



**OFFICE USE**

DATE RECEIVED \_\_\_\_\_

STAFF INITIALS \_\_\_\_\_

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (HCD)  
APPLICATION FOR OWNER-OCCUPIED HOUSING REHAB ASSISTANCE  
HEALTHY HOMES PROGRAM**

**APPLICANT INFORMATION**

Homeowner Name: \_\_\_\_\_

Homeowner Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PERSONS LIVING IN THE HOUSEHOLD:**

Household Member*	Relation to Homeowner	Birth Date	Disabled?	Intentionally Left Blank By HCD
1.	<b>Self</b>			
2.				
3.				
4.				
5.				

\*List all people living in the house, including any tenants. Use a separate sheet, if more space is needed, and attach it to this application.

**GROSS HOUSEHOLD INCOME\*\***

Household Member	Source/Type of Income	Amount of Income	Specify Per Week, Bi-Week, Month, or Year
1.			
2.			
3.			
4.			
5.			

\*\*See attached Certification of Income

**PROPERTY OWNERSHIP**

Is this house your primary residence?  Yes  No

Are you the property owner of record of this house?  Yes  No

Are the property taxes on this house current?  Yes  No

If not, do you have a payment plan approved by the City Finance Dept.?  Yes  No  
*(If Yes, Please Provide a Copy of the Plan)*

Are you current on the payments as part of this payment plan?  Yes  No

Mortgage Company and Address:

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Mortgage Payments (Principal and Interest): \$ \_\_\_\_\_ per month

Loan Term: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Loan Balance: \_\_\_\_\_

Property Insurance Company and Address:

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Property Insurance Value: \$ \_\_\_\_\_

**Household Needs - Check all that apply**

- |   |   |
|---|---|
| <input type="checkbox"/> My water heater is over (10) ten years old       | <input type="checkbox"/> My home has lead or galvanized pipes                     |
| <input type="checkbox"/> My home has uneven floors in the kitchen or bath | <input type="checkbox"/> My home has damaged kitchen cabinets due to a water leak |
| <input type="checkbox"/> My home has a leaking roof                       | <input type="checkbox"/> My home has problems with its HVAC system                |
| <input type="checkbox"/> My home has mold                                 | <input type="checkbox"/> My home needs electrical upgrades                        |
| <input type="checkbox"/> My home has plumbing problems                    | <input type="checkbox"/> I need bathroom mobility improvements                    |
| <input type="checkbox"/> My home has damaged or inoperable windows        | <input type="checkbox"/> My home's entry steps or porch needs repair              |

**Additional Household Needs**

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# DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT CERTIFICATION OF INCOME

Applicant Name: \_\_\_\_\_

Please review the programs below and check any that you or a member of your household participate in. Please provide a copy of the most recent monthly or annual benefit statement for any selected programs.

- CHIP
- Housing Choice Voucher *(For Homeownership Purposes Only)*
- Medicaid
- SNAP
- SSDI
- SSI
- TANF
- WIC

Please also review the sources of earned income below. Check any that apply to your household and provide source documents to certify the household's gross income.

- Last 3 pay stubs from employment income
- Unemployment statements for the last 90 days
- Income from the operation of a business, including self-employment sales
- Rental income from real or personal property
- Interest or dividend statements from assets
- Annuities, insurance policies, retirement funds, pensions, or death benefits
- Disability payments
- Alimony or child support
- Any other source of income not named above. Please describe here: \_\_\_\_\_

I hereby certify that my total gross household annual income from (1) all adult members of the household and (2) from all sources listed above is \$ \_\_\_\_\_ and I further understand that additional income documentation may be required to verify my household eligibility.

I also understand that should I provide inaccurate information on this application; I may be required to repay any funds spent on my/our home and may be charged with a criminal offense.

I have included as a part of this application proof of income for each member of the household receiving income (i.e., payroll, SSI, and/or pensions). I understand that my application must be complete before a determination of assistance will be provided. I also understand that assistance is provided on a first-come, first-served basis.

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Applicant Signature	Printed Name	Date
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Co-Applicant Signature	Printed Name	Date
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**APPLICANT CERTIFICATION:**

The Applicant(s) acknowledge and understand that the information provided in this Application will determine if the Applicant is eligible to receive assistance pursuant to any home repair program administered by the City of Richmond's Department of Housing and Community Development (HCD). The Applicant(s) certify that all information provided herein is true and correct. The Applicant(s) acknowledge and understand that providing a false or fraudulent statement or information is grounds for denial of assistance. The Applicant(s) authorize (HCD) and any of its duly authorized representatives to verify all information provided in this Application and/or to obtain additional information necessary to process this Application. The Applicant(s) shall give (HCD) and its duly authorized representatives permission to physically access the Property to document the need for repairs and facilitate the actual repairs. The Applicant(s) agree to submit any additional information requested by (HCD) for the processing of the Application. The Applicant(s) acknowledge and understand that the completion of the Application does not guarantee or obligate (HCD) to provide any repairs to the Property.

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Applicant Signature

Printed Name

Date

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Co-Applicant Signature

Printed Name

Date

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HCD Intake Representative Signature

Printed Name

Date