



Rockbridge Area Habitat for Humanity®

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
\$33,420	\$38,220	\$43,020	\$47,760	\$51,600	\$55,440	\$59,220	\$63,060

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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We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, family status, or national origin.