Dear Homeowner:

Thank you for your interest in Richmond Metropolitan Habitat for Humanity's Critical Home Repair Program! This program is funded by Chesterfield County’s Community Development Block Grant (CDBG) program with funds from the U.S. Department of Housing and Urban Development. The application acceptance period begins August 15, 2023 and will be accepted until this year’s funding has been exhausted.

TO QUALIFY, APPLICANTS MUST:
- Own and live in your home (renters are not eligible)
- Have current Homeowner’s Insurance
- Be current with Chesterfield County Real Estate Taxes and Utilities
- Not be at risk for foreclosure
- Maximum household incomes to qualify for the program are as follows:

<table>
<thead>
<tr>
<th>Maximum household Income</th>
<th>Household Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>59,750</td>
</tr>
</tbody>
</table>

APPLICATION SUBMISSION PROCESS:

1. Complete all parts of the application.
2. Gather documents listed on the next page (Checklist)
3. Submit your Application and required documents one of the following ways:

   **Drop off in drop box or Mail to:** Richmond Metropolitan Habitat for Humanity  
   2281 Dabney Road, Suite A  
   Richmond, Virginia 23230

The information submitted will be used to determine your eligibility. Please understand that the applications are accepted on a first come first serve basis. A completed application is one that is submitted with all required documentation.

If you have any questions, please contact Luis Chacon by email at lchacon@richmondhabitat.org Also by Office #: (804) 232-7001 ext. 160 or at Cell #: (804) 930-8075.

Sincerely,

**Luis Chacon**

Luis Chacon
Homeowner Services Repair Manager, Bilingual
**Application Checklist: Send COPIES only.**

<table>
<thead>
<tr>
<th>Items Needed</th>
<th>Are Copies of Items Needed Attached?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Proof of Ownership and Primary Residence</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>1. Copy of Death Certificate (for deceased if still listed as a property owner)</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Copy of current Chesterfield County water and gas bill</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>B. Mortgage Verification (if applicable)</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>1. Copy of Note for current mortgage (can be requested from current lender)</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Copy of current Mortgage Statement</td>
<td>Yes</td>
</tr>
<tr>
<td>**C. Verification of Income (<em>For all Household Members 18 and older</em>)</td>
<td>Yes</td>
</tr>
<tr>
<td>1. *Paystubs. Biweekly (2 most recent) / Weekly (4 most recent)</td>
<td>Yes</td>
</tr>
<tr>
<td>2. *Benefit Verification Statement Letter (including any Retirement)</td>
<td>Yes</td>
</tr>
<tr>
<td>3. 2 most recent years Tax Returns (include W2's and/ or 1099's)</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Past 6 months Checking account statements</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Past 6 months savings account statements</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Statements Documenting the Value of your Assets (if any listed in the Application)</td>
<td>Yes</td>
</tr>
<tr>
<td>7. *Certificate of Zero Income, if applicable.</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Other documents might apply (briefly describe)</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>D. Copy of Proof of Homeowner’s Insurance</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>1. Copy of the Homeowner’s Insurance Declarations Page (must show the property address, coverage amount and the dates of coverage) Not the Bill.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>E. Photo Identification</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>1. Copy of Virginia Driver’s License</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Copy of Other (briefly describe)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Please read carefully.**

*Income documents must be submitted for anyone 18 or older who is receiving income. Those over 18 year old not receiving income must sign the attached Certificate of Zero Income.*

If you have any questions during the process, please call Luis Chacon at Cell. #:804-930-8075 or Ofc.#:232-7001 ext. 116.
Application for Richmond Metropolitan Habitat for Humanity
Critical Home Repair Program

SECTION 1: Homeowner Information

Homeowner ____________________________
Homeowner ____________________________

Address ____________________________
City ____________________________ Zip Code
City or County of ____________________________

Telephone Numbers: Home ____________________________
Cell ____________________________
Work ____________________________

Email ____________________________

Number of Years at Address ____________________________
Name of Neighborhood ____________________________
What year was your home built? ____________________________

Names, ages, income and relationship to homeowner of all people living in the home (including homeowner):

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Disabled Y/N</th>
<th>Veteran Y/N</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Homeowner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: $ ____________________________

You must attach verification of all HOUSEHOLD income for each adult in the house and/or benefits for children. For example, the most recent income tax return, monthly social security statement, other retirement income statements, employment check stub. Please note on attached statements if it represents annual, monthly, twice-monthly, bi-weekly or weekly income. SEE ATTACHED APPLICATION CHECKLIST FOR LIST OF REQUIRED DOCUMENTS.

