



## Essential Home & Accessibility Repair Program

### APPLICATION

**PLEASE NOTE: APPLICATIONS MUST BE SUBMITTED TO THE LOCAL EHARP ADMINISTRATOR. THE VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DOES NOT ACCEPT APPLICATIONS DIRECTLY.**

#### **HOMEOWNER CONTACT INFORMATION**

Owner:

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Applicant (if different from above, i.e., tenant):

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Address:

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County (if applicable):

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Person to Contact Regarding this Application: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### **HOUSING HISTORY**

Type of residence?

- 1)  Site Built  Modular  Mobile Home  Townhome  Condo  Apartment
- 2)  Single Family  Duplex (2 units)  Quadplex (4 units)

Is the house more than 50 years old?: \_\_\_\_\_

#### **LIST NEEDED ESSENTIAL REPAIRS:**

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How long has the applicant been in need of these repairs? \_\_\_\_\_ yrs \_\_\_\_\_ mo



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### HOUSEHOLD INFORMATION

Beginning with the owner (or renter, if applicable), please list every person, including children, living in the household and complete the corresponding information requested.

FIRST AND LAST NAME OF HOUSEHOLD MEMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	ANNUAL INCOME	BIRTH DATE:	DISABLED (YES/NO)

### APPLICANTS SHOULD SELF-SELECT THEIR RACE:

AFRICAN AMERICAN: \_\_\_\_\_ AMERICAN INDIAN OR ALASKA NATIVE: \_\_\_\_\_ ASIAN: \_\_\_\_\_  
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: \_\_\_\_\_ WHITE: \_\_\_\_\_  
 SOME OTHER RACE: \_\_\_\_\_

*Note: Please do not show the client's full Social Security Number on collected documents. If the only proof of income contains a client's SSN, blacken out the number if the document is necessary.*





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Provide a drawing for roof, gutter, soffit, deck, ramp, stairs & floor repairs

- Roof, gutter, soffit work should show aerial of home with dimensions & location of proposed work
- Deck, ramp & stair work should show aerial of deck with dimensions & location of proposed work
- Floor repairs should show aerial of affected room(s) with dimensions & location of proposed work

**Provide photo documentation that fully captures the current conditions and allows for visualization of proposed work.**



## Essential Home & Accessibility Repair Program

### HOMEOWNER/RENTER AGREEMENT

An Agreement is made by and between \_\_\_\_\_ (Local Administrator) and \_\_\_\_\_ (Homeowner and/or Renter) in accordance with the Essential Home Repair Program Guidelines for the purpose of providing repairs and improvements as necessary to the property located at

\_\_\_\_\_ as follows:

#### SPECIFIC SCOPE OF WORK:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK TO BE PERFORMED BY: \_\_\_\_\_

WORK TO BEGIN: \_\_\_\_\_ ESTIMATED COMPLETION: \_\_\_\_\_

TOTAL COST: \$ \_\_\_\_\_

MATERIALS: \$ \_\_\_\_\_

LABOR: \$ \_\_\_\_\_

SPECIAL ARRANGEMENTS: \_\_\_\_\_  
\_\_\_\_\_

Complaints/questions contact: \_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_  
Local Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner/Landlord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date



## Essential Home & Accessibility Repair Program

### CERTIFICATION OF COMPLETION

I certify that the Scope of Work described above has been completed in a satisfactory\* manner at the property located at

\_\_\_\_\_.

\_\_\_\_\_  
Local Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner/Renter Signature

\_\_\_\_\_  
Date

*\*Note: If the homeowner has an issue with any of the repairs performed at his or her property, please contact Jennifer Bissett at [jennifer.bissett@dhcd.virginia.gov](mailto:jennifer.bissett@dhcd.virginia.gov) or phone 804-664-4141.*