



# Fayette County Habitat for Humanity<sup>®</sup>

## Habitat for Humanity Assistance Request Form

Date: \_\_\_\_\_

County: \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Last)

Phone Number: \_\_\_\_\_  
**WE MUST BE ABLE TO CONTACT YOU**

Address: \_\_\_\_\_  
(House Number) (Street) (Apt#) (City) (Zip)

Email address: \_\_\_\_\_

**HOUSEHOLD COMPOSITION & CHARACTERISTICS** – List the Head of Household and all other people currently living in the home. Indicate the relationship of each family member to the Head of Household. **If you have additional family members, please include them on page 2**

Household Member Name	Relationship to Head of HH	Race	Sex	Highest Level of Education	DOB	Social Security Number

**INCOME INFORMATION** – Includes all wages (i.e. salaries, unemployment benefits, part-time income, seasonal income, Social Security, Supplemental Security, and any other income or benefits your household may receive).

Household Member Name	Source of Income (Include employer's name)	Amount of Gross Income for 30 days prior to application date

**Utility Providers:**

Electric Provider \_\_\_\_\_

Gas/Propane Provider (if you use to heat your home): \_\_\_\_\_

Water Provider: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

<b>Please Answer All Questions</b>	<b>Yes</b>	<b>No</b>
1. Do you have a utility disconnection notice or do you have a disconnected utility?		
2. Are you interested in case management services?		
3. Are any household members a veteran or active military?		
4. Are you the surviving spouse of a veteran?		
5. May we share your application with partner organization Combined Community Action?		
6. Does your household use SNAP benefits?		
7. Does your household use a local food pantry?		
8. Does your household use Meals on Wheels?		
9. Do you have family / friends nearby who assist you?		
10. Do you need a ramp for your home?		

**DESCRIBE ASSISTANCE NEEDED**

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**Additional Family Members:**

<b>Household Member Name</b>	<b>Relationship to Head of HH</b>	<b>Race</b>	<b>Sex</b>	<b>Highest Level of Education</b>	<b>DOB</b>	<b>Social Security Number</b>

You may return your application by using the following options:

<b>Mail:</b>	<b>Drop Off:</b>	<b>Open <i>Fridays &amp; Saturdays from 9am-1pm</i></b>
Fayette County Habitat	Habitat ReStore	
PO Box 1127	825 N. Main St.	
La Grange, TX 78945	Schulenburg, TX 78956	

Email: [repairs@FCHFH.org](mailto:repairs@FCHFH.org)

Habitat will contact you by phone when appointments are being scheduled. Completion of this request does **NOT** guarantee assistance. Assistance is based on applicant being eligible, AVAILABILITY of funds and open available appointments. An incomplete pre-application can be **DENIED**. Additional information will be required if an appointment is scheduled. Pre-application approval will be followed by a home visit from Fayette County Habitat for Humanity to determine extent and cost of desired assistance.

Revised: November 13, 2025