



Neighborhood STRONG

Striving

To

Rebuild

Our

Neighborhood

Great

...

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Executive Director
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Application & Documents Required:

- Intake application
- 2 forms of government issued ID (1 must be a photo ID)
- Most recent income tax return
- Proof of income
 - Pay stubs for most recent 30 day pay period
 - Social Security, retirement, pension, VA current year's award letter
 - Alimony and child support-court order documents
- Property tax statement, tax deferral affidavit, or proof of payment plan (with 6 months consecutive payments)
- Deed or Deed of Trust, to house and property owner
- Most Recent Mortgage Statement
- 2 most current months of checking and/or savings account statements (*Statements only please, we cannot accept history of accounts*)

When Application is complete with all documentation, please call for an appointment with Shae Kolojaco at 936-899-7497.

107 W Lufkin Ave Suite 205

Lufkin, TX 75904

shae@neighborhoodstrong.org

936-899-7497

Fax: 936-873-8980

Neighborhoodstrong.org

Applicant Information

Contact Information

Name: _____

Phone Number: _____ Cell Phone: _____

Email address: _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Emergency contact: _____ Phone: _____

Property Information

Do you own the property listed above? ☐ Yes ☐ No

Do you own the land it is located on? ☐ Yes ☐ No

Is your name on the deed of the property? ☐ Yes ☐ No

Have you lived there for a year or more? ☐ Yes ☐ No

Is this the only property you own? ☐ Yes ☐ No

If no, what is the address: _____

IMPORTANT: If you answered **no to any of the above questions, please contact our office at (936)899-7497 to be sure you qualify for our services.*

Background Information *(Responses will remain anonymous and confidential.)*

Gender: ☐ Male ☐ Female ☐ Other

Age: ☐ Under 21 ☐ 21-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75+

Ethnicity: ☐ Black or African American ☐ Caucasian ☐ Hispanic

☐ American Indian or Alaskan Native ☐ Asian ☐ Other

Marital status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Domestic Partnership

Employment: ☐ Employed ☐ Unemployed ☐ Homemaker ☐ Retired ☐ Disabled/not able to work

Are you or someone in your household: *(optional)*

Veteran? ☐ Myself ☐ Spouse ☐ Other household member: _____

Disabled? ☐ Myself ☐ Spouse ☐ Other household member: _____

How did you hear about Neighborhood STRONG:

☐ Neighbor ☐ Friend ☐ Family ☐ Local Organization ☐ Online ☐ Other

Home & Safety Information:

Do you currently:

Live alone? ☐ Yes ☐ No

Working electricity? ☐ Yes ☐ No ☐ Partial

Running water? ☐ Yes ☐ No ☐ Partial

Flushing toilet? ☐ Yes ☐ No

Able to shower/bathe? ☐ Yes ☐ No

Leaking roof? ☐ Yes ☐ No

Homeowner's insurance? ☐ Yes ☐ No

Live in a manufactured/mobile home? ☐ Yes ☐ No

If yes, do you own the land it is on? ☐ Yes ☐ No

Wheelchair ramp? ☐ Yes ☐ No

If yes, are you able to safely use it? ☐ Yes ☐ No

Do you or someone in your household:

Need accessibility, safety or mobility modifications or repairs such as:
(check all that apply)

☐ Wheelchair ramp

☐ Exterior porch steps or handrails

☐ Widened doorways (interior or exterior)

☐ Roll-in or handicapped accessible shower/bath

☐ Bathroom or shower safety handrails or bars

☐ Floor repairs to address safety

☐ Problems using a wheelchair, walker, cane, etc.

☐ Problems entering or exiting the home safely

☐ Other _____

Was your home damaged in a natural disaster or storm? ☐ Yes ☐ No

If yes, approximate date and/or name of storm _____

For office use only:

☐ WC RAMP ☐ TARP ☐ MHU

☐ RURAL ☐ DIS ☐ SR ☐ VET

☐ AYBRP HOME: ☐ PWD ☐ DR ☐ HRA

INTAKE APPLICATION

The information on this form helps determine if the household is eligible for our program.
Please call **Shae at (936) 899-7497** to set up an appointment after the form is complete
or with any questions. Thank you!

A. ADMINISTRATOR CONTACT INFORMATION	
Administrator Organization: Neighborhood STRONG	
Contact Person Name: Shae Kolojaco	Contact Title: Administrative Assistant
Address: 107 W Lufkin Ave, Suite 205 Lufkin, TX 75904	
Email Address: Shae@neighborhoodstrong.org	Phone: 936-899-7497

B. APPLICANT AUTHORIZATION OF ASSISTANCE IN COMPLETING INTAKE APPLICATION	
With my signature, I authorize the person named below to assist me with completing this Intake Application.	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature of Applicant	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name and title/relationship of person assisting Applicant

C. HOUSEHOLD CONTACT INFORMATION	
Head of Household Name:	
PRINCIPAL Residence Street Address: (exactly as printed on driver's license or other government ID)	
City, State, Zip:	County:
Email Address:	Home Phone: Cell Phone:
Emergency Contact Name:	Phone:

