



## Emergency 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 EMERGENCY 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.

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

### **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.*



## Emergency Home & Accessibility 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 EHARP 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



## Emergency Home & Accessibility Repair Program

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.**



## Emergency 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 Emergency 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



## Emergency 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 Michelle Tilton at [michelle.tilton@dhcd.virginia.gov](mailto:michelle.tilton@dhcd.virginia.gov) or phone 804-371-7014.*