



Helping A Hero's
Wounded Hero Home Program
www.HelpingAHero.org

Application Form:

I. Name of Applicant Wounded Veteran _____

II. Applicant Criteria:

*VA Disability Rating of Minimum 90% Permanently Disabled

*Combat related injuries sustained in the War on Terror (post9/11)

*Require Specially Adapted Housing (preference given to those who qualify for the VA Specially Adapted Housing grant (SAH grant—single amputees who are not guaranteed the SAH grant but who do qualify are included in this preference)

III. Application Submission Process:

STEP 1: Complete the 12 page application.

STEP 2: Email the completed 12 page application to applications@HelpingAHero.org

STEP 3: Place together in the same envelope the entire list of items below:

- 1. The completed 12 page Application Form
- 2. Copy of ALL DD 214s
- 3. Pre-injury photograph of you
- 4. Post-injury photograph of you
- 5. Photograph of your family

STEP 4: Mail the envelope containing all above requested materials to:

HelpingAHero.org Attn: Applications
PO Box 19310
Houston, TX 77224

**There is no deadline to apply; applications are accepted and reviewed on a rolling basis.

IV. Selection Process:

The signatory applicant will be notified when the application packet has been received by Helping A Hero. The completed application packet will be forwarded to the Selection Committee for their review. The selection process is thorough and may include interviews of the applicant and may require more information from the applicant. If applicant is selected to participate in the Wounded Hero Home Program, the selectee must formally accept the Wounded Hero Home Program offer in writing before Helping A Hero will commence the lot and builder selection process on behalf of the veteran selectee.



Program Overview:

The mission of Helping A Hero.org (HAH) is to empower America's severely wounded veterans, injured in the War on Terror, by partnering with selected wounded veterans to provide homes specially adapted for each veterans' needs. For over a decade, HAH's Wounded Hero Home Program quality houses have been built throughout the United States. The average monetary value of an HAH Wounded Hero Home Program house exceeds \$300,000. The houses are typically built in master planned subdivisions.

The Wounded Hero Home Program requires that the wounded veteran who takes title and ownership of the home pay a minimum of \$50,000 toward the total construction cost, in addition to Veteran's Administration Special Adapted Housing (SAH) grant money paid toward the total construction costs. In addition to in-kind donations and discounts used by the builder to lower the construction cost, HAH budgets a HAH Grant toward construction costs. Any construction costs not covered by the SAH Grant, the \$50,000 from the veteran, the HAH cash Grant, and the in-kind donations, if any, are the veteran's responsibility. The exact purchase amount owed at closing by the veteran (in addition to the SAH grant money) depends on many factors, including location, the cost of the lot, house square footage, veteran requested change orders, veteran product selections, closing costs, insurance, taxes and community support. The veteran's home purchase cost is typically paid via a mortgage loan obtained by the veteran, with a mortgagor of the veteran's choosing. For this reason, selected veterans should have credit worthiness.

After the construction of the house is complete, the veteran recipient signs a Wounded Hero Home Program Agreement at the real estate closing. The veteran is the buyer of the new specially constructed house, (typically funded, as stated above, with a mortgage loan from a third party lender.) After the property title transfers to the veteran, the veteran receives the key to the HAH home and moves in. The veteran is financially responsible for HOA dues, if any, insurance, property taxes (taxation varies by state and percentage of disability) and home and yard maintenance. The Wounded Hero Home Program Agreement requires that after taking title, the veteran commits to live in the HAH home as his or her primary residence for a minimum period of ten years, during which the veteran pledges not to sell it or borrow money against the value of it. When the ten year contract expires, the veteran may access the equity in the home and/or sell it.

Instructions for completing this application:

HAH recognizes the confidential nature of SSN, SSDI, CRSC, and income and debt information requested in this application and **is committed** to protecting the **confidentiality** of such information. All answers must be **complete** (no omissions) and **accurate** in order for **the Selection Committee to make a proper decision** - one that will be in the best interests of the wounded veteran applicant and Helping A Hero. If for any reason the wounded veteran applicant is relying on a spouse or caregiver to answer the questions and submit the requested information, the name and signature of that person must be provided on all signature lines of page 11.



Application:

Veteran Name: _____
Full Legal Name, as it appears on government-issued identification card.

Street, City, State, Zip: _____

Veteran Phone Numbers: Cell _____ Landline _____

Veteran **preferred** email: _____

Spouse or Caregiver (circle one) Name: _____
Full Legal Name, as it appears on government-issued identification card.

Spouse or Caregiver (circle one) Email and Phone: _____

PERSONAL INFORMATION:

SSN: _____ DOB: _____

Most Recent Disability Rating: _____ Date of this Disability Rating: _____

Is the wounded veteran applicant under a guardianship? _____ Power of Attorney? _____

Current VA Disability Income: Monthly: _____ Annually: _____

Social Security Disability Income (SSDI): _____

Combat Related Special Compensation (CRSC) Income: _____

All Other Income and Source: (Social Security, Salary, etc.) _____

Current outstanding debt as of the date this application is signed:

Total # of credit cards and total debt # _____ \$ _____

Total # of vehicle loans and monthly payments # _____ \$ _____

Total monthly mortgage payment on properties \$ _____

Total all other monthly debt (such as student loans, medical bills, etc.) \$ _____

If the veteran has ever filed bankruptcy, when and in what state? _____

Military Discharge Date: (Or Expected Date) _____



Branch of Service/Rank/Grade: _____

Service Related Medals, Awards and Commendations: _____

Have you received an “Other Than Honorable, Bad Conduct or Dishonorable Discharge”?
If yes, explain. _____

Please tell us where you grew up and a little about yourself. For example, did you participate in extracurricular activities (sports, music, community service, clubs, theatre, etc.) in high school and/or college? This will allow us to get a glimpse into your life growing up before your service in ‘Operation Enduring Freedom’ or ‘Operation Iraqi Freedom’: _____

Why and when did you join the military? Have any other family members served in the military?