D. HOUSEHOLD COMPOSITION – List the Head of Household and all other persons who comprise the household			
Full Name (exactly as printed on driver's license or other government ID)	Relationship to Head of Household	Date of Birth	Receiving income
1	Head of Household		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No

E. MONTHLY INCOME – List ALL income for ALL adults and children in the household					
Income Source	Head of Household	Co-Head/ Spouse	Other Adult Member(s)	Child or Dependent	TOTAL
Social Security/SSI <input type="checkbox"/> Yes <input type="checkbox"/> No					
Pension <input type="checkbox"/> Yes <input type="checkbox"/> No					
Retirement Annuity <input type="checkbox"/> Yes <input type="checkbox"/> No					
Salary (include bonus/commissions) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child Support <input type="checkbox"/> Anticipated <input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered (regardless if paid)					
Salary from 2 nd job <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Net Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Recurring Support <input type="checkbox"/> Yes <input type="checkbox"/> No					
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No					
Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other (do <i>not</i> include food stamps/SNAP payments): <input type="checkbox"/> Yes <input type="checkbox"/> No					
TOTAL:					

F. HOUSEHOLD ASSETS – List ALL liquid assets for ALL adults and children in the household		
Asset Source	Cash Value	Name of Financial Institution
Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stocks, Bonds, Mutual Funds* <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL:		

*When listing the “cash value” of stocks, bonds and mutual funds, indicate the amount you would have after deducting any penalties or fees for cash withdrawal.

Funds in tax-deferred accounts for retirement or education savings (i.e., Individual Retirement Accounts, 401Ks, 529, 529A (ABLE) plans) are not counted as liquid assets for this program

G. APPLICANT INSPECTION AGREEMENT, ELIGIBILITY RELEASE & PRIVACY ACT NOTICE

APPLICANT'S INSPECTION AGREEMENT

APPLICANTS MUST INITIAL BELOW

I have applied for housing assistance with Neighborhood STRONG. If this assistance is approved, I allow the Administrator to inspect my property, which is located at the address listed above. _____

I agree to allow the Administrator's and the Building Contractor's personnel on my property as needed while they are planning and performing construction work. _____

I agree to allow my property to be photographed during my participation in the Program. _____

I will inspect construction work performed on my property as frequently as possible, and I will advise the Building Contractor and Administrator of any difficulties, and I will report any poor workmanship observed. _____

ELIGIBILITY RELEASE

I understand that my signature on this Intake Application, along with the signature of each household member 18 years of age or older, authorizes the Administrator to obtain information from third parties regarding our eligibility for Program participation.

PRIVACY ACT NOTICE STATEMENT

Lufkin Neighborhood STRONG requires the information listed in this form to determine an applicant's eligibility for Program assistance, and may verify the accuracy of the information provided. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, if necessary, to prosecutors or civil, criminal, or regulatory investigators. Failure to provide any information may result in delay or denial of your eligibility approval. Each adult member of the household must sign this Intake Application Form prior to Program participation.

H. REAL ESTATE OWNED

1. **Do you own property in addition to or other than your principal residence?**

☐ NO

☐ YES If YES, list the address(s): _____

I. APPLICANT AUTHORIZATION AND CERTIFICATION

I authorize the Administrator to obtain information about my household and myself to determine our eligibility for Program participation. I acknowledge that:

- 1) A photocopy or scanned copy of this form is as valid as the original; AND
- 2) I have the right to review this form; AND
- 3) I have the right to a copy of information provided to Administrator and to request correction of any information I believe is inaccurate; AND
- 4) All adult household members will sign this form and cooperate with the Administrator in the eligibility verification process.

With my signature below:

I certify that I DO NOT have debt owed to the State of Texas, including

- 1) a tax delinquency;
- 2) a child support delinquency;
- 3) a student loan default; or
- 4) any other delinquent debt owed to the State of Texas.

Owner-occupied homes ONLY must also certify the following statement:

I, _____, certify with my signature below, that
(Printed Name)

- 1) I am the Owner of Record for the property identified in this application and it is my principal residence; AND
- 2) I have a good and marketable title; AND
- 3) I am current on all existing mortgage loans or home equity loans associated with this property; AND
- 4) I have no outstanding real property taxes on my property OR I am enrolled in and current with a taxing authority-approved payment plan for at least 6 consecutive months prior to date of this initial application.

J. MILITARY STATUS OF HOUSEHOLD MEMBERS – This information is for reporting purposes only and will *not* affect household eligibility

The following members of our household are active or former members of the United States military:

Printed Name

Printed Name

K. SIGNATURES – Add additional pages as necessary

Signature – Head of Household

Printed Name

Date

Signature – Household Member (age 18 and up)

Printed Name

Date

Signature – Household Member (age 18 and up)

Printed Name

Date

Signature – Household Member (age 18 and up)

Printed Name

Date

WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offence to make willful, false statements or misrepresentations to any department or agency in the United States as to any matter within its jurisdiction.

