

<b>For Office Use Only</b>
Date Received:
Eligibility Status <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Classifications: <input type="checkbox"/> Aging in Place <input type="checkbox"/> Veteran <input type="checkbox"/> Other _____
TIER:
Project Number:

## Water Resources Assistance Program

### About the Program

Water Resources Assistance Program (WRAP) is a home repair ministry program offered through Gwinnett/Walton Habitat for Humanity in partnership with Gwinnett County Water Resources Department. WRAP provides plumbing services for low to moderate-income homeowners who reside within Gwinnett County service area. WRAP assists homeowners who are unable to complete plumbing repairs on their own due to age, finances, or physical ability.

### Plumbing Services Offered:

1. Plumbing Repairs: services could include repairs such as leaking/broken toilets, leaking fixtures, water heater leaks, and service lines leaks.
2. Retrofitting Homes: services could include the retrofit of the entire home with low flow, high efficiency toilets, faucets, and showerheads if the home was built prior to 1992.
3. Septic Systems service could include septic system repairs and replacements.

*If selected and as needed, homeowners are required to participate in the project as they are physically able and volunteer in a cooperative effort – called sweat equity.*

### How Do I Apply? Eligibility:

1. Applicants must own the home services are needed for and home must be applicant's primary residence.
2. Application must be filled out in entirety and provide proof of income and proof of homeownership.
3. Household income cannot exceed 60% of Area Median Income (AMI) annually.

### HUD Maximum Income Limits Based on Family Size

1-person	2-person	3-person	4-person	5-person	6-person	7-person	8-person	9-person	10-person
36,204.00	41,376.00	46,548.00	51,720.00	55,857.60	59,995.20	64,132.80	68,270.40	78,200.64	88,792.90

### The application process for WRAP is a multi-step process. Steps to apply:

1. Complete application, then mail or fax completed application and backup materials to:  
Gwinnett/Walton HFH, P. O. Box 646, Lawrenceville, GA 30046  
Ph.: 770-731-8080 / Fax: 770-931-6839
2. Determine eligibility
3. Repair assessment - An in-depth evaluation of repair requests and costs will be conducted. Statement of Work will be prepared. **NOTE: It could be about 2-8 months before the home repair project is started, depending on number of applicants on service list.**
4. Repairs are completed.
5. Post-Repair Survey conducted.
6. Clients begin payback of costs based on the agreement.

**The 3 major criteria for selection into the Habitat Water Resources Assistance Program are:**

1. Need (Safe, Dry, Compliant) including meeting our financial guidelines.
2. Willingness and ability to accept financial responsibility
3. Willingness to partner with Gwinnett/Walton Habitat for Humanity

<b>SECTION 1 - Homeowner Information</b>	
<b>Legal Name of Homeowner:</b>	Age:/DOB: M/F: _____
Home Address: _____ City : _____ Zip: _____	Email: _____
Telephone Numbers: Cell: _____ Home: _____ Wk _____	_____
<b>Homeowner Information Continued...</b>	
List the names, ages, <b>and relationship</b> to <i>homeowner</i> of <b>all</b> people living in the home ( <b>attach a sheet for additional names</b> ):	
Name/relationship _____	Age: _____ M/F: _____
Name/relationship _____	Age: _____ M/F: _____
Name/relationship _____	Age: _____ M/F: _____
Name/relationship _____	Age: _____ M/F: _____
Name/relationship _____	Age: _____ M/F: _____
Are you a Veteran, Spouse of a Veteran or Widow/Widower of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____	
<b>IF YES, PLEASE PROVIDE A COPY OF DD214 WITH YOUR APPLICATION</b>	
Have you applied to <b>WRAP</b> in the past? <input type="checkbox"/> Yes - What year(s)? _____ <input type="checkbox"/> No	
Has <b>WRAP</b> done work at your home in the past? <input type="checkbox"/> Yes - What Year(s)? _____	
<b>SECTION 2 – Additional Needs</b>	
Is the homeowner or anyone in the home living with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate the type of disability below (check all that apply, please describe if “other”):	
<input type="checkbox"/> Uses a Walker, Cane or Crutches	<input type="checkbox"/> Uses Wheelchair
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Legally Blind
<input type="checkbox"/> Loss of Limb	<input type="checkbox"/> Developmental Disability
<input type="checkbox"/> Other: _____	
Is translation needed? <input type="checkbox"/> Yes <input type="checkbox"/> No     If yes, what language: _____	

