



Thank you for your interest in Richmond Metropolitan Habitat for Humanity's Critical Home Repair Program! This program is funded in part by the Community Development Block Grant (CDBG) program with funds from the U.S. Department of Housing and Urban Development.

Please return the enclosed application and the other required documents (see "INSTRUCTIONS" below) to RMHFH. The information submitted will be used to determine your eligibility. All information that you provide will be held in strict confidence.

To qualify, applicants must:

- Own and live in your home (renters are not eligible)
- Have current homeowners' insurance
- Be current with the City of Richmond real estate taxes and utilities
- Not be at risk for foreclosure
- Maximum household incomes to qualify for the program are as follows:

Maximum Housing Income	Household Size							
	1	2	3	4	5	6	7	8
	\$50,400	\$57,600	\$64,800	\$72,000	\$77,800	\$83,550	\$89,300	\$95,050

INSTRUCTIONS:

1. Complete the application.
2. Enclose copies of the documents listed on Application Checklist found on the next page. Income documents are required for all individuals in the home.
3. Submit application by making an appointment by calling (804) 232-7001 or by mail.

The mailing address is:

Richmond Metropolitan Habitat for Humanity
2281 Dabney Road, Suite A
Richmond, Virginia 23230

Applications will be accepted starting August 2, 2021 and continue until all funds are used.

Please be aware that applications are accepted on a first come, first serve basis. A complete application is an application that has all the required supporting documentation. Once we receive your complete application and determine your eligibility, we will contact you to schedule an inspection of your home (if funding allows).

If you have any questions, please call Luis Chacon at 804-232-7001 ext. 116.

Application Checklist: Send COPIES only.

<p style="text-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 style="text-align: center;">Are Copies of Items Needed Attached?</p>	
A. Proof of Ownership and Primary Residence	Yes	N/A
1. Copy of Recorded Deed (For a small fee you can obtain a copy of from the city court house located at 400 North 9th St. Richmond, VA 23219 from 8:30am - 3:30pm Mon. - Fri. Deed must include checks office stamp that was recorded on the last page)		
2. Copy of Death Certificate (for deceased still listed as owner of the property)		
3. Copy of Richmond City 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. Copy of Paystubs (2 most recent)		
2. Copy of Benefit Statement(s)		
3. Copy of 2 most recent years Tax Returns (include W2's)		
4. Copy of statements for checking account(s) for the last six months <u>OR</u> the average monthly balance from the bank for the last six months		
5. Copy of the statement with current balance for savings account(s)		
6. Copy to Document Value of 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 (shows the property address 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 Luis Chacon, Homeowner Repair Services Manager, at 804-232-7001 ext. 116.

Application for Richmond Metropolitan Habitat for Humanity 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 _____ Please include area code. Cell _____ Work _____	Number of Years at Address _____ Name of Neighborhood _____ What year was your home built? _____
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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. Interior repairs will be considered if they are life and safety hazards.

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 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)

SECTION 5: Homeowner Certifications

I certify that (enter complete property address on line below):

_____ 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.

I understand that by filing this application, I am authorizing RMHFH to evaluate my actual need to receive Critical Home Repairs, which will be verified through (1) income documentation, (2) a personal home visit to my house, and (3) my willingness to be a partner family.

I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive critical home repairs from RMHFH, I may be disqualified from the program. RMHFH will retain the original or a copy of this application even if the application is not approved.

If it is determined that my residence may or will be involved with lead based paint regulations, 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.

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

Funding Requirements: I understand that if repairs on my home exceed \$10,000, a lien will be placed on my home by the City of Richmond. You will have the opportunity to review the terms of the lien prior to authorizing work to begin on your home.

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 homeowners aware of this application?

yes

no

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

Printed Name

Signature

Phone Number

Relationship to Homeowner: _____

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, 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

Name

Date

Name

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