Home Repair Needs

Name _____

Address _____ City _____

Please rate the current condition of your home in the following areas:

AREA	RATING SCALE				
	Unsafe	Bad	OK	Good	Very Good
ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment: _____					
FOUNDATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment: _____					
PLUMBING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment: _____					
ELECTRICITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment: _____					
FLOORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment: _____					
DOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment: _____					
WINDOWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment: _____					
EXTERIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment: _____					
ACCESSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment: _____					

Other Concerns: _____

Signature _____ Date _____

Completed by: ☐ Homeowner ☐ Other _____

☐ In person ☐ By phone ☐ Pre-renovation ☐ Post-renovation

Pre-Renovation Impact Survey

The purpose of this survey is to learn how the work done on your home may impact or change your quality of life. Answers are confidential and will not affect what repairs are done to your home.

Name _____ Address _____ City _____ How true are the following questions based on your home & life <i>right now</i>?	0 – Not true at all 1 – A little true 2 – True 3 – Very True ? – I don't know N/A - doesn't apply to me					
I can prepare meals at home.	0	1	2	3	?	N/A
I have a working and usable shower/bathtub.	0	1	2	3	?	N/A
I have a working and usable toilet.	0	1	2	3	?	N/A
I can safely enter and exit my home.	0	1	2	3	?	N/A
I can go to the doctor, grocery store, family gatherings, etc.	0	1	2	3	?	N/A
I have reasonable electric and water bills.	0	1	2	3	?	N/A
I am happy in my home.	0	1	2	3	?	N/A
I feel safe in my home.	0	1	2	3	?	N/A
I am fearful of falling in my home.	0	1	2	3	?	N/A
I am proud of my home.	0	1	2	3	?	N/A
I can have guests visit my home.	0	1	2	3	?	N/A
I am independent & can take care of myself.	0	1	2	3	?	N/A
I would recommend Neighborhood STRONG to a neighbor or friend.	0	1	2	3	?	N/A
Home repairs will lower my electric & water bills.	0	1	2	3	?	N/A
Home repairs will allow family to live in my home in the future.	0	1	2	3	?	N/A
Home repairs will allow me to live in my home longer.	0	1	2	3	?	N/A

Additional ways home repairs may impact me: _____

Signature _____ Date _____

Completed by: ☐ Homeowner ☐ Other _____

☐ In person ☐ By phone

Federal Tax Return

I did not file a Federal Tax Return for the year _____.

Reason why:

I have provided the deed to this address, and I do not have an existing mortgage or home equity loan. I do not have a reverse mortgage. There are not any liens against my property. I understand that if I am not truthful in signing this document that I may be disqualified for the renovation program.

Homeowner Signature

Homeowner Signature

Print Name

Print Name

Date

Date

Homeowner Responsibility Form

1. Either move or arrange for the movement of all furniture and decorations out of the way of the contractor.
2. Refrain from interrupting the contractor and their helpers as well as Neighborhood STRONG employees.
3. Let the contractor and their workers work without interruptions from you or other family members.
4. Be considerate of others who have a need for our services as well.
5. Neighborhood STRONG is only allotted a certain amount of funds per home, with this not all requested renovations may be able to be completed. Only the listed items above will be completed.
6. We request that you invest Sweat Equity – You paint, or you donate. Pay it forward to someone else. Please be considerate of others, there are many in need and some are less fortunate than you.
7. The contractors go above and beyond many times. Please do not interrupt them while they are working.

I have received a copy of the Homeowner Responsibility Form. I have read the form and understand all the rules and expectations. I agree to be responsible for following all the rules and expectations of Neighborhood STRONG and the contractors.

Print Name

Print Name

Homeowner Signature

Homeowner Signature

Date

Date

Empowerment Form

I, the undersigned applicant(s) selects the following Employment/Workforce Development Empowerment Program.

_____ Interested in a training program through Texas Workforce Development

_____ Opt-out for any training services through Texas Workforce Development

Applicant Name

Applicant Address

Applicant Signature

Date

Photo Release

I/We, the undersigned, for just and sufficient consideration, receipt of which is hereby acknowledged, hereby irrevocably grant to Neighborhood STRONG, your successors and assignees, the right to record my likeness and/or voice on digital photographs, to edit such photographs at your discretion, to incorporate the same into the Neighborhood STRONG website, newsletter, news release, and other means, and to use or authorize the use of such photographs in any manner or media at any time or times throughout the world in perpetuity and to use my name, address, likeness, voice and other information concerning me in connection therewith, including promotion in all media.

I hereby release you and anyone using said photographs from any and all claims, damages, liabilities, costs, and expenses which I now have or any hereafter have by reason of any use thereof.

I understand that the provisions of this release are legally binding.

Homeowner Signature

Print Name

Date

Homeowner Signature

Print Name

Date

Non-Existing Mortgage Statement

I am the titled owner of such property

I have provided the deed to this address and I do not have an existing mortgage or home equity loan. I do not have a reverse mortgage. There are not any liens against my property. I understand that if I am not truthful in signing this document that I may be disqualified for the renovation program.

Homeowner Signature

Homeowner Signature

Print Name

Print Name

Date

Date