Mortgage Information:

Are you still making loan payments on your home? Yes or No (circle one)

If yes, to whom: ____________________________

If yes, what is your monthly payment? $ ____________________________ per month

Do you have a Reverse Mortgage? Yes or No (circle one)

(Remember reverse mortgages are not eligible for repairs)

SECTION 2: Special Needs

Is the homeowner or anyone in the home disabled? Yes ____ No ____

If yes, who? ____________________________

If yes, indicate the type of disability below (check all that apply, please describe if "other"):

Uses a Walker, Cane or Crutches _____ Wheelchair Bound _____ Blind _____ Hearing Impaired _____ Loss of Limb

Mentally Challenged _____ Other (please describe): ____________________________
SECTION 3: Requested Repairs

Briefly describe the type of work you would like performed on your home. Attach a separate piece of paper if there is not enough space to list all repairs. The exterior items you list will be considered for repair, but the final decision on what work can be done with the available financial resources will be made by the staff of RMHFH.

Describe the Area of Repair

Livability. Are there any home accessibility issues? Be specific.

Walls, Floors, Ceiling. Is there evidence of water damage, sagging floors, etc.?

Kitchen & Baths. Are the kitchen and bathrooms safe and in usable condition?

Electric & Plumbing. Is the electrical system and plumbing sufficient and adequate?

Roof and Gutters. Are their roof leaks or other issues with the roof or gutter?

Exterior. Are repairs needed for outdoor lighting, siding, exterior doors, or with yard work?

Minor Carpentry Repairs. Describe problems with porches, steps, wheelchair ramps, handrails, etc.

Other. Identify other repairs requested but not listed above.

Describe Current Heating and Cooling Systems

What type of heating system is used to heat your home?

Do you have Central Air Conditioning? Yes or No (circle one)

SECTION 4: Personal Statement

Please write a brief explanation of why you feel you should be selected and how it will help you. (use additional paper, if space is needed)

Have you applied for home repair assistance through another organization? Yes _____ No _____

If yes which organization(s) __________________________ Date(s) applied??
I certify that (enter complete property address) is my primary residence and that I have been a resident at this address at least twelve (12) months prior to my application for assistance through Richmond Metropolitan Habitat for Humanity's (RMHFH) Critical Home Repair Program and/or the County of Chesterfield CDBG funds.

I understand there is a priority ranking and the decision of my application may be determined based on need. Payment will not be required for services. However, if repairs should exceed $15,000, then a Deed of Trust in the name of Chesterfield County will be recorded for the total amount of repairs.

If it is determined my residence may, or will, be involved with the regulations concerning Lead Based Paint, I understand I will be informed of the process and outcome and how it may affect my ability to receive services under this program. I agree to sign all applicable forms related to lead testing, final reports, etc. and allow access to my home for testing.

I confirm, if physically able, I will commit to completing the required sweat equity. In addition, I will attend the required educational class prior to work being completed on my home.

Sex Offender Registry: I understand RMHFH screens all potential staff (whether paid or unpaid), board members, and applicants on the national sex offender registry, and by completing this application, I am submitting myself and all persons 18 or older, listed on this application, to such inquiry.

I understand I may not be approved for repairs if within the past 10 years I have received services through any of Chesterfield's CDBG grant programs unless authorized by county staff. RMHFH will consult with county staff to verify prior to approval. If approved, I understand this could affect my approval for future Chesterfield CDBG funded grant programs.

By signing below, I acknowledge, although RMHFH follows all CDC guidelines, there is still a risk of exposure to COVID-19.

My signature below grants permission to the designated agent to verify all information contained in this application for housing assistance through these specific programs. I understand the information in this application is strictly confidential. No information contained herein will be released to any other local, state, or federal agency for any purpose without my written consent, except as it may pertain to funding resources made available through this application.

I certify that the information provided is true, accurate, and correct to the best of my knowledge.

<table>
<thead>
<tr>
<th>Homeowner Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeowner Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

Complete the following if you are NOT the Homeowner but you are assisting the Homeowner in completing this application.

