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 <u>Section F.</u>

Required fields are marked by a red asterisk (*) A) PROJECT INFORMATION Grant ID Number * Grantee Organization* Beneficiary Type * ☐ Veteran ☐ Surviving Spouse Beneficiary Name* Project Address* County * City* Is the Veteran/Surviving Spouse Beneficiary the owner of the home as verified on the corresponding County Appraisal District Office's website? * Does the Veteran/Surviving Spouse Beneficiary <u>reside</u> in the home listed as *Project Address?* * 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 ☐ Yes the Veteran/Surviving Spouse Beneficiary for completion of this Project in any form or amount.* 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. 4. 5. 6. 7. 8.

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Pre-Inspection Date *		Project S	Start Date *	PROJECT DURATION
Final Inspection Date	*	Project Compl		PROJECT DURATION Days
Project Inspector *	Internal Third-Party	Project Inspector 1	Name *	
What Home Modific	FICATION, WEATHERIZAT ation(s), Weatherization(s) r frame replaced. New fiberglass	or Repair(s) were co		escription of major tasks performed.*
MAJOR TASK PERF	ORMED *			COST *
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
				TOTAL COST *
E) GRANTEE CERTIFIC I agree that the informa		The work has been co	ompleted and accepted by the	ne client.
Grantee Representative N	ame and Job Title *			Date *
Grantee Representative Si	ignature *			
F) BENEFICIARY CERT	IFICATION			
JOB RATING *	☐ Very Satisfied	☐ Satisfied	☐ Not Satisfied	☐ I Wish to File a Complaint
I agree that the informa	ntion on this form is true. T	The work has been co	ompleted and my customer	rating is fair.
Beneficiary Signature *				Date *

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