



## 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](http://www.HBARESTORINGHOPE.org)**



# HBA Restoring Hope Foundation 2020 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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Please list the names, and ages of each member of your household, including children, and their incomes, if any. (Include all income sources. Gross Income is earnings before taxes and deductions.):

Name \_\_\_\_\_ Age \_\_\_\_\_ Gross Income \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gross Income \_\_\_\_\_

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Name \_\_\_\_\_ Age \_\_\_\_\_ Gross Income \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gross Income \_\_\_\_\_

If employed, tell us where (including all household members):

Name \_\_\_\_\_ Employer \_\_\_\_\_ How Long \_\_\_\_\_

Name \_\_\_\_\_ Employer \_\_\_\_\_ How Long \_\_\_\_\_

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Name \_\_\_\_\_ Employer \_\_\_\_\_ How Long \_\_\_\_\_

What are the current balances in your Bank Accounts?      Checking:      \$ \_\_\_\_\_

   Savings:      \$ \_\_\_\_\_

   Other:      \$ \_\_\_\_\_

Bank & Address of 1<sup>st</sup> Mortgage \_\_\_\_\_

Are Payments Current? (Circle one):      yes      no

Monthly Mortgage Payment \$ \_\_\_\_\_ Current Mortgage Balance \$ \_\_\_\_\_

Bank & Address of 2<sup>nd</sup> Mortgage \_\_\_\_\_

Are Payments Current? (Circle one):      yes      no

Monthly Mortgage Payment \$ \_\_\_\_\_ Current Mortgage Balance \$ \_\_\_\_\_

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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 14, 2020**

**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.**