



Critical Home Repairs

www.richmondhabitat.org

In partnership with Chesterfield County CDBG, Richmond Metropolitan Habitat for Humanity is offering a **FREE** Critical Home Repair Program!

Richmond Metropolitan Habitat for Humanity is accepting applications for critical home repairs from low income homeowners affected by age, disability or other circumstances. Chesterfield County will provide CDBG funds to pay for the repairs.

There is no charge for these services

Interested? Do you need help with:

- Roof repairs/replacement
- Window replacement of failed windows
- Exterior door repair/replacement
- Porch, steps and ramp repair/replace
- Gutters repair/replace
- Siding and trim repair/replacement

To qualify, applicants must:

- Own and live in your home (renters are not eligible)
- Not be at risk for foreclosure
- Have homeowners insurance
- Be current with Chesterfield County real estate taxes & utilities
- Have not received CDBG funding for repairs in the past 10 years
- Be willing to attend a class and complete an hour of sweat equity per \$1000 in repairs
- Have a maximum household income below the figure listed for your household size:



Maximum Household Income	HOUSEHOLD SIZE							
	1	2	3	4	5	6	7	8
	\$48,400	\$55,300	\$62,200	\$69,100	\$74,650	\$80,200	\$85,700	\$91,250

Call or Email us today to apply!

(804) 232-7001 x115 or jpresley@richmondhabitat.org



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 July 2019 and will be accepted until this year's funding has been exhausted.

APPLICATION SUBMISSION PROCESS:

1. Complete all parts of the application.
2. Gather documents listed on the next page.
3. Submit your Application and required documents one of the following ways:
 - a. **Mail to:** Richmond Metropolitan Habitat for Humanity
2281 Dabney Road, Suite A
Richmond, Virginia 23230
 - b. **Schedule an appointment:** If you need assistance with copying the required documents, please schedule an appointment with Jennifer Presley at 804-232-7001 ext.115.
 - c. **Drop off:** If you have copies of all required documents, you can submit the completed application package at the address and times below:

Address: 2281 Dabney Road, Suite A, Richmond, VA 23230

Office Hours: Monday-Thursday 8:00 am - 5:30 pm & Friday 8:30am - 12:00pm
(Office is closed on Thursday, July 4th and Monday, September 2nd, 2019)

- d. **Email:** If you would like to scan and email your completed application and required documents, please send to jpresley@richmondhabitat.org .
4. The information submitted will be used to determine your eligibility. Please understand there is a priority ranking your home repair needs. All information that you provide will be held in strict confidence.

If you have any questions or want to schedule an appointment, please contact Jennifer Presley by email at jpresley@richmondhabitat.org or by phone at 804-232-7001 ext. 115.

Sincerely,

Jennifer Presley

Jennifer Presley
Homeowner Selection Manager

Application Checklist: Send COPIES only.

<u>Items Needed</u>	Are Copies of Items Needed Attached?	
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.		
A. Proof of Ownership and Primary Residence	Yes	N/A
1. Copy of Recorded Deed (For a small fee you can obtain a copy from the Chesterfield County Court House located at 9500 Courthouse Rd. Chesterfield, VA 23832. Deed must include clerk's office stamp recorded on last page.)		
2. Copy of Death Certificate (for deceased still listed as a property owner)		
3. Copy of Chesterfield County water and gas bills		
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 (2 most recent)		
2. *Benefit Statement(s)		
3. 2 most recent years Tax Returns (include W2's, 1099's etc.)		
4. Past 6 months Checking account statements		
5. Past 6 months savings account statements		
6. Statements Documenting the Value of your Assets		
7. Certificate of Zero Income, if applicable		
8. Other (briefly describe) _____		
B. 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)		
D. 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 or are ready to make an appointment to submit your application please call Jennifer Presley, Homeowner Selection Manager, at 804-232-7001 ext. 115



Mail or fax completed form to:
 Richmond Metropolitan Habitat for Humanity
 2281 Dabney Road, Suite A
 Richmond, Virginia 23230
 Phone: 804-232-7001 Fax: 804-232-7025

For Office Use Only

Date Received:
Phone Number:
Application No.:
NMLS #:

Application for Richmond Metropolitan Habitat for Humanity Exterior Critical Home Repair Program

SECTION 1: Homeowner Information

Homeowner _____	Social Security Number _____
Homeowner _____	Social Security Number _____
Address _____	City _____ Zip Code _____
City or County of _____	Email _____
Telephone Numbers: Home _____	Number of Years at Address _____
Please include area code. Cell _____	Name of Neighborhood _____
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

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)
(Homes with 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. **We are only able to complete exterior repairs, you will be referred to another organization who may be able to assist you with interior repairs.**

Describe the Area of Repair

Livability. Are there any home accesibility 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 exterior repairs requested but not listed above.

Describe Current Heating and Cooling Systems

What type of heating system 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 or No (circle one)

If yes, which organization(s)? _____ Date(s) Applied _____

SECTION 5: Homeowner Certifications

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) Exterior Critical Home Repair Program and/or the County of Chesterfield CDBG funds.

I understand there is a priority ranking and that the decision of my application may be determined based on need.

I understand that RMHFH and the City of Richmond will not require payment for these services nor place a lien on my property. No affordability or mandated compliance periods are associated with the performance of these housing assistance services.

If it is determined that my residence may or will be involved with the regulations concerning Lead Based Paint, it is my understanding that 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, ect. 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 that RMHFH screens all potential staff (whether paid or unpaid), board members, and applicants on the national sex offender registry, and that by completing this application, I am submitting myself and all persons, 18 or older, listed on this application to such an inquiry.

I understand that I may not be approved for repairs if within the past 10 years I have received services though 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 that this could affect my approval for future Chesterfield CDBG funded grant programs.

My signature below grants permission to the designated agent to verify any and all information contained in this application for housing assistance through these specific programs. I understand that 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, expect as it may pertain to funding resources made available through this application.

Homeowner Signature

Date

Homeowner Signature

Date

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

Printed Name

Signature

Phone Number

Are all homeowners aware of this application? ___ Yes ___ No

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 families' assets in the following categories and calculate a total value. Include all assets of all household members.

Name of 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.	
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:** _____



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 my/our purchase of a home to the following:

_____ Lender(s) to whom I/we apply for mortgage loan or specifically to:

_____ Realtor(s) involved with my/our contract or specifically to:

_____ Closing Agent(s) associated with the closing of my/our loan or specifically to:

_____ Community Development Corporation representatives or specifically to:

_____ Other(s) specify: _____

Funding Sources for Quality Assurance and Monitoring Purposes:

- Virginia Department of Housing and Community Development
- City of Richmond (Economic & Community Development)
- County of Chesterfield (Community Development)
- County of Henrico (Community Development)
- United States Department of Housing and Urban Development

Signature

Date

Signature

Date