**SECTION 3 - Household Income and Mortgage Information**

You must provide verification of all household income for each adult in the house, unless a full-time student. You will need to provide copies of the following items:

- Your last 3 pay stubs or other proof of income
- Your most recent tax statement
- Proof of child support and/or public assistance if you receive them
- Proof of homeownership (abstract, deed of trust or most recent property tax statement)
- Proof of current homeowner's insurance or letter/quote of intent to acquire insurance

Monthly Income	Amount
Head of Household Net Income	\$
Spouse/Other Net Income	\$
Social Security/Disability Income	\$
Child Support/Alimony	\$
Other Income	\$
<b>Total monthly income</b>	<b>\$</b>
Monthly Expenses	Amount
Mortgage (including taxes)	\$
Homeowner's Insurance	\$
Groceries	\$
Medical (pharmacy/eye/dental/doctor)	\$
Auto	\$
Auto Gas	\$
Credit Cards/Loans	\$
Utilities	\$
Phone	\$
Cable/Internet	\$
Other	\$
<b>Total monthly expenses</b>	<b>\$</b>

**Please sign and date below. NOTE: If you are not the homeowner but are assisting the homeowner in completing this application, by signing below you affirm that you have reviewed the application with the homeowner (including all Privacy and Disclosure provisions) and have their authorization to sign below.**

Your Name:	Date	Your Signature
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**SECTION 4 - Personal Statement - Briefly state your plumbing repair needs:**

Empty space for personal statement.

**SECTION 5 - Checklist**

- Did you complete all 6 sections of this application?
- Did you sign and date the application? **(SECTION 3)**
- Do you currently have homeowner’s insurance?  Yes  No
- Do you own this home?  Yes  No
- Do you live in this home?  Yes  No
- Are you current on your mortgage?  Yes  No
- Are you current on your property taxes?  Yes  No
- Did you include copies of: recent tax return, social security receipts, retirement pay receipts, 1 month’s bank statement, paystubs or other documentation of household income. All adults, over the age of 18, must submit an income document (or prove current student status) showing name and address. All veterans must attach copy of DD214**

**SECTION 6 – Who Referred You to WRAP Program?**

Website  Friend or family member  Church  Homeowners Association Violation

Homeowners Association Violation  Veteran’s Administration

Social Service Agency (i.e., senior services)  Other \_\_\_\_\_

**Please read this statement before completing the box below:**

We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information or based on whether you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

**Race** (applicant may select more than one racial designation):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- I do not wish to furnish this information.

**Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino

**Privacy Statement and Notice**

At Gwinnett/Walton Habitat for Humanity, we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to serve our customers more efficiently, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications such as this one or other forms;
- Information about your transactions with us, our affiliates, or others; and
- Information we receive from a consumer reporting agency

For purposes of this application, we may disclose the following kinds of nonpublic personal information about you to our affiliates or companies we partner with that provide related services:

- Information we receive from you on applications or other forms, such as your name, address, social security number, assets, income, expenses, etc.
- Information about your transactions with us, our affiliates, or others, such as your loan balance, payment history, etc.
- Information we receive from a consumer reporting agency such as your creditworthiness and credit history

Gwinnett/Walton Habitat for Humanity employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law.

As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents;
- Related Nonprofit organizations or governments; and   N/A   [OTHER ENTITIES IF APPLICABLE].

By signing and submitting this application you consent to the aforementioned sharing of your nonpublic personal information for the purpose stated above. If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). This may or may not affect any application you have submitted to Gwinnett/Walton County Habitat for Humanity. If you wish to opt out of disclosures to nonaffiliated third parties, you may call Gwinnett/Walton County Habitat for Humanity at 770.931.8080, xt. 1017.

*Privacy Statement & Notice - Board Approved: REV: 08/11/2021*