

Housing for Texas Heroes Grant Program

The Housing for Texas Heroes (H4TXH) Grant Program provides home modifications, repair, and weatherization for veterans and surviving spouses who live in Texas.

Eligible Beneficiaries: Very Low and/or Low-Income Veterans, Surviving Spouses

1. Clients must be Very Low or Low-Income.
 - Very Low-Income Household (50% of the median family income for the county in which the beneficiary resides per HUD)
 - Low-Income Household (80% of the median family income for the county in which the beneficiary resides per HUD)
2. Clients who meet income requirements and are determined a disabled veteran by the VA are the highest priority for services and wait lists.
3. Clients must be listed on file with the county appraisal district as the current owner(s) of the property.
4. Clients must be current on existing mortgage loans or home equity loans.
5. Clients must be current on property taxes or deferred by the county appraisal district.
6. Property receiving services must be the client's primary residence and located in Texas.

Eligible Services:

1. **Home modification projects** to improve accessibility that support living in a home based on physical disabilities or handicaps (accessibility modifications to walkways, doors, kitchen, and bathroom). Home modification projects must assist the VA disability or handicap.
2. **Home repair projects** to correct dangerous housing conditions to make home safe (plumbing, electrical, walls, flooring,). Home repair projects must correct dangerous and life threatening conditions and not repair wanted upgrades to improve the aesthetic of the home.
3. **Home weatherization projects** to correct elements (wind and water) from entering the home (sealing of doors & windows, siding, roofing). Weatherization projects for energy efficiency upgrades or repairs are not allowed, Federal and other State programs provide such services.

Verify Current Ownership & Residence

Before committing to or beginning the project, verify the beneficiary (veteran or surviving spouse):

1. Is listed as the 100% owner via the County Tax Appraisal District's office; AND
2. Homestead - Lives in it as a primary residence

County Tax Appraisal District Verification

The beneficiary must be listed as the 100% owner on official County property tax records. Examples of acceptable proof include:

- Warranty Deed
- Special Warranty Deed
- Irrevocable Trust where veteran (or surviving spouse) is listed as the beneficiary of the trust

Grantees carry the burden of substantiating ownership of the property. If clear, absolute evidence of beneficiary ownership is not provided to TVC at time of reimbursement, the Grantee may be liable for covering the costs of the project.

Current on Loans & Property Taxes

Ensure beneficiaries are CURRENT on all of the following before committing to or beginning the beneficiary project:

- Mortgage loans
- Home equity loans; AND
- Property taxes

Exceptions And Prior Approvals

If criteria outlined above cannot be met, contact your Grant Officer to discuss an exception.

Reporting Tools

The following items will help your organization collect the required information needed to request reimbursement.

Project Checklist

- Use the Project Checklist to guide planning, eligibility confirmation, and document gathering to support reimbursement.

Project Form

- Complete the Project Form to support reimbursement.

Before & After Photos

- Review the Before and After Photo guidelines in this document on page XX, to ensure that adequate photo documentation is captured before and after. Photo documentation is required for reimbursement.

Housing for Texas Heroes Grant Project Checklist

Organization must retain the following documentation for all Projects completed. Do not submit these documents to FVA when requesting reimbursement for completed Projects.

This documentation should be readily available for review by FVA during a compliance or technical visit, desk audit, or upon request at any point in the applicable retention period, to ensure adherence to FVA grant eligibility and compliance requirements. Organizations must retain all records pertaining to the grant for 3 years (per TxGMS guidance) or by the organization's policy requirements, whichever is longer.

