

Case # _____

Office Use Only: _____



Fayette County
**Habitat
for Humanity®**



Habitat for Humanity Home Repair Program

Date: _____

County: _____

Name _____
(First) (Last)

Phone Number: _____
WE MUST BE ABLE TO CONTACT YOU

Address: _____
(House Number) (Street) (Apt#) (City) (Zip)

Email address: _____

HOUSEHOLD COMPOSITION & CHARACTERISTICS – List the Head of Household and all other people currently living in the home. Indicate the relationship of each family member to the Head of Household. **If you have additional family members, please include them on page 2**

Household Member Name	Relationship to Head of HH	Race	Sex	Highest Level of Education	DOB	Social Security Number

INCOME INFORMATION – Includes all wages (i.e. salaries, unemployment benefits, part-time income, seasonal income, Social Security, Supplemental Security, and any other income or benefits your household may receive).

Household Member Name	Source of Income (Include employer's name)	Amount of Gross Income for 30 days prior to application date

Utility Providers:

Electric Provider _____

Gas/Propane Provider (if you use to heat your home): _____

Water Provider: _____

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Applicant's Signature)

(Date)

Do you have a disconnection notice? Yes _____ No _____

Are you interested in self-sufficiency case management services? Yes _____

No _____

Are any household members active or former members of the military? Yes _____

No _____

DESCRIBE NEEDED REPAIRS – Please explain why you are currently in need of assistance and what needs you need assistance with.

Additional Family Members:

Household Member Name	Relationship to Head of HH	Race	Sex	Highest Level of Education	DOB	Social Security Number

You may return your application by using the following options:

Mail: COMBINED COMMUNITY ACTION, INC.

Attn: Family Services Dept.

165 West Austin Street

Giddings, Texas 78942

Fax: 979.542.9565

When faxing or scanning - please include front and back. All pages of faxes must be faxed at one time.

Email: bhendrix@ccaction.com

scastillo@ccaction.com

CCA will contact you by phone when appointments are being scheduled. Completion of this request does NOT guarantee assistance. Assistance is based on applicant being eligible, AVAILABILITY of funds and open available appointments. An incomplete pre-application can be DENIED. Additional information will be required if an appointment is scheduled. Pre-application approval will be followed by a home visit from Fayette County Habitat for Humanity to determine extent and cost of desired repairs.

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