



building *strength, stability & self-reliance* through shelter

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 1, 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:

Maximum household Income	Household Size							
	1	2	3	4	5	6	7	8
	\$59,750	\$68,250	\$76,800	\$85,300	\$92,150	\$98,950	\$105,800	\$112,600

APPLICATION SUBMISSION PROCESS:

1. Complete all parts of the application.
2. Read and gather all applicable 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 the Homeowner Services Department at Office Phone #:(804) 232-7001 ext.160

Sincerely,

Luis Chacon

Luis Chacon
Homeowner Services Repair Manager, Bilingual

Application Checklist: Send COPIES only.

<p align="center"><u>Items Needed</u></p> <p>Answer A through D below. Put a check on the line under Yes or N/A. Some items may not have a N/A category.</p>	<p align="center">Are Copies of Items Needed Attached?</p>	
A. Proof of Ownership and Primary Residence	Yes	N/A
1. Copy of Death Certificate (if deceased person still listed as a property owner or co-owner)		
2. Copy of current Chesterfield County water and gas bill		
B. Mortgage Verification (if applicable)	Yes	N/A
1. Copy of Note for current mortgage (can be requested from current lender)		
2. Copy of current Mortgage Statement		
C. Verification of Income (*For all Household Members 18 and older)	Yes	N/A
1. *Paystubs. Biweekly (2 most recent) / Weekly (4 most recent)		
2. *Benefit Verification Statement Letter (including any Retirement)		
3. 2 most recent years Tax Returns (include W2's and/ or 1099's)		
4. Past 6 months Checking account statements (all pages, including blank pages)		
5. Past 6 months savings account statements (all pages, including blank pages)		
6. Statements Documenting the Value of your Assets (if any listed in the Application)		
7. *Certificate of Zero Income, if applicable.		
8. Other (briefly describe) _____		
D. Copy of Proof of Homeowner's Insurance	Yes	
1. Copy of the Homeowner's Insurance Declarations Page (must show the property address, coverage amount and the dates of coverage) Not the Bill.		
E. Photo Identification	Yes	N/A
1. Copy of Virginia Driver's License		
2. Copy of Other (briefly describe) _____		

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, please call (804) 232-7001 ext.160

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 _____

Email _____

Telephone Numbers: Home _____

Number of Years at Address _____

Please include Cell _____

Name of Neighborhood _____

area code. Work _____

What year was your home built? _____

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

Name	Relationship	Date of Birth	Age	Disabled Y/N	Veteran Y/N	Race	Ethnicity <small>Hispanic/Non-Hispanic</small>	Monthly Income
	Homeowner							

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)

(If yes, please provide the documentation for it)

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 there 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 and 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.

Homeowner Signature

Date

Homeowner Signature

Date

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

Printed Name

Signature

Phone Number

Are all owners of this property aware of this application? yes no

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

First, Middle and Last Name

Signature of Individual

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.

Name of Applicant: _____ Name of Co-Applicant: _____

Type of asset	Value of asset
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.	
2. Cash values of revocable trusts available to the applicant(s).	
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.	
4. Cash value of stocks, bonds, Treasury bills, certificates of deposit, and money market accounts.	
5. Individual retirement and Keogh accounts (even though withdrawal would result in penalty).	
6. Retirement and pension funds.	
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).	
8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.	
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.	
10. Mortgages or deeds of trust held by an applicant.	
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: _____



Richmond Metropolitan
Habitat
for Humanity®

***Only to be completed by adult household member(s), 18 and older, with no source of income.**

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

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:

- ☒ Virginia Department of Housing and Community Development
☒ County of Chesterfield (Community Development)
☒ 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.

- ☒ Rebuilding Together
☒ Projects: HOMES
☒ Richmond Regional Energy Alliance
☒ ACTS

Name

Date

Name

Date