
<input type="checkbox"/> Personal property held as an investment (coin, art, stamp collection, etc.) |
|---|---|
- I do not have any of the above items.

Requested Repairs

Please describe all the repairs needed for your home. Add additional pages if needed. **NOTE: Habitat for Humanity of Williamson County may not be able to assist with any or all your repair needs.**

Foundation repair, house leveling, and pest control do not qualify.

Required Documents

**Include copies of the following documents with your application.
Failure to submit all documents will delay the processing of your application.**

- Copy of one of the following: homeowner(s) driver's license, passport, state ID card, permanent residency card
- Copy of most recent electric bill
- Copy of most recent water bill
- Copy of most recent tax returns (2 years) or explanation of why not filed
- Copy of last two (2) months of checking account and savings account statements
- Copy of last two (2) months of paystubs (if employed)
- Copy of most recent award letters (employment, Social Security, SSI, Child Support, Alimony, etc.)
- Copy of all additional assets' documentation
- Copy of homeowner insurance declaration page (includes coverage details and deductible amount), if applicable

Demographic Information

The following information is requested by Habitat for Humanity of Williamson County, Texas funding organizations for reporting purposes. You are NOT required to provide this information.

Homeowner 1

Race/National Origin:

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/African American
- Caucasian
- Asian
- American Indian/Alaskan Native and Caucasian
- Asian and Caucasian
- Black/African American and Caucasian
- American Indian/Alaskan Native and Black/African American
- Other (specify) _____

Ethnicity

- Hispanic or Latino Not Hispanic or Latino

Sex

- Female Male

Date of Birth ___/___/_____

Marital Status

- Married
- Separated
- Unmarried (single, divorced, widowed)

Homeowner 2

Race/National Origin:

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/African American
- Caucasian
- Asian
- American Indian/Alaskan Native and Caucasian
- Asian and Caucasian
- Black/African American and Caucasian
- American Indian/Alaskan Native and Black/African American
- Other (specify) _____

Ethnicity

- Hispanic or Latino Not Hispanic or Latino

Sex

- Female Male

Date of Birth ___/___/_____

Marital Status

- Married
- Separated
- Unmarried (single, divorced, widowed)

How did you learn about this program? _____

Homeowner Agreement

- I certify the information on this application is accurate and that I own and reside in the property at the address given on this application.
- I understand the information on this form will be used to determine maximum income eligibility. Under penalties of perjury, I certify that the information provided is true and accurate to the best of my knowledge.
- I understand providing false, misleading, or incomplete information is fraud and would disqualify me from receiving services.
- I understand by filing this application, I am authorizing Habitat for Humanity of Williamson County to evaluate my need for the Home Repair Program.
- I understand I must be present at the evaluation of my home.
- I have no present intention to move or offer my home for sale for at least 5 years after completion of the repairs.
- I understand that volunteers, under the supervision of Habitat for Humanity of Williamson County, may work on my home.
- I certify that I have not been notified by any local, county, state, or federal agency that my home is in jeopardy of being claimed through eminent domain.

Homeowner Name (Print)

Homeowner Signature

Date

Homeowner Name (Print)

Homeowner Signature

Date

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Complete if you are not the Homeowner but are assisting the Homeowner in completing the application.

Name (Print)

Relationship/Organization

Date

Phone

Email

**Return completed application and all required documents to:
Habitat for Humanity of Williamson County
P.O. Box 727, Georgetown, TX 78627**



Home Repair Program Certification of Zero Income

Each adult household member must complete this form, as applicable.

NOTE: This form must be completed for anyone over age 18 living in the home but not receiving income.

Name (Print): _____

Property Address: _____

I hereby certify that I do not individually receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a business
- Rental income from real and personal property
- Interest or dividends from assets
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment or disability payments
- Public assistance payments (TANF, SNAP, etc.)
- Periodic allowance such as alimony, child supports, or gifts received from persons not living in my household
- Sales from self-employment resources (Avon, Mary Kay, etc.)
- Any other source not named above

Please explain any relevant circumstances.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will disqualify the household from receiving services.

Signature

Date