



APPLICATION FOR OWNER-OCCUPIED REBUILDING PROGRAM

SBP assists local residents in rehabilitating their homes that were impacted by Hurricane Harvey in Texas and other disasters. SBP utilizes a combination of in-house trades, volunteers, and subcontractors to complete the repairs on our clients' homes.

To be eligible for SBP's Owner Occupied Rebuilding Program the applicant must meet the following requirements:

- ✓ Have lived in the home prior to Hurricane Harvey in August 2017.
- ✓ Own their home and possess a clear title—ownership must not be contested.
- ✓ Own only one property which will serve as the owner's primary residence upon completion of repairs.
- ✓ Unable to afford a market-rate contractor.
- ✓ Contribute financially to the rebuilding costs (this will be based on income and other factors).
- ✓ Be able to sustain homeownership, which includes maintaining flood and homeowner's insurance.
- ✓ Be a willing and active partner in the rebuilding process.

Filling out this application is the FIRST STEP in our process. The next steps are:

Step 1: Within 2-3 days of submitting the application, a SBP member will schedule a PHONE interview to review your application. If you meet the eligibility requirements listed above, your application will move to the next step.

Step 2: SBP member will schedule an IN PERSON interview. You will need to bring the documents listed on the next page. **Your application will not move forward until all of these documents are submitted.** The SBP member will also visit your home and take photos.

Step 3: SBP member will present your application to the Board to determine if you are eligible and if there is funding available for your home.

Step 4: If deemed eligible SBP's estimator will develop an estimate and scope of work. SBP will determine if we are capable of making the necessary repairs on your home and if there is funding available for these repairs.

Step 5: The SBP member and applicant will review the scope of work, funding plan, and terms of the program. If the applicant agrees, he/she will become a client and move to the next step before construction – finalizing funding.

If client passes through all steps, client may be approved for low/no cost construction services.



Submit the following documents to the Client Services Coordinator:

All documents may not be available or applicable. Please contact SBP with any questions.

- Recent Mortgage Statement or Title or Deed to the House (The name on the title must be the name on the application)
- FEMA Award or Rejection Letter
- Insurance Award or Rejection Letter (Flood and/or Homeowners)
- Current Property Tax Statement
- Last Year's Tax Returns
 - Everyone over the age of 17 that will reside in the home
- Last Three Months of Bank Statements
 - Everyone over the age of 17 that will reside in the home
- Retirement Account Statement (If applicable)
- Last Three Months of Paystubs/Pension
 - Everyone over the age of 17 that will reside in the home
- Current Disability or Social Security Award Letter
 - Everyone over the age of 17 that will reside in the home
- ALL** Receipts for Labor and Supplies purchased to date
- Home Inspection
- Copy of any contractor estimates for repairs of flood damage to home
- Copy of Police Report for Contractor Fraud (if reported)
- Copy of electric, plumbing, and building permits and any other certificates, surveys or permits



Personal Information

Date of Application _____

Applicant's Name(s) _____

Home Phone: _____ Cell Phone: _____

Please make sure to list a working phone number

Email: _____

Address where you currently live (include zip code):

Is your current address (Check one): Home Needing Repairs Rental Family/Friend's place
Other _____

Property Information – List details about the property you need to have repaired

Full address of property that needs to be rebuilt (if different from above):

Street Address: _____

City, State, Zip: _____

Name(s) on deed: _____

Is your property (Check one): House in need of repair Vacant lot

Is this the only property you own? Yes No

When did you purchase or acquire the property? _____

How did you acquire or purchase the property (check one): Purchased with cash Inherited
Purchased with a mortgage Received as a gift
Other (describe) _____

Sq ft of home _____ # of stories _____ # bedrooms _____ # bathrooms _____

Is the house a double or single? _____

How long do you intend to live in the home once it is rebuilt?



Household Members

Complete the following information for everyone who will live in the home.

Name	Date of Birth	Relationship to Owner	Veteran (Y/N)	Race	Employer and Job Title or Student	Salary/Wages/Pension (Monthly)	Alimony/Child Support (Monthly)	SS/Disability/Unemployment Benefits (Monthly)

List the combined assets for everyone over the age of 17 who will be living in the house with you.

Retirement Account Balance _____

Checking Account Balance _____

Investments _____

Savings Account Balance _____

Automobiles (Make, Model and Year) _____

Real Estate Holdings _____



Household Expenses

Expenses/Costs	Yes or No	Monthly Payments	Outstanding Balance
Mortgage			
Rent			
Homeowner's Insurance			
Renter's Insurance			
Flood Insurance			
Utilities (gas, electric, water)			
Cable			
Cell Phone			
Groceries/Eating Out			
Credit Cards			
Alimony			
Child Support			
Car Payments			
Auto Insurance			
Medical Bills			
Student Loan			
Other(Describe):			

Rebuilding Funding Assistance – Describe what you have received

Type	Applied? Yes or No	Received? Yes or No	Amount Already Received	Additional Amount Expected	Date Received
Homeowner's Insurance Claim					
Flood Insurance					
Traditional Loan					
SBA Loan					
FEMA					
Other (Describe):					



Other Assessment. If you do not know, or cannot answer some of the questions below, that is OK. Complete what you can and submit your application for review.

