

HOUSING FOR TEXAS HEROES HOME MODIFICATION, REPAIR, AND WEATHERIZATION PROJECTS

Housing for Texas Heroes Grant Project Form

GRANTEE INSTRUCTIONS

Complete Sections A-E. Submit one form for reimbursement of each Home Modification, Weatherization, or Repair Project completed.

BENEFICIARY INSTRUCTIONS

Review Project information on both pages of this form. Complete Section F.

Required fields are marked by a red asterisk ()*

A) PROJECT INFORMATION

Grantee Organization*

Grant ID Number *

Beneficiary Name*

Beneficiary Type * Veteran Surviving Spouse

Project Address*

City*

County *

Is the Veteran/Surviving Spouse Beneficiary the owner of the home as verified on the corresponding County Yes No

Appraisal District Office's website? *

Does the Veteran/Surviving Spouse Beneficiary reside in the home listed as *Project Address*? * Yes No

Project eligibility requirement met by Beneficiary? * Very Low-Income Low-Income VA Disabled (*only applicable to Veterans*)

Project completed at no cost to the Veteran/Surviving Spouse, and no payment was collected or is due from the Veteran/Surviving Spouse Beneficiary for completion of this Project in any form or amount. * Yes No

B) MODIFICATION, WEATHERIZATION, OR REPAIRS REQUIRED

What are the problems that require modification, weatherization, or repair at the home? Provide specifics for each item. Include the functional deficiency caused by each issue.*

Example: The front door will not close and seal properly. There is a 1-2 inch gap at the top and bottom of the door.

ISSUE AND FUNCTIONAL DEFICIENCY CAUSED *

AREA OF HOME *

1.

2.

3.

4.

5.

6.

7.

8.

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C) PROJECT MILESTONES

Pre-Inspection Date * _____ Project Start Date * _____

Final Inspection Date * _____ Project Completion Date * _____ **PROJECT DURATION**
Days

Project Inspector * Internal Third-Party Project Inspector Name * _____

D) COMPLETED MODIFICATION, WEATHERIZATION, OR REPAIR WITH TVC FUNDS

What Home Modification(s), Weatherization(s) or Repair(s) were completed? Provide a short description of major tasks performed.*

Example: Front door frame replaced. New fiberglass door installed.

MAJOR TASK PERFORMED *	COST *
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
	TOTAL COST * _____

E) GRANTEE CERTIFICATION

I agree that the information on this form is true. The work has been completed and accepted by the client.

Grantee Representative Name and Job Title * _____ Date * _____

Grantee Representative Signature * _____

F) BENEFICIARY CERTIFICATION

JOB RATING * <input type="checkbox"/> Very Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Not Satisfied <input type="checkbox"/> I Wish to File a Complaint

I agree that the information on this form is true. The work has been completed and my customer rating is fair.

Beneficiary Signature * _____ Date * _____