Housing for Texas Heroes Grant Project Form

GRANTEE INSTRUCTIONS

Complete <u>Sections A-E</u>. Submit <u>one</u> form for reimbursement of each Home Modification, Weatherization, or Repair Project completed. Form should be filled <u>out completely for reimbursement of completed project</u>.

VETERAN/SURVIVING SPOUSE BENEFICIARY INSTRUCTIONS

Review Project information on both pages of this form. Complete <u>Section F</u>

A)	PRO.	IECT	INF	ORM	IATION	ı
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Grantee Organization*	Grant ID Number *				
Beneficiary Name *	Beneficiary Type * 🗌 Veteran	☐ Surviving Spouse			
Project Address *		•••••••••••••••••••••••••••••••••••••••			
City *	County *				
Is the Veteran/Surviving Spouse Beneficiary the owner of the home as ver County Appraisal District Office's website? *	ified on the corresponding	☐ Yes ☐ No			
Does the Veteran/Surviving Spouse Beneficiary <u>reside</u> in the home listed a	s Project Address? *	☐ Yes ☐ No			
Income eligibility requirement met by Beneficiary? *	☐ Very Low-Income	☐ Low-Income			
Project completed at no cost to the Veteran/Surviving Spouse, and no pay the Veteran/Surviving Spouse Beneficiary for completion of this Project in	ment was collected or is due from any form or amount. *	☐ Yes ☐ No			
B) MODIFICATION, WEATHERIZATION, OR REPAIRS REQUIRED					
What are the problems that require modification, weatherization, or rep by the issue and the specific area of home where the issue was identified		ional deficiency caused			
Example Issue & Deficiency: Door will not close and seal properly as there is a 1-2 in	nch gap at the top and bottom	Area of Home: Front Door			
ISSUE AND FUNCTIONAL DEFICIENCY CAUSED *		AREA OF HOME *			
1.					
2.					
3.					
4.	······································				
5.		······································			
6.	······································	······································			
7.					
8.					

C) PROJECT MILESTONES Pre-Inspection Date * Project Start Date * Final Inspection Date * Project Completion Date * Davs Project Inspector * ☐ Internal ☐ Third-Party Project Inspector Name * D) COMPLETED MODIFICATION, WEATHERIZATION, OR REPAIR WITH TVC FUNDS What Home Modification(s), Weatherization(s) or Repair(s) were completed? Provide a description of major tasks performed. Please list major tasks performed in the order listed in Section B of this form. * Example Major Task Performed: Front door frame replaced. New fiberglass door installed. Cost: \$150.00 **MAJOR TASK PERFORMED *** COST * 1. 2. 3. 4. 5. 6. 7. 8. **TOTAL COST * E) GRANTEE CERTIFICATION** I agree that the information on this form is true. The work has been completed and accepted by the client. Date * Grantee Representative Name and Job Title * Grantee Representative Signature * F) BENEFICIARY CERTIFICATION JOB RATING * ☐ Not Satisfied ☐ Very Satisfied Satisfied I Wish to File a Complaint I agree that the information on this form is true. The work has been completed and my customer rating is fair. Beneficiary Signature * Date *