Please check Yes or No in response to the following questions:

1. Did you receive enough funds to rebuild your home? Yes No
 - a. If the answer is yes, but you were unable to complete the repairs, please explain how you spent the funds (continue on back if needed).

2. Did you experience theft or vandalism? Yes No
 - b. Did you file a police report? Yes No
 - i. What was taken? Yes No

3. Is your home located in a floodplain? Yes No
 - c. If the answer is yes, has your home already been elevated? Yes No

4. Did you have a forced mortgage payoff? Yes No
 - d. If the answer is yes, how much was the payoff?

5. Did you experience contractor fraud? Yes No
 - e. Did you file a police report? Yes No

6. Has any construction been done to your home since the flooding? Yes No
 - a. If yes, what has been done?

7. If SBP can repair your home, are you willing to commit to purchasing one year of flood insurance to protect the property? Yes No

8. If SBP can repair your home, what are your options for temporary housing during construction?

9. If SBP takes on your project, are you willing to contribute financially? Yes No
(Amount determined by income, funds received for rebuilding and size of project.)

How did you hear about us? (Please be as specific as possible)

Do you have any liens on your property? Yes No

Are you up to date on your Property Taxes? Yes No

a. If no, can you provide documentation of a payment plan? Yes No



Personal Story – Is there any more information about your situation you would like us to know? What are the current storm related damages to your home that you would like SBP to fix?

I, _____, agree that the information provided in this Application for SBP’s Owner Occupied Rebuilding Program is accurate and truthful. If the SBP repairs my home, I agree to live there as my primary residence for at least five years. Any inaccurate or fraudulent information will result in immediate dismissal from the program and/or criminal prosecution.

Applicant Signature

Date



SBP Photo Release Form

I hereby grant SBP permission to use my first and last name and photographs of my family in any and all publications, including its website, social media pages, fundraising materials and promotional materials without payment or any other considerations in perpetuity. I understand that the term “photograph” as used herein encompasses both still photographs and audio and video footage.

I hereby authorize SBP to edit, copy, exhibit publish or distribute photos that I may appear in. I waive the right to inspect or approve the finished product, including written or electronic copy, where my photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs.

I hereby hold harmless and release and forever discharge SBP from all claims, demands, and causes which I, my heirs, representatives, executors, administrators or any other person acting on my behalf or on behalf of my estate which have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release and I fully understand the contents, meaning and impact of this release.

Name (Printed)

Signature

Date

Photo Release for Minors

I hereby grant SBP permission to use my dependent’s name and photograph in any and all publications, including website entries, social media pages, fundraising materials and promotional materials without payment or any other considerations in perpetuity.

I hereby authorize SBP to edit, copy, exhibit publish or distribute photos that my dependent may appear in. I waive the right to inspect or approve the finished product, including written or electronic copy, where my dependent’s photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs.

I hereby hold harmless and release and forever discharge SBP from all claims, demands, and causes which I, my heirs, representatives, executors, administrators or any other person acting on my behalf or on behalf of my estate which have or may have by reason of this authorization.

Minor’s Name (Printed)

I certify that I am a custodial parent and have the aforementioned rights to assign.

Parent/Guardian Name (Printed)

Date

Parent/Guardian Signature

Date



CONSENT TO DISCLOSE CONFIDENTIAL INFORMATION

I _____, the undersigned, authorize the Federal Emergency Management Agency (FEMA) or SBP to disclose personally identifiable information and/or confidential information in my FEMA or agency file, relating to my eligibility for monetary or other forms of assistance, arising from Hurricane Harvey in Texas to (check one or more):

- Any organization that is a member in good standing of either the National Voluntary Organizations Active in Disaster (NVOAD) or that is participating in a FEMA or state recognized Long Term Recovery Committee (LTRC).
- Other, specific name of receiving individual or organization:
- I consent to have the above named organizations and/or individuals speak on my behalf and represent me before FEMA.

This consent to release information is given to obtain and/or provide assistance I need as a result of Hurricane Harvey in Texas so that:

1. Benefits are not duplicated.
2. Appropriate referrals for possible and/or potential services provided by other state, nonprofit, and/or faith-based organizations can be made on my behalf.
3. Other, specifically: _____

I specifically consent to have the following information disclosed to them (*check one or more*)

- My case file information including inspection reports and amounts and type of assistance.
- My contact information (name, address, phone numbers, e-mail address, and FEMA application number.)

This consent to disclose information may include information that is protected under the federal Privacy Act of 1974. I declare, under penalty of perjury, that the foregoing is true and correct. I am freely giving my consent this _____ day of _____, 20____. This consent expires one year from this date or on _____, if not sooner. This information is not to be used for any other purpose.

Signature of Applicant Providing Consent	Date and Place of Birth
Name (Printed)	Phone or message #
Current Address	City, County, State, ZIP
Pre-Disaster Address	City, County, State, ZIP
FEMA Registration # _____	or Social Security # _____

Submitting Agency: <u>SBP</u>	Case Manager or Requester's Name _____
	LTRC/UNC: _____