



## Water Resources Assistance Program

Return Application to: Gwinnett/Walton Habitat for Humanity  
 P.O. Box 646  
 Lawrenceville, GA 30046  
 770-931-8080 ext. 1018  
[wrap@habitatgwinnett.org](mailto:wrap@habitatgwinnett.org)

<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"/> Emergency <input type="checkbox"/> Other _____
Project Number:

### 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:

- Plumbing Repairs: services could include repairs such as leaking/broken toilets, leaking fixtures, water heater leaks, and service lines leaks.
- 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.
- 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.*

### Multi-Step Application Process

- Complete the application
- Habitat Determines eligibility
- 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 months before the home repair project is started.**
- Repairs are completed.
- Post-Repair Survey conducted.

### Program Eligibility

- Applicants must be homeowners and the home must be a primary residence.
- Household income cannot exceed 65% of Area Median Income (AMI) annually.
- Application must be filled out in entirety and provide proof of income and proof of homeownership.

#### 1. Do you own the home that you are applying for home repair assistance?

Yes  No

#### 2. Is the home you are applying for assistance for your primary residence?

Yes  No

#### 3. Have you lived in the home for at least 1 year?

Yes  No

#### 4. Do you certify that you do not intend to sell this home within the next 3 years?

Yes  No

WRAP Maximum Income Limits Per Family Size (based on HUD Guidelines)							
1-person	2-person	3-person	4-person	5-person	6-person	7-person	8-person
\$52,000	\$59,410	\$66,820	\$74,230	\$80,210	\$86,125	\$92,105	\$98,020

## Homeowner Information Section

Homeowner First Name

Homeowner Last Name

Date of Birth  
(month/date/year)

Street Address

City

County

Zip Code

Phone Number

Email

Gender  Male  Female

Year House was Built

Number of Years You  
Have Lived In The Home

### Marital Status

- Single  Married  Domestic Partner  
 Separated  Divorced  Widowed

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

- \_\_\_ Native American Indian or Alaska Native      \_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_ Black/African      \_\_\_ White      \_\_\_ Asian      \_\_\_ Other/Multi-Racial

### Ethnicity

- \_\_\_ Hispanic or Latino      \_\_\_ Non-Hispanic or Latino  
\_\_\_ I do not wish to furnish this information.

### Veteran Status

- I am a veteran       I am a spouse of a veteran       I am a widow/widower of a Veteran       Not Applicable

**PLEASE PROVIDE A COPY OF DD214 WITH YOUR APPLICATION IF APPLICABLE**

Gas/Electric Provider: \_\_\_\_\_

### Additional Needs

Is the homeowner or anyone in the home disabled?  Yes  No

If yes, indicate the type of disability below (check all that apply, please describe if "other"):

- Uses a Walker, Cane or Crutches       Wheelchair Bound       Blind  
 Hearing Impaired       Loss of Limb       Mentally Disabled  
 Other: \_\_\_\_\_

Is translation needed?  Yes  No If yes, what language: \_\_\_\_\_

Have you applied to **ABWK or WRAP** in the past?  Yes - What year(s)? \_\_\_\_\_  No

Has **ABWK or WRAP** done work at your home in the past?  Yes - What Year(s)? \_\_\_\_\_

**Additional Household Members Information**

**Homeowner Information Continued...**

List the names, ages, **and relationship** to homeowner of **all** people living in the home (**attach a sheet for additional names**):

_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name (First and Last)	Relationship to homeowner	Date of Birth	Gender	Disabled	Veteran
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name (First and Last)	Relationship to homeowner	Date of Birth	Gender	Disabled	Veteran
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name (First and Last)	Relationship to homeowner	Date of Birth	Gender	Disabled	Veteran
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name (First and Last)	Relationship to homeowner	Date of Birth	Gender	Disabled	Veteran
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name (First and Last)	Relationship to homeowner	Date of Birth	Gender	Disabled	Veteran
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name (First and Last)	Relationship to homeowner	Date of Birth	Gender	Disabled	Veteran

**Home Repair Need – Briefly Describe Your Top 3 Plumbing Repair Needs**


**Homeowner Narrative – Is there anything else you would like us to know about yourself/your family’s situation or home repair needs?**

--

## Household Income and Mortgage Information Section

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:

- Copy of Driver's License or State of Georgia ID
- Your last 3 pay stubs or other proof of income
- Most Recent Tax Return if applicable
- One month bank 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 if applicable or letter/quote of intent to acquire insurance

Monthly Income	Amount
Head of Household Gross Income	\$
Spouse/Other Gross 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>

## How Did You Hear About the WRAP Program?

- Website       Friend or family member       Church       Code Enforcement Violation  
 Dept. of Water Resources Customer Care Advocate       Veteran's Administration  
 Notice in Water Bill       Newspaper  
 Social Service Agency (i.e., senior services)       Other \_\_\_\_\_

## Checklist

Did you complete all sections of this application?

- Did you sign and date the application? (**bottom of last page**)
- Do you currently have homeowner's insurance?  Yes       No
- Are you current on your mortgage?  Yes       No       Not Applicable (mortgage paid in full)
- Are you current on your property taxes?  Yes       No
- Did you include copies of: 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 a copy of DD214.**

## Privacy Statement and Notices

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].

We requested demographic 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.

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, ext. 1017.

**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.**

Print Name	Date	Signature
------------	------	-----------