



## Application

Thank you for contacting to Project Houseworks and considering us for repairs to your home. Enclosed is an application and brochure explaining the work we do. Please complete the application fully and return it with all the required documents listed.

We have a very long wait list at this time. We are doing our best to serve everyone in a timely manner. If you have a repair that needs immediate attention (i.e. a hot water heater, furnace not working or leaking roof), please let us know and we will do our best to assist you

If you have any questions regarding your application, please feel free to call our office and we can help you over the phone or through written communication.

Thank you for your understanding and patience during this time.

Sincerely,

Project Houseworks Staff  
2316 S 24<sup>th</sup> Street  
Omaha NE 68108  
402-965-9201  
[sara@projecthouseworks.org](mailto:sara@projecthouseworks.org)

**Office Use Only**

Received: \_\_\_\_\_

Qualified: \_\_\_\_\_

Brush Up: \_\_\_\_\_




## INSTRUCTION PAGE / CHECK LIST

**\*\*ALL documents must be sent with your application.**

If we do not receive ALL necessary documents with your application, the review and approval of your application will be delayed significantly.

**\*\*Please send all that apply to your household. \*\***

- APPLICATION** filled out completely **AND** signed on last page.
  
- FULL BANK STATEMENTS (2 consecutive months)** for **ALL** accounts (checking, savings, CD, etc.) for **ALL** adults age 18+ in the home.
  
- INCOME DOCUMENTATION** for **ALL** adults age 18+ in the home. Send all documents that apply to your household:
  - ◆ Social security income: Explanation of Benefit Letter for current year.
  - ◆ Wages: Two consecutive months' pay stubs (most current).
  - ◆ Pension/Annuity/Retirement income: Current Statement showing balance and payment schedule.
  - ◆ ANY other source of income: a statement verifying the amount of income.
  
- FINANCIAL DOCUMENTATION** for the applicant/applicant's spouse.

For stocks, bonds, retirement accounts (IRA, 401K, etc.) or any other assets with cash value, send a statement dated within the past two months showing the current value
  
- MORTGAGE / REVERSE MORTGAGE** -- if applicable send most current statement
  
- LIST** the repairs or modifications that are most concerning at this time:  
\_\_\_\_\_  
\_\_\_\_\_
  
-  I am interested in volunteers painting the exterior of my home (whole home, trim or both) during the Brush Up Event in August.

**Other documentation may be requested for clarification at a later date.**

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by the head of household for those wishing to be served (applicants) and those that are currently served (tenants/owner-occupants) in housing assisted by the Department of Housing and Urban Development.

If the assisted property is a rental unit, the owner or agent is required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed, it need not be completed again unless the head of household changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. Completed documents should be placed in the household's file.

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs.

1. The two ethnic categories you should from are defined below. You should check one of the two categories.
  - A. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term of "Spanish origin" can be used in addition to "Hispanic" or "Latino".
  - B. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  - A. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  - B. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
  - C. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Hatian" or "Negro" can be used in addition to "Black" or "African American".
  - D. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - E. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



## HOUSEHOLD INFORMATION

Applicant Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Spouse Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (HOME): \_\_\_\_\_ Phone (CELL): \_\_\_\_\_

EMAIL: \_\_\_\_\_

What is the best way to reach you? Home phone Cell phone Email

Date of Birth: (mm/day/year) \_\_\_\_\_ AGE: \_\_\_\_\_

Gender: Male Female

Marital Status: Please Circle

Married      Unmarried      Separated      Divorced      Widowed

Alternate Contact (Friend or Relative living in the area that we can contact if needed)

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

**The information is important and used for statistical reporting only.  
It is not used for qualifying purposes.**

Are you a Veteran? Yes No Branch: \_\_\_\_\_ Years Served \_\_\_\_\_

Spouse of a Veteran? Yes No Branch: \_\_\_\_\_ Years Served \_\_\_\_\_

**Physical Disability:**

Do you or your spouse have (or are being treated for) a medical condition that may be limiting your mobility?  
(Please List)

\_\_\_\_\_

Ethnic Categories	Select One:
Hispanic or Latino	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>
Racial Categories	Select all that apply
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

Select an Ethnic Category **AND** a Racial Category.  
Please see instructions if needed.

# INCOME AND ASSETS

## APPLICANT INCOME AND ASSETS

\*\*List all income and assets for the Applicant. \*\*Provide all supporting documents.

Applicant Income	Monthly Gross Amount
Social Security	\$
Pension/Annuities	\$
Salary/Wages	\$
Other Income	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

Applicant Assets	Current Value
401K / IRA	\$
Stocks or Bonds	\$
Savings	\$
Other	\$
<b>TOTAL CURRENT VALUE</b>	<b>\$</b>

## HOUSEHOLD OCCUPANTS OTHER THAN APPLICANT

List all others living in the home.

\*\*If 18 or older include income and supporting documents.

\*\* If more space is needed please contact our office for a second form.

Name	Relation	Birthdate	Type of Income	Monthly Amount

### PLEASE CIRCLE ANSWERS BELOW:

Is the house titled in your name?    Yes    No

Are there others listed on the deed/title of the property?    Yes    No

If yes—list names of those on deed/title \_\_\_\_\_

Are there any legal proceedings over the ownership of your home?    Yes    No

Do you have a Mortgage / Reverse Mortgage?    Yes    No

If yes—send current monthly statement

Do you reside in the home?    Yes    No

Do you plan to stay in your home?    Yes    No

Is the home a mobile or pre-manufactured home?    Yes    No

The house is a:    One Story    One and one-half story    Two Story    Three Story

Do you own property (land or homes) other than the home you live in?    Yes    No

Do you have homeowners insurance?    Yes    No

What is the name of the insurance company: \_\_\_\_\_

How many years have you owned the home? \_\_\_\_\_

How many bedrooms are in the home? \_\_\_\_\_

What is the name of your neighborhood? \_\_\_\_\_

