



VETERAN- GENERAL APPLICATION

FOR ASSISTANCE

To qualify you must be Honorably or Generally Discharged from the US Military, and purchase a home valued at \$500,000 or less, which will be your sole and primary residence. You agree to own it for a minimum of 3 years. The program awards up to 1% of the purchase price for approved out-of-pocket expenses incurred at closing. Let us know if you need a referral to a Veteran-friendly realtor. Attach all supporting documentation and send to heroeswelcomehome@gmail.com or mail to: Heroes Welcome Home 8235 Blaikie Court, Sarasota, FL 34240 Call 941-448-8651 with any questions. Thank you!

GENERAL INFORMATION: Date of application: _____ * Optional for statistical purposes only

Applicant #1: _____ DOB _____ *Ethnicity _____

Employer or source of income: _____

Applicant #2: _____ DOB _____ *Ethnicity _____

Employer or source of income: _____

Current Address: _____ City: _____ State ____ Zip _____

Phone Name #1: _____ **Email Name # 1:** _____

Phone Name #2: _____ **Email Name #2:** _____

Total Annual Household income: \$ _____

of children living with you? _____ **County of Residence** _____

Current living status: Own home Rent Homeless Other _____ **Length of time:** _____

MILITARY STATUS: Please submit proof of Military status with this application.

Applicant #1: Veteran **Branch of Military:** _____

Rank: _____ **Dates of Service:** _____

Military Citations: _____

Location of Deployment: _____

Applicant #2: Veteran **Branch of Military:** _____

Rank: _____ **Dates of Service:** _____

Military Citations: _____

Location of Deployment: _____

Are you first-time home buyers? Yes No **Are you using a VA Loan?** Yes No

Have you found a home to purchase? Yes No **Is it under contract?** Yes No

Without assistance would you be able to purchase this home? Yes No

Have you already been pre-approved for a loan? Yes No **Approval amount:**

\$ _____ **If no, have you submitted an application?** Yes No

Purchases Price of home \$ _____ **What is the closing date?** _____



**REPAIR & MAINTENANCE
ASSISTANCE - SUPPLEMENT**

Please include this completed and signed Supplement along with the General Application, and other requested attachments when submitting paperwork to Heroes Welcome Home. To qualify you must be an Honorably or Generally Discharged Veteran with the US Military or Reserves. This award may only be used for repairs and maintenance on a home that you own. Please include proof of ownership with your application.

Applicants: Name #1: _____ **Name #2:** _____

Heroes Welcome Home has limited funds to assist with repairs and maintenance. We rely on volunteer labor, donations and community vendors (willing to offer discounted prices). If you are approved for the program, all or part of your requests may be addressed. There is no guarantee that your entire list will be approved.

Please prioritize your list of needed repairs/projects and explain in detail.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Are any of the items on the list above needed because of a medical condition? Yes No If yes, which one and please explain:

Are you able to contribute financially to the repairs? Yes No How much? \$ _____

Are you able to help with labor? Yes No

By signing below, you give Heroes Welcome Home permission to discuss this application with the following:

Significant Other/Spouse listed on this form Referral organization/VA Landlord Other _____

Name: _____ Phone #: _____

I agree to provide a testimony and will allow photos to be taken for HWH to use for marketing the program.

I agree to provide an anonymous testimony.

By signing the application, you hereby agree to the program terms and consent to be considered for a financial/service award program. Additionally, you are granting HWH permission to publish photographs taken for promotional purposes, which will remain the sole property of Heroes Welcome Home. I agree to hold harmless, Heroes Welcome Home, Directors, Volunteers, Staff and Vendors that contribute to the repair and maintenance of my home should any issues or problems arise.

Name #1: _____ **Date:** _____

Signature

Name #2: _____ **Date:** _____

Signature

Office use only: DD214 Approved Denied Reason: _____

of repairs to be addressed _____ Estimated cost: \$ _____ Copy of Deed

Amt approved: \$ _____ Date repairs are to begin: _____ Date finished: _____