



HBA Restoring Hope Foundation Criteria

This program is for residents of Berks County only.

Requirements:

- Minimum of three years of being a homeowner of an owner-occupied property on a permanent foundation (no mobile homes).
- Property must be deeded and all mortgages / loans in applicant's name.
- Applicant must agree to the signing of required release forms.
- Applicant must agree to have their credit report pulled and analyzed.
- Applicant must agree to obtain and have their criminal history (PA State Police) analyzed.
- Applicant must have current homeowner's insurance.
- Applicant must be current on their mortgage.
- Applicant must be current on their property taxes.
- Applicant must be current on their municipal utilities.

If the applicant previously received other repair assistance for the HBA of Berks County or any other source within the last five years, they are not eligible.

www.HBARESTORINGHOPE.org



HBA Restoring Hope Foundation 2019 Application

Date: ___/___/___

Applicant Name _____

Social Security # _____ DOB _____

Please tell us who you are (Only complete if you ARE NOT the applicant):

Nominating Name _____

Email Address _____ Phone (____) _____

All of the following information pertains to the applicant's household only:

Physical Address _____

Do You Own your Home? (Circle one): yes no How long have you lived there? _____

County _____ Municipality _____

Marital Status (circle one): Married Divorced Separated Single Widowed

Home Phone (____) _____ Cell (Mobile) (____) _____

Secondary Contact Name _____

Email Address _____ Phone (____) _____

Are you a Veteran? (Circle one): yes no

If "yes" are you on active Duty? (Circle one): yes no

Were you honorably discharged? (Circle one): yes no

Do you have any Disabilities? (Circle one): yes no

If "yes", please explain (use back if necessary) _____

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Annual Property Taxes \$_____

Annual Homeowners Insurance \$_____

Home Value \$_____

Do you have any other debts?

Credit Card Total: \$_____

Personal Loans Total: \$_____

Auto Loans Total: \$_____

Have you ever declared bankruptcy? (Circle one): yes no

Tell us about what you would like done (Add additional sheets or write on back, if necessary):

Project Description (tell us what work needs to be done)

Why do you deserve the assistance of HBA Restoring Hope Foundation?

How are you involved in the Community (Please list the organizations you actively support)?

How did you hear about the HBA Restoring Hope Foundation? (Please be specific)

If selected, are you or family members willing to help with the Project (move furniture, raise money, recruit / manage volunteers) for future recipients? (Circle one): yes no

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Client Release: I declare that, to the best of my knowledge, all information that I have made available and documented above is true and factual. Furthermore, I understand that this information will be computerized and that this information may be made available to other participating agencies and institutions. If I am selected for further consideration I understand that I will be required to provide two (2) years of tax returns, criminal background checks, credit reports, and possibly other documentation.

Applicant Signature _____ Date ____/____/____

Printed Name of Applicant _____

Applicant Signature _____ Date ____/____/____

Printed Name of Applicant _____

**Applications must be *received* no later than
End of Day on Friday, February 15, 2019**

Late Applications will not be accepted under any circumstances

Mail to: HBA Restoring Hope Foundation
c/o Home Builders Association of Berks County
25 Stevens Avenue, Building B, Suite 1
West Lawn, PA 19609-1425

Please use extra paper for longer answers if necessary.