



**OPERATION
FREEDOM
CONTINUES**

Home Repairs and Assistance for Veterans

APPLICATION

Veteran Resource Center
4900 South Lancaster Rd.
Dallas, TX 75216

Phone: 214-372-8914 | 214-372-8925

Email: homerepairsforvets@gmail.com



Dear Applicant:

Thank you for requesting an application for essential home repairs and assistance. We are a not-for-profit organization providing home repairs and assistance to eligible veteran at no cost to you through various programs.

To be eligible for home repairs or assistance, you must:

- Be a United States Military Veteran, immediate family member of a Veteran or deceased Veteran with an honorable discharge.
- Be living on a low income according to HUD guidelines.
- Own the home and live in the house (single family dwelling in Dallas County).

It is necessary to verify your eligibility by mailing to our office copies of the following **(DO NOT SEND ORIGINALS)**.

Checklist:

- Drivers License or Texas ID (*age and address verification*)
- Income information (income verification- SSI award letter, paystub, check copies, tax returns). This information should be current, within 30 days, and reflect the TOTAL HOUSEHOLD INCOME.
- Physician's statement, SSDI, or veterans award letter (*disability verification*)
- Military documentation - **DD214 (Required)**, if applicable - VA benefits and ID card- Must have an honorable discharge from military in order to qualify for our program. If possible send a recent home photo.
- Complete the Certification of Income Statement and sign

This information is confidential and will be used only to verify eligibility for our various home repair programs. Please send copies only! If you have questions or need assistance in completing your application, please do not hesitate to call us at 214-372-8914 or 214-372-8925. **MAIL TO THE ADDRESS PRINTED ABOVE**

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PLEASE KEEP THIS PAGE FOR YOUR RECORDS



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Application for Assistance

Homeowner | Household Information

Today's Date: _____ Date of Application Sent: _____

Homeowner Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

City, State & Zip: _____ Cell Phone#: _____

Are you homeless or at-risk of being homeless? _____

Length of time at this address: _____ Ethnicity: _____ Widowed? _____

Emergency Contact: _____ Contact #: _____

Other persons in household:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Do you have children living in/near? Please list name and ages: _____

Please explain why you or your family members are unable to make repairs: _____

Are you or an immediate family member a veteran? () Yes () No. If yes, Which Branch/Years of service?

_____ Discharge Status: () Honorable () Other

Are you VA disabled? () Yes () No. If yes, what percentage of disability? _____.

Please specify disability and limitations: _____

How did you learn of the program? () Newspaper () Radio () Website () Other

Referred by another organization _____ Have you received help from others? ____

Dwelling/Home Background Information

1. Dwelling Type Do you live in a Frame Mobile Home (Trailer)
 Other _____
2. Age In what year was your home constructed? _____
3. Roof Age of roof: _____
4. Foundation /Floor Type? Slab or Grade Pier & Beam
5. Envelope Siding is Wood Aluminum Vinyl
If not siding Brick Shingle
6. Windows Windows are Wood Aluminum
How many windows does your home have? _____
How many windows have drapes, blinds, or shades? _____
7. Doors How many exterior doors do you have on your home? _____
8. Walls/Ceiling Walls are Drywall/Sheetrock Paneling
9. Heating/Cooling What do you use for heating and cooling?
 Space Heaters/Quantity? _____ Gas Elect.
 Fireplace Gas Wood Kitchen Stove
 Central Heat/ Wall Furnace Central Heat & AC
 Window AC units / Quantity? _____
10. Electrical If known, please provide panel size: _____
11. Plumbing If known, please provide age of piping: _____
12. Priority of Work Please list three top critical repairs you feel you need most

Address

Dwelling/Home Status

My house has issues in the following areas (Please check all that apply and describe suspected problems):

General Area

Description of Problem

EXTERIOR

- Siding _____
- Openings (doors) _____
- Opening (Windows) _____
- Build Ramp _____
- Build Handrails _____
- Porch Floor _____
- Discard Trash _____
- Clean Gutters/
Yardwork _____
- Roof _____
- Fencing _____
- Other _____
- _____
- _____
- _____
- _____
- _____

Address

Home Modification Status

(For elderly and /or disabled applicant only)

1. **List any medical conditions:** (Such as low vision, hearing loss, arthritis, difficulty with mobility, heart or lung conditions, diabetes, etc.) _____
-

2. Living Situation and Social Support

You live: Alone With another person who is consistently able to help

With another person who is not able to help consistently

If you do not live with someone who can help out consistently, do you have access to a relative or caregiver who is available on a regular basis to help? Yes No

3. Falls

Have you ever fallen or nearly fallen in or around the house? Yes No

If yes, in what area(s)? _____

4. Daily Activities

What daily activities are difficult for you to do (list all that apply)? _____

In what areas in and around the house do you have difficulty doing daily activities:

5. Modifications

List any modifications that are already in place (grab bars, tub bench, etc.)

List any modification that you or your caregiver feel would benefit you.

Address

Home Owner Biography

Please tell us about yourself and why you should receive assistance from Operation Freedom Continues?

If selected for services who in the family would perform the required service hours?

As a recipient of services, I agree to perform an agreed upon number of service hours and assist in the performing the work being done in my home. If I am not able to perform the service hours due to physical limitations or health reasons, family members and friends may assist in performing the required service hours.

Applicant Name

Address

Application for Assistance

I, the undersigned, so hereby certify that all the information contained in this application is true and correct to the best of my knowledge, information, and belief. I understand that if any of the information is found to be false, I may be disqualified from participation in the program(s) for which my home has been selected, if it is in fact selected. At this time, I grant Operation Freedom Continues permission to inspect my home for purposes of possible home selection for repairs.

Homeowner's Signature

Homeowner's Name

Date of Signature

Applicant's Name and Title (If other than homeowner) Company

Date

Address