



# Housing Partnerships Inc.

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## Emergency Home and Accessibility Repairs Program Application

Please read the following application carefully and complete **ALL required information**. Your application cannot be considered until all required information is furnished. This includes ownership and proof of household income from **ALL residents** (state guidelines for our funding requires this information).

**Please provide a copy of each of the following** (if needed, we can make copies at HPI):

- DEED (for applicant's home) or TITLE (for applicant's trailer), and
- PROOF of all sources of household income (paystubs, worker's compensation, pensions, SNAP, retirement benefits, Social Security, child support, disability, SSI, tax statements, dividends, etc.)

### Applicant Information

Full Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Applicant Title (please check one):

Is the home owner     Rents     Has "life rights"     Other: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County (if applicable): \_\_\_\_\_ Subdivision/Neighborhood: \_\_\_\_\_

Mailing Address (if different from above):

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone (to best reach you): \_\_\_\_\_

Contact Person (if different from Applicant): \_\_\_\_\_

Contact Person's Phone: \_\_\_\_\_

Directions to your house or trailer:

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

## Housing History

Type of home:  Site Built  Townhouse  Mobile Home/Trailer  Quadplex  Condo  
 Apartment  Duplex

Please list the repairs needed on applicant's home: \_\_\_\_\_  
\_\_\_\_\_

How long have repairs been needed: \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ years

### Self-Help Program:

Do you know people who could help out/work with Housing Partnerships on your behalf (relatives, friends, church outreach, organizations, civic groups, etc.)?  Yes  No  Maybe

**Please enter the NUMBER of each of the following** (individuals who live in your home)

## Household Information

1. Seniors (60+): \_\_\_\_\_ Adults: \_\_\_\_\_ Children (under 18): \_\_\_\_\_ Children (under 6): \_\_\_\_\_
2. Asian: \_\_\_\_\_ Black/ African: \_\_\_\_\_ Caucasian: \_\_\_\_\_ Native American: \_\_\_\_\_  
Hispanic/Latinx: \_\_\_\_\_ Pacific Islander: \_\_\_\_\_ Mixed Race: \_\_\_\_\_ Other: \_\_\_\_\_  
Not Available: \_\_\_\_\_
3. Physically Challenged: \_\_\_\_\_ Mentally Challenged: \_\_\_\_\_
4. Total Number of **Household** Residents: \_\_\_\_\_ Total Number of **Employed** Adults: \_\_\_\_\_

**Beginning with the applicant, please list every person and child living in this household and complete corresponding information requested** (please use additional paper if needed).

<u>First and Last Names</u>	<u>Relationship to Applicant</u>	<u>Ages</u>	<u>Annual Income (include proof)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you applied for similar assistance from any other place/agency?  Yes  No  Unsure

If yes, please list who and when: \_\_\_\_\_

# Virginia DHCD Emergency Home and Accessibility Repairs Program

## Authorization and Release

The undersigned hereby certifies that he/she is the owner of the property located at \_\_\_\_\_, and does hereby authorize the Virginia Department of Housing and Community Development (DHCD) and Housing Partnerships, Inc., the EHRP Local Administrator, to make repairs and improvements as necessary to the said property. Funding for this program is provided by the Virginia Department of Housing and Community Development (DHCD).

- The owner and/or tenant hereby releases and agrees to indemnify and hold harmless the DHCD and the Local Administrator, its staff and volunteer assistance, from any liability in conjunction with the performance of the repairs and improvements.
- The owner and/or tenant agree to provide DHCD and the Local Administrator access to property at reasonable times for the purpose of inspecting the work.
- The owner and/or tenant certifies that he/she intends to occupy the property for at least one (1) year after the date and the work is completed.
- The owner and/or tenant agrees that the quality of the installation of the materials cannot be guaranteed beyond a period of one (1) year after the date the work is completed.
- The owner and/or tenant understand that he/she may request information as to the specific work to be done to the property prior to signing this authorization and release, and agrees to the work to be performed as determined by the Local Administrator.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Homeowner/Landlord Signature (if different from applicant)**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

**Declaration of Truth:** By signing below, I confirm that the information that I have provided on this application is true, accurate and complete in its entirety to the best of my knowledge. Incomplete or false information could, and will, result in a cancellation of services from Housing Partnerships, Inc.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_