- ❑ **Proof of Veteran Status Including Character of Service**
Must coincide with permitted TVC documentation for Veteran/Surviving Spouse Beneficiary eligibility. (Military ID, DD214 w/Honorable, Other Under Honorable, or VA Disability Letter)
- ❑ **Proof of Very Low-Income or Low-Income or VA Disabled Status**
Verify income on pay stubs, and/or SSI payments to determine income in comparison to AMI for Texas county according to HUD and/or VA disability letter.
- ❑ **Proof of Home Ownership**
Verify the Beneficiary is the owner of the home as reflected in a warranty deed, special warranty deed, or listed as the Beneficiary of the trust that is listed as the owner with county tax records.
- ❑ **Proof of Homestead**
Verify home is primary residence receiving Project services. (ID w/Utility Bill & Tax Statement)
- ❑ **County Tax Statement & Mortgage Loan Statement**
Demonstrating Beneficiary is current on property taxes and any form of home loan.
- ❑ **Bid Solicitations**
Must demonstrate the method and process for contractor/vendor selection for labor and materials. All projects over \$10,000 must follow federal and state contracting requirements.
- ❑ **Inspection Reports**
Demonstrating pre-inspection, final inspection, and any instance during the Project.
- ❑ **Fully Executed Contract to Provide Services on Statement/Scope of Work (SOW)** Must be signed by Grantee and Contractor; and coverage dates must occur within the active grant period to be considered valid and fully executed.
- ❑ **Statement/Scope of Work (SOW)**
The detailed description of what repairs or modifications are expected to be completed during the project. The SOW may be revised after the start of the Project due to unexpected discoveries in the home which modify original plans. All major tasks pertinent to the Project must be identified by the organization.
- ❑ **Contractor's Certification of Work**
Signed by (1) Authorized Grantee Representative, (2) Contractor and (3) Veteran/Surviving Spouse Beneficiary. All parties must certify the work was completed as claimed, invoiced, and reported to FVA.

Housing for Texas Heroes Grant Project Form

GRANTEE INSTRUCTIONS

Complete Sections A-E. Submit one form for reimbursement of each Home Modification, Weatherization, or Repair Project completed.

BENEFICIARY INSTRUCTIONS

Review Project information on both pages of this form. Complete Section F.

Required fields are marked by a red asterisk (*)

A) PROJECT INFORMATION

Grantee Organization*	Grant ID Number* R-2023-2018004784
.....	
Beneficiary	Beneficiary Type <input type="checkbox"/> Veteran <input type="checkbox"/> Surviving Spouse
.....	
Name* Project	*
.....	
Address*	
.....	
City*	County*
.....	
Is the Veteran/Surviving Spouse Beneficiary the owner of the home as verified on the corresponding	<input type="checkbox"/> Yes <input type="checkbox"/> No
County Appraisal District Office's website? *	
.....	
Does the Veteran/Surviving Spouse Beneficiary <u>reside</u> in the home listed as <i>Project Address</i> ? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	
Beneficiary Eligibility Requirement * <input type="checkbox"/> Very Low-Income <input type="checkbox"/> Low-Income <input type="checkbox"/> VA Disabled (<i>Must be low or very low income FIRST</i>)	
.....	
Project completed at no cost to the Veteran/Surviving Spouse, and no payment was collected or is due from the Veteran/Surviving Spouse Beneficiary for completion of this Project in any form or amount. *	<input type="checkbox"/> Yes <input type="checkbox"/> No

B) MODIFICATION, WEATHERIZATION, OR REPAIRS REQUIRED

What are the problems that require modification, weatherization, or repair at the home? Provide specifics for each item. Include the functional deficiency caused by each issue.*

Example: The front door will not close and seal properly. There is a 1-2 inch gap at the top and bottom of the 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 *	PROJECT DURATION
.....	
Final Inspection Date *	Project Completion Date *	Days
.....	
Project Inspector * <input type="checkbox"/> Internal <input type="checkbox"/> 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 short description of major tasks performed.*

Example: Front door frame replaced. New fiberglass door installed.

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 *	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Not Satisfied	<input type="checkbox"/> I Wish to File a Complaint
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I agree that the information on this form is true. The work has been completed and my customer rating is fair.

*Beneficiary
Signature **

*Date **

.....