MILITARY SERVICE:

Please introduce us to your story of your service in the post 9/11 Global War on Terror. How and when were you injured? What were your dates of service?



INJURIES:

What are your permanent injuries? How have your injuries impacted your everyday life?
What daily and long term challenges do you face as a result of your injuries?
What financial challenges, if any, have you and your family faced as a result of your injuries?

Tell us about your post-injury journey. Where have you been treated?
What are your ongoing medical needs?



FAMILY:

Tell us about your family and who lives with you. For example, are you engaged, married, divorced? If you have children, what are their names and ages, and with whom do they live? If you are married, tell us about your spouse, for example, working? Attending school? Serving as your caregiver?

Who has been the most important person in your life as you have gone through your journey of recovery? Tell us a little about that person. Also tell us about any other key people and/or organizations that have been there for you in your journey:



FUTURE:

Please name the top three USA cities where you could commit to live for the next ten years, and state why:

1st Choice: City/State: _____

2nd Choice: City/State: _____

3rd Choice: City/State: _____

Why are these your choices?

What are your current short term and long term goals?

How do you envision your life five years and ten years from now?

How do you imagine receiving a Helping A Hero Wounded Hero Home Program house would change your life?



ADAPTATIONS:

What functionality, equipment, design, etc. in a house are currently necessary components and features for your daily activities of living?

Which of the items you listed above do you not currently have where you live, but you need?

Which items/features/equipment/designs necessary to your daily activities of living would you need in a new house?

Are you eligible to receive any of the Veteran’s Administration Special Housing Grants, such as the SAH, SHA or HISA grants? If yes, have you ever received any of these grants in the past? Please list Grant and Grant Amounts received.



HELPING A HERO.ORG:

How did you hear about Helping A Hero?

Do you know any veteran who has received a Helping A Hero home or home grant? If so, who?

SUPPORT FROM OTHER ORGANIZATIONS:

Have you received any post-injury support in any category from **other not-for-profit organizations, veteran- related or otherwise?** (This includes cash, grants, cars, trips, recreation, housing, etc.) If so, what type and from whom?

CURRENT HOME OWNERSHIP/RENTAL:

Are you currently a homeowner? If yes, please provide (1) address, (2) current value of home, (3) remaining amount owed, and (4) monthly insurance, and (5) annual taxes.

Are you currently in a Rental or Lease Agreement? _____

If yes, what is the monthly rental? \$ _____

If yes, what day/month/year does the rent/lease contract expire? _____



CERTIFICATION:

1. If you were selected as a home recipient, would you be willing to share your story with others and speak to groups about your story and help us help others who are severely wounded?

Yes, if selected as a home recipient, I will share my story publicly in order to help Helping A Hero help other wounded veterans.

Printed Name

Signature of Wounded Veteran Applicant or person with applicant's power of attorney

2. If you are selected as a home recipient, do we have your consent to release your name, likeness and story to the media at any time after the selection?

Yes, if selected as a home recipient, Helping A Hero has my permission to use my name, likeness and story for media purposes.

Printed Name

Signature of Wounded Veteran Applicant or person with applicant's power of attorney

3. In the event there are other organizations that representatives of Helping A Hero believe could be of assistance to you based on your application, may Helping A Hero contact them on your behalf and share information from your application?

Yes, Helping A Hero has permission to release my application to other 501(c)(3) organizations that may be of assistance to me.

Printed Name

Signature of Wounded Veteran Applicant or person with applicant's power of attorney

4. If you are selected as a home recipient or recipient of any form of assistance from Helping A Hero, do we have your permission to use your name, likeness and story on our website, social media and in any advertising materials, not limited to brochures and invitations?

Yes, Helping A Hero has my permission to use my name, likeness and story in Helping A Hero advertising materials, including on the internet.

Printed Name

Signature of Wounded Veteran Applicant or person with applicant's power of attorney

* I certify that all information contained in this application is true and correct. I submit this application in consideration of the HelpingAHero.org Wounded Hero Home Program, and all other programs of assistance from Helping A Hero. If this application contains any false or misleading information, I understand my consideration under this application may be forfeited at the sole discretion of HelpingAHero.org Directors.

Printed Name

Signature of Wounded Veteran Applicant or person with applicant's power of attorney

Date



REFERENCES:

A Family Member

Name: _____ Phone: _____

Address: _____ Email: _____

Relationship to you: _____

Tell us a little about your reference:

A Non-Family Friend

Name: _____ Phone: _____

Address: _____ Email: _____

Relationship to you: _____

Tell us a little about your reference:

A Military colleague, preferably Superior Officer or NCO

Name: _____ Phone: _____

Address: _____ Email: _____

Relationship to you: _____

Tell us a little about your reference:

Other (Optional)

Name: _____ Phone: _____

Address: _____ Email: _____

Relationship to you: _____

Tell us a little about your reference:

