

# Virginia Department of Housing and Community Development Emergency Home and Accessibility Repairs Program

(Revised January 3, 2012)

The **Emergency Home and Accessibility Repairs Program (EHARP)** assists homeowners in Virginia by funding local administrators to undertake bricks and mortar activities that improve housing conditions for low-income persons and/or low-income persons who are physically or mentally disabled. The following types of urgent repairs are eligible for EHARP funding:

## **Emergency Repairs**

- Structural hazards (i.e., leaking roof, rotted or unsafe floors, ceilings, walls, stairs, etc.)
- Electric and other fire hazards
- Roof repair/replacement
- Repair/replacement of heating systems
- Repair/replacement of air conditioning systems
- Water sources, plumbing (includes main water line which may include branch lines and well pump repair or replacement) and sewer/septic repairs

## **Accessibility Repairs** \*

- Wheelchair ramps
- Hand railings, grab bars
- Kitchen and bathroom modifications
- Doorway widening

\* *Please note that all Accessibility Repairs must be made in compliance with current American Disability Act (ADA) Standards. For more information, please visit <http://www.ada.gov/>.*

## **DEFINITIONS**

The following words and phrases, as used in this manual shall be defined as shown, unless the context clearly indicates otherwise:

**ACCESSIBILITY IMPROVEMENT** - a modification to a property which makes it more accessible to persons with disabilities (e.g. ramps, wider doorways, grab bars, bathroom and kitchen adaptation, etc.).

**DISABLED** - any person receiving Social Security Disability, Railroad Retirement Disability, Supplemental Security Income as disabled, One Hundred Percent Veteran's Administration Benefits, or is determined to be disabled by a licensed practicing physician.

**ELDERLY** - any person sixty (60) years of age or older.

**HOUSEHOLD** - all persons related or unrelated living together as one economic unit.

**HOUSEHOLD INCOME** - total income, from all sources, before taxes, of all members of the household.

**HOUSING UNIT** - a detached single family house; a townhouse; a unit in a duplex, apartment, or condominium; a mobile home.

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## **CLIENT ELIGIBILITY**

Total gross household income from *all* sources cannot exceed 80% of area median income (AMI), adjusted for family size, as currently determined by HUD. The most current area median income information may be found on the Virginia Housing Development Authority's website at

<http://www.vhda.com/BusinessPartners/PropertyOwnersManagers/Income-Rent-Limits/Pages/HUDMedianIncome.aspx>

Select the appropriate city or county from the drop down menu to search. From the table, use the 80% figure under the column for the number of persons in the household.

\*Income documentation must be maintained in the client file.

\*Maintain proof of the client's ownership of the property being repaired in the client file. This includes recorded warranty deed or deed of trust if applicable.

*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.*

## **MAXIMUM ASSISTANCE**

Project costs paid through the EHRP may NOT exceed \$4,000. However, there is no maximum job cost if an agency chooses to leverage funds from other sources beyond the \$4,000 funding from EHARP.

NOTE: Case-by-case exceptions (only where there are extenuating circumstances) must have prior written approval from DHCD, but may NOT exceed \$7,500 per project per year. If a provider feels the applicant's situation does require special financial consideration, please contact DHCD prior to submitting the EHARP application.

## **FUNDS DISBURSEMENT**

Initial contracts will be made to local service providers only to establish and assign coverage areas for the upcoming funding year. Subsequently, prior to beginning each job, the local service provider will submit an application for each of its jobs to DHCD for approval and funding. Once the application has been approved, providers will fund each repair upfront and will then be reimbursed by DHCD once the Certification of Completion and Request for Disbursement forms have been submitted. Local providers may pay for the repairs and seek reimbursement or request funds to pay the contractor invoice upon completion. If the local provider does not have sufficient funding to front the money, it may request the funds from DHCD to pay the invoice within the billing period (i.e. 30 days).

**Matching funds will no longer be required for EHARP jobs.**

DHCD will send a monthly email to providers with the amount remaining for the year's EHARP funds.

## **PROGRAM ADMINISTRATION**

Please note that funds for program administration are NOT provided by EHARP.

## **APPLICATION PROCESS**

Local service providers are required to submit an application for every job for which they wish to receive funding.

The local provider must verify through a site visit the nature of the emergency/accessibility need and take 'before' photos of the emergency to be addressed. If a photo cannot be taken, the local provider must provide an explanation why a photo was unattainable. An example of this might be a well pump issue.

**Virginia Department of Housing and Community Development  
Emergency Home and Accessibility Repairs Program**

*(Revised January 3, 2012)*

A SEPARATE APPLICATION FOR ASSISTANCE IS REQUIRED FOR EACH EHARP REPAIR JOB. PLEASE EMAIL, MAIL, OR FAX A COMPLETED APPLICATION AND FORMS (*PLEASE NOTE ACCOMPANYING PHOTOGRAPHS MUST BE EMAILED OR MAILED*) TO: [Brett.Jackson@dhcd.virginia.gov](mailto:Brett.Jackson@dhcd.virginia.gov)

If emailing an application, please also include a cc to [Carrie.Naumann@dhcd.virginia.gov](mailto:Carrie.Naumann@dhcd.virginia.gov)

Or

Brett Jackson  
Program Administrator  
Department of Housing and Community Development  
Division of Housing  
600 East Main Street, Suite 300  
Richmond, Virginia 23219  
Telephone: (804) 371-7112  
Fax: (804) 371-7091

**PHOTOGRAPHS**

A clearly discernable 'before' image of the emergency or accessibility repair must be provided with the Application for Assistance in order to be considered for EHARP funding. If a 'before' photo cannot be taken, the application must include a detailed description of the repair and a reason why a photo could not be obtained. **Faxed photos will not be accepted due to quality issues.**

**CLIENT-AGENCY FORMS**

Please have the home owner complete the attached EHRAP forms: Authorization and Release Form and the Homeowner/Renter Agreement Form

**CERTIFICATION**

When the project is completed, the local agency must send documentation of the cost of the work completed (i.e. contractor invoice) along with the Certification of Completion Form for reimbursement.

