



## Home Repair Program Application

Habitat partners with qualified area families to perform repairs on owner-occupied housing.

For office use only	
Date received by Habitat Office	_____
Verified Annual Income	_____
% AMI	_____

**Note:** The applicant must have been a resident of Rockbridge County for at least 1 year and earn less than 60% of the Area Median Income. Applicant must live in and hold clear title to his/her home. Taxes and mortgage must be paid up to date. Trailers may be eligible for repairs. Projects to make a home accessible, livable, energy efficient and safe are considered. Cost of repairs may not exceed Habitat's \$1,500 cost of repairs limit plus any donated funds or materials. **Approved applicants must pay for repairs (cost determined by a sliding scale based on income) before work can begin.**

**APPLICANT**

Name/ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home/Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Military Service: \_\_\_\_\_ Disabled: \_\_\_\_\_

**CO-APPLICANT**

Name/Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home/Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Military Service: \_\_\_\_\_ Disabled: \_\_\_\_\_

How did you hear about Habitat and/or the Repair Program? \_\_\_\_\_

Description of project (if multiple tasks, list in order of first importance): \_\_\_\_\_  
 \_\_\_\_\_

How many years have you lived in your home? \_\_\_\_\_ Assessed value of home \$ \_\_\_\_\_ Assessed value of land, if separate \$ \_\_\_\_\_

How much do you owe on your home? \$ \_\_\_\_\_ In lien? \_\_\_\_\_

*Please provide proof that your mortgage payments are up to date with application.*

Are you or a relative willing to complete "sweat equity" hours or provide food/drinks for volunteers? "Sweat equity" is the hours the applicant family contributes to assist Habitat to perform repairs on their home. Check one:  I will  relative will  No, I'm not willing

**INCOME.** Include Social Security, Disability, Child Support, Alimony, Wages and any other income. (If you receive income every two weeks, multiply the amount of each payment by 2 to calculate your monthly income.)

What is the Applicant's monthly gross income? \_\_\_\_\_ What is the Co-Applicant's monthly gross income? \_\_\_\_\_

Do you receive Social Security? Amount per month: \_\_\_\_\_ Do you receive Disability income? Amount per month: \_\_\_\_\_

List the names, ages, and MONTHLY gross incomes of everyone in your household

Name	Age	Monthly Gross Income

Have you contacted other agencies to provide assistance with these repair needs?  yes  no If yes, which agencies, and what response/s did you receive? \_\_\_\_\_

Have you ever attempted to get a loan for these home repairs?  yes  no If yes, what was the result? \_\_\_\_\_

Is there a church or other organization that may be willing to help with your repairs? Which one (s)? \_\_\_\_\_

**REQUIRED DOCUMENTS TO INCLUDE WITH THIS APPLICATION:**

- Proof mortgage payments are up to date
- Most recent bank statement
- Proof taxes are paid
- Two (2) most recent pay/income stubs

HUD Income Limits – Less than 60% of Area Median Income							
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$36,000	\$41,160	\$46,320	\$51,420	\$55,560	\$59,700	\$63,780	\$67,920

**I hereby affirm that all information provided on this application is true and accurate. I also authorize RAHFH to conduct a sex offender and criminal background check.**

Signature (Applicant) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Co-Applicant) \_\_\_\_\_ Date \_\_\_\_\_

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