



**Strengthening communities by building  
homes, hope, and opportunities for  
families to help themselves**

## **AGE In PLACE**

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Thank you for your interest in Fort Bend Habitat for Humanity's Age in Place (AIP) program. Fort Bend Habitat's work through the AIP will include home modifications and repairs related to the ability of the aging Homeowner to remain at their primary residence. Modifications include wheelchair ramps, grab bars, handrails, door modifications and other health and safety home repairs. AIP is **NOT** an emergency repair program; there will likely be a months-long waiting period for repair work to be started and completed.

**Eligibility Criteria for the Age in Place program are as follows:**

- You must own the home where the repairs are to be made.
- You must occupy the home as your primary residence.
- You (or a member of your household) must be at least 62 years of age.
- Your household income must fall less than 80% of A.M.F.I. (Area Median Family Income).

**Important to understand:**

- We may only be able to commit to part of what a house needs
- No promises of acceptance into the program are made, until a binding agreement is fully executed

**Fort Bend Habitat for Humanity  
Critical Home Repair  
505 Julie Rivers #150 Sugar Land, TX 77478  
(281) 403-0708 OFFICE  
[www.FortBendhabitat.org](http://www.FortBendhabitat.org)  
[repairs@FortBendhabitat.org](mailto:repairs@FortBendhabitat.org)**



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## Age in Place Application

**Dear Applicant:** We need you to complete this application to help determine if you qualify for Fort Bend Habitat for Humanity's Age in Place program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years at Address: \_\_\_\_\_

Do you own the home where work is to be done? YES or NO

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status:  Married  Separated  Unmarried (Single, Divorced, Widowed)

Is anyone in your household a veteran?  Yes  No Name: \_\_\_\_\_

Seniors (Y / N) How Many? \_\_\_\_\_ Race \_\_\_\_\_

Have you every applied to Fort Bend Habitat for Humanity? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have pets? \_\_\_\_\_ If yes, what kind and how many? \_\_\_\_\_

Number of persons living in your home (including applicant): \_\_\_\_\_ Number of Dependents \_\_\_\_\_

### Mortgage Information

Are you making loan payments on your home? YES or NO

If yes, what is your monthly payment? \$\_\_\_\_\_per month.

Are your loan payments current? YES or NO

Do you currently have homeowner's insurance? YES or NO

## Requested Repairs:

Please note the types of repairs or modifications you are requesting for your home, noting the most important (1) to least (8).

\_\_\_\_\_ Ramp access to primary entrance

\_\_\_\_\_ Handrails

\_\_\_\_\_ Grab bars in bathroom

\_\_\_\_\_ Door modifications

\_\_\_\_\_ Floor repair

\_\_\_\_\_ Plumbing

\_\_\_\_\_ Electrical

\_\_\_\_\_ Other

## Personal Statement

Please write a *brief* explanation of why you are in need of home repair services.

## Anticipated Gross Monthly Income

List the names, relationship to applicant, ages, and monthly gross income of all people living in the home.

**You must provide proof of all household income.**

Name	Relationship	Age	Gross Monthly Income (before taxes)	Income Source (Employment Income, Social Security, SSI, Child Support, Veteran's Benefits, ect...)
	Self			

I, the homeowner, hereby grant and convey in perpetuity to Habitat for Humanity all right, title, and interest in any and all photographic images, use of homeowner's name, printed interviews or statements, and video or audio recordings made by Habitat and/or its agents, contractors, directors, employees, officers, volunteers, and other representatives in the course of performing the Work (described in the pre-work agreement form, to be signed before beginning any work), including, but not limited to, any royalties, proceeds or other benefits derived from such photographs, printed materials or recordings.

I understand that by filing this application, I am authorizing Fort Bend Habitat for Humanity to evaluate my need for home repairs. I understand that the evaluation will include a home assessment and income verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to be eligible to receive home repair services, I may be disqualified from the program. I further understand that Fort Bend Habitat for Humanity will notify me of repairs that Fort Bend Habitat for Humanity can complete, if any. The original or a copy of this application will be retained by Fort Bend Habitat for Humanity even if the application is not approved.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Assisting Applicant (Print Name)

\_\_\_\_\_  
Assisting Applicant (Signature)

Date: \_\_\_\_\_

Assisting Applicant Contact Number \_\_\_\_\_



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Applicant Signature

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Assisting Applicant (Print Name)

\_\_\_\_\_  
Assisting Applicant (Signature)

Date: \_\_\_\_\_

Assisting Applicant Contact Number \_\_\_\_\_