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are all owners of this property aware of this application? yes no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Everyone 18 years and older, who resides in the house, must complete the information below, acknowledging RMHFH will pull Sex Offender Registry.

<table>
<thead>
<tr>
<th>First, Middle and Last Name</th>
<th>Signature of Individual</th>
</tr>
</thead>
</table>
# Richmond Metropolitan Habitat for Humanity, Inc.

## Asset Checklist

Applicants for Richmond Metropolitan's Habitat for Humanity Critical Home Repair program must provide information regarding their assets. Please declare your family's assets in the following categories and calculate a total value. **Include all assets of all household members.**

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
<th>Name of Co-Applicant</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of asset</th>
<th>Value of asset</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts use the current balance. For checking accounts use the average 6-month balance.</td>
<td></td>
</tr>
<tr>
<td>2. Cash values of revocable trusts available to the applicant(s).</td>
<td></td>
</tr>
<tr>
<td>3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g. broker fees) that would be incurred in selling the asset. Under HOME, equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.</td>
<td></td>
</tr>
<tr>
<td>4. Cash value of stocks, bonds, Treasury bills, certificates of deposit, and money market accounts.</td>
<td></td>
</tr>
<tr>
<td>5. Individual retirement and Keogh accounts (even though withdrawal would result in penalty).</td>
<td></td>
</tr>
<tr>
<td>6. Retirement and pension funds.</td>
<td></td>
</tr>
<tr>
<td>7. Cash value of life insurance policies available to the individual before death (e.g. surrender value of a whole life or universal life policy).</td>
<td></td>
</tr>
<tr>
<td>8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.</td>
<td></td>
</tr>
<tr>
<td>9. Lump-sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.</td>
<td></td>
</tr>
<tr>
<td>10. Mortgages or deeds of trust held by an applicant.</td>
<td></td>
</tr>
</tbody>
</table>

**Total assets**

Exclusions: The following items are not included as assets.
- Necessary personal property, except as noted in number 8 of inclusions, such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.
- Interest in Indian trust lands.
- Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset.
- Equity in cooperatives in which the family lives.
- Assets not accessible to and that provide no income for the applicant.
- Term life insurance policies (i.e. where there is no cash value).
- Assets that are part of an active business. "Business" does not include rental of properties that are held as an investment and not a main occupation.

| Applicant: | Date: ____ | Co-Applicant: | Date: ____ |
Certificate of Zero Income

Name: ____________________________

Address: __________________________

1. I certify that I do not individually receive income or have not received income from any of the following sources from period ______________ through ______________:
   a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
   b. Income from operations of a business;
   c. Rental income from real or personal property;
   d. Interest or dividends from assets;
   e. Unemployment or disability payments;
   f. Public assistance payments;
   g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
   h. Sales from self-employed resources (Avon, Mary Kay Amway, etc.);
   i. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
   j. Veteran Benefits;
   k. Supplemental Security Income;
   l. Any other source of income not named above.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes as fraud. False, misleading or incomplete information may result in withdrawal from Richmond Metropolitan Habitat for Humanity’s Homeownership Program.

__________________________  ____________________________
Signature                                      Date

2281 Dabney Rd. Suite A, Richmond, VA 23230
804-232-7001 www.richmondhabitat.org
RICHMOND METROPOLITAN HABITAT FOR HUMANITY, INC.
2281 DABNEY ROAD, SUITE A
RICHMOND, VIRGINIA 23230
(804) 232-7001 FAX (804) 232-7025

RELEASE OF INFORMATION AUTHORIZATION FORM

I/We hereby give permission to Richmond Metropolitan Habitat for Humanity, Inc. to provide and/or obtain information necessary to assist with home repairs to the following:

Funding Sources for Quality Assurance and Monitoring Purposes:

  X Virginia Department of Housing and Community Development
  X County of Chesterfield (Community Development)
  X United States Department of Housing and Urban Development

______________________________  ____________________
Name                                               Date

______________________________  ____________________
Name                                               Date

I/We hereby give permission to Richmond Metropolitan Habitat for Humanity, Inc. to provide and/or obtain information necessary for the purpose of identifying additional services provided by one of the following organizations for which my family or I might qualify.

  X Rebuilding Together
  X Projects: HOMES
  X Richmond Regional Energy Alliance
  X ACTS

______________________________  ____________________
Name                                               Date

______________________________  ____________________
Name                                               Date