**CONTACT INFORMATION**

EHARP Mailing Address:  
Department of Housing and Community  
Development  
Division of Housing  
Main Street Centre  
600 East Main Street, Suite 300  
Richmond, Virginia 23219

EHARP Program Contact:  
Brett Jackson  
Program Administrator  
Telephone: 804-371-7112  
FAX: 804-371-7091  
E-mail: [Brett.Jackson@dhcd.virginia.gov](mailto:Brett.Jackson@dhcd.virginia.gov).

***The EHARP application and forms are included in the pages that follow.***

**Virginia Department of Housing and Community Development  
Emergency Home and Accessibility Repairs Program**

*(Revised January 3, 2012)*

**APPLICATION**

**HOMEOWNER CONTACT INFORMATION**

Owner: \_\_\_\_\_

Applicant (if different from above): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

County (if applicable): \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone (Home or Cell): \_\_\_\_\_

Is anyone in the home physically or mentally disabled?  Yes  No *(If Yes, please maintain supporting documents in the client's file)*

**HOUSING HISTORY**

Does the applicant own this home?  Yes  No

What type of residence does the applicant own?  Site Built  Mobile Home  Townhome  
 Duplex  Quadplex  Condo  Apartment

**REPAIRS**

What types of repairs are needed on the applicant's home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long (months or years) has the applicant been in need of these repairs? \_\_\_\_\_  yrs  mo

**Virginia Department of Housing and Community Development  
Emergency Home and Accessibility Repairs Program**

*(Revised January 3, 2012)*

**HOUSEHOLD INFORMATION**

Beginning with the owner, please list every person, including children, living in the household and complete the corresponding information requested.

FIRST AND LAST NAME OF APPLICANT OR HOUSEHOLD MEMBER	ANNUAL INCOME	RELATIONSHIP TO HEAD OF HOUSEHOLD

TOTAL # OF HOUSEHOLD MEMBERS \_\_\_\_\_

**PLEASE ENTER NUMBER OF EACH:**

ELDERLY (60 OR OLDER): \_\_\_\_\_ PHYSICALLY DISABLED: \_\_\_\_\_ MENTALLY IMPAIRED: \_\_\_\_\_

CHILD (UNDER 6): \_\_\_\_\_ CHILD (UNDER 18): \_\_\_\_\_

**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.*

**Virginia Department of Housing and Community Development  
Emergency Home and Accessibility Repairs Program**

*(Revised January 3, 2012)*

**EMERGENCY HOME REPAIR 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

\_\_\_\_\_, 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 release and agree 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.

Owner and/or tenant agree to provide DHCD and the Local Administrator access to the property at reasonable times for the purpose of inspecting the work.

Owner and/or tenant certifies that he/she intends to occupy the property for at least one (1) year after the date the work is completed.

Owner and/or tenant agree that the quality of the installation of the materials cannot be guaranteed beyond a period of one (1) year.

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.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature (if applicable)

\_\_\_\_\_  
Date

**Virginia Department of Housing and Community Development  
Emergency Home and Accessibility Repairs Program**

*(Revised January 3, 2012)*

**EMERGENCY HOME AND ACCESSIBILITY REPAIR PROGRAM  
HOMEOWNER/RENTER AGREEMENT**

An Agreement is made by and between \_\_\_\_\_ (Local Administrator)

and \_\_\_\_\_ (Homeowner and/or Renter) in accordance with the  
Emergency Home Repair Program Guidelines for the purpose of providing repairs and improvements as  
necessary to the property located at

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

SCOPE OF WORK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

TOTAL COST – MATERIALS & LABOR: \$ \_\_\_\_\_

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

\_\_\_\_\_

Complaints/ questions concerning the repairs should be directed to: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Virginia Department of Housing and Community Development  
Emergency Home and Accessibility Repairs Program**

*(Revised January 3, 2012)*

**EMERGENCY HOME AND ACCESSIBILITY REPAIR PROGRAM  
CERTIFICATION OF COMPLETION**

*(Attachment of photos of completed repairs is optional)*

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 Brett Jackson at (804) 371-7112 or [Brett.Jackson@dhcd.virginia.gov](mailto:Brett.Jackson@dhcd.virginia.gov).*

**Virginia Department of Housing and Community Development  
Emergency Home and Accessibility Repairs Program**

*(Revised January 3, 2012)*

**EMERGENCY HOME AND ACCESSABILITY REPAIR PROGRAM**  
**REQUEST FOR DISBURSEMENT**

On behalf of the \_\_\_\_\_ (enter name of Local Administrator),  
located in \_\_\_\_\_ (enter locality), I hereby request  
Emergency Home Repair Program funds in the amount of \$\_\_\_\_\_ for the following client:

Client Name: \_\_\_\_\_

Job #: \_\_\_\_\_

**Local Administrator Grant #: 12-EHARP-**\_\_\_\_\_ **FIN:**\_\_\_\_\_

Grantee's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment received via electronic transfer: \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*If "Yes" request may be mailed or faxed. If "No" Request must be mailed.

Type or Print Name and Title of Authorized Representative

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

**FOR DHCD USE ONLY**

Cost Code

Project Code

\_\_\_\_\_

\_\_\_\_\_

TOTAL

\$ \_\_\_\_\_

PAYMENT AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_