

APPLICATION

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

HOMEOWNER CONTACT INFORMATION

Owner:
Applicant (if different from above, i.e,, tenant):
Address:
County (if applicable):
Person to Contact Regarding this Application:
Phone Number:
HOUSING HISTORY
Type of residence? 1)
Is the house more than 50 years old?:
LIST NEEDED ESSENTIAL REPAIRS:
How long has the applicant been in need of these repairs? yrs mo



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				
NATIVE HAWAIIAN (I: AMERICAN INDIAN DR OTHER PACIFIC ISLANDE	R: WHITE:		ASIAN:

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.



AUTHORIZATION AND RELEASE

The undersigned hereby certifies that he/she is the owner of	f the property located at
and does hereby authorize the Virginia Department of House (DHCD) and Local Administrator, to make repairs and improvements as Funding for this program is provided by the Virginia Department (DHCD).	, the EHARP necessary to the said property.
The owner and/or tenant hereby release and agree to indem and the Local Administrator, its staff and volunteer assistar with the performance of the repairs and improvements.	
Owner and/or tenant agree to provide DHCD and the Local at reasonable times for the purpose of inspecting the work.	Administrator access to the property
Owner and/or tenant certifies that he/she intends to occupy after the date the work is completed.	the property for at least one (1) year
Owner and/or tenant agree that the quality of the installatio guaranteed beyond a period of one (1) year.	n of the materials cannot be
Owner and/or tenant understand that he/she may request indone to the property prior to signing this authorization and performed as determined by the Local Administrator.	•
Local Administrator Signature	Date
Homeowner/Landlord Signature	Date
Tenant Signature (if applicable)	Date



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.



HOMEOWNER/RENTER AGREEMENT

An Agreement is made by and between	(Local Administrator)
and	(Homeowner and/or Renter) in accordance with ines for the purpose of providing repairs and
the Essential Home Repair Program Guidel	ines 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: \$	
MATERIALS: \$	
LABOR: \$	
CDECIAL ADDANGEMENTS.	
SPECIAL ARRANGEMENTS:	
Complaints/questions contact:	phone:
Local Administrator Signatu	re Date
Homeowner/Landlord Signa	ture Date
Homeowner/Landiord Signa	ture Date
Tenant Signature	Date



CERTIFICATION OF COMPLETION

that the Scope of Work described above has been of y 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 <u>jennifer.bissett@dhcd.virginia.gov</u> or phone 804-664-4141.