

Date Received:_____Application No:_____Point Total:_____

APPLICATION FOR HOUSING REHABILITATION ASSISTANCE

PART 1. GENERAL INFORMATION

Applicant's Name:_____

Co-Applicant's Name:_____

Phone #'s: Home:_____Work:_____Other:_____

Address:_____

How long at this address?:_____yrs ☐ Own ☐ Rent ☐ Life Estate ☐ Heir Property

Insurance Company's Name:_____

Address:_____Phone:_____

Type of Insurance:_____Yearly Cost: \$_____Renewal Date:_____

PART 2: HOUSEHOLD COMPOSITION (List each individual living in dwelling)

Name	Relationship To Head Of Household	Occupation	Age	Sex
	Self			

Describe any anticipated changes in household composition:

PART 3: FINANCIAL INFORMATION (List monthly income for each household member 18 or older)

Name	Income Source ¹	Income Amount	Assets Source	Assets Amount
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

¹This includes wages, tips, self-employment income, alimony, interest, dividends, social security, SSI, public assistance or public welfare, including unemployment, retirement, disability income, VA and insurance payments from all adult individuals residing in the household. It does not include income earned by a child under 18 years, foster care payments, hostile fire pay, or inheritance income.

Estimated monthly household income (totals of Columns A, B, & C): \$ _____

Estimated annual household income (total monthly household income x 12): \$ _____

Estimated 10% of liquid assets \$ _____

PART 5: MEDICAL INFORMATION (List all medical expenses not covered by health insurance):

Name	Description of Cost	Amount per Year
		\$
		\$
		\$
		\$
		\$

Estimated documented, out-of pocket medical expenses in excess of 3% of annual income: \$ _____

Is any member of the household disabled and requires special housing accessibility features? ☐ Yes ☐ No Name of Individual: _____

☐ Insulation around exposed hot water pipe and drains (wheelchair users only)

☐ Toilet grab bars ☐ Raised Toilet ☐ Ramp ☐ Doors sized for wheelchairs

☐ Shower grab bars ☐ Door Levers ☐ Other (list) _____

PART 5: ATTACHMENTS

1. Verification of Assets Form
2. Verification of Child Support Form
3. Verification of Savings & Deposits Form
4. Verification of Employment Form
5. Verification of Medical Conditions Form
6. Verification of Mortgage Form
7. Verification of Other Assets Form
8. Verification of Retirement & Pension Benefits Form
9. Verification of Self-Employment Form
10. Verification of Social Security Benefits Form
11. Verification of VA Benefits Form
12. Complaint and Appeals Process
13. Fair Housing Brochure
14. *Renovate Right* Pamphlet
15. ECOA Disclosure Notice

READ CAREFULLY BEFORE SIGNING:

WARNING: As part of this application process, I have been given an opportunity to review with the Intake Survey and ask questions about the construction process, the three-party construction contract, and the loan servicing process, including the Deed-of-Trust and the Deed-of-Trust Note. Furthermore, I have been given the opportunity to take with me all said documentation so I can review them further at home and with others of my own choosing. I understand that if I am approved for Housing Rehabilitation Assistance and if I decided to withdraw from the process before the three-party construction contract is signed, I will be responsible for all costs incurred to date. These costs may include but are not limited to AOSE, surveyor, Rehab Specialist and administration costs.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Verification of any or all information contained in this application may be obtained from any source named herein.

My signature below certifies that the information contained in this application is accurate and complete to the best of my knowledge. I hereby grant permission to project staff to verify any or all information contained in this application or any additional information that I may provide in support of this application. I understand that the information in this application will be held in strict confidence as required under the provisions of the Virginia Privacy Protection Act, and will only be used to determine my eligibility for housing assistance under this project.

Date

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Intake Surveyor

This Section for Staff Use Only

Date pre-application submitted: _____

Date all exhibits/verifications received: _____

Final action: ☐ Approved by Board ☐ Rejected by Board

Date final action taken: _____

Date letter sent to Applicant _____