



**CITY OF COLONIAL HEIGHTS**  
**2018-19**  
**CDBG EMERGENCY HOME REPAIR PROGRAM**  
**GUIDELINES AND APPLICATION**

**IMPORTANT**

After all documents have been completed and returned to the office, Project:HOMES (formerly ElderHomes Corporation) will begin the review process of your application. Please do not take this application apart; if application is returned and pages are missing your application will not be processed.

Please address inquiries to:

Rishonda Anthony  
Project: Homes  
88 Carnation Street  
Richmond, VA 23225  
Phone: (804) 233-2827 Ext. 244/Fax: (804) 230-0778

Kelly Hall  
City of Colonial Heights Planning Department  
201 James Avenue  
Colonial Heights, VA 23834  
Phone: (804) 520-9297/Fax: (804) 524-8755  
Email: [khall@colonialheightsva.gov](mailto:khall@colonialheightsva.gov)

*This program is run in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). "It is illegal to discriminate against any person because of race, religion, sex, handicap, familial status, or national origin."*



## City of Colonial Heights CDBG Home Repair Program Guidelines

This program is made possible by the federal Community Development Block Grant Program. A grant of up to \$8,000 is available per owner-occupied home to assist with specific home repairs or activities that eliminate conditions detrimental to the safety and health of the residents.

### Eligibility

Eligible activities or repairs include but are not limited to the following:

- Unsafe electrical, heating or plumbing systems
- Faulty roofs
- Faulty porches and steps that present a safety risk
- Lead-based paint testing

Ineligible activities consist of any unnecessary physical improvements, any repairs of a cosmetic nature, repairs to sheds, and repairs to garages or any structure not attached to the living unit.

In order to be considered for this grant:

- 1) The house must be a single-family, owner occupied dwelling located within the City of Colonial Heights.
- 2) The applicant must be the owner of the home, must live in the home (as a primary, permanent residence), and be able to provide proof of home ownership, active home insurance, and paid property taxes, proof of exemption or proof of payment on bill. The owner could, however, provide proof of control of the property if he or she has made payments of property taxes and insurance for a period of three (3) years immediately preceding application submission. Life estate rights are an acceptable form of ownership.
- 3) Homeowners who have received this grant in the past may reapply for assistance after 5 years after the work has been completed.
- 4) Although the program is available citywide, priority will be given to households in the Violet Bank-Flora Hill and Shepherd Stadium Districts, first time applicants, persons who are elderly or disabled, and to those needing repairs that threaten the safety or well-being of the household members.
- 5) Homeowners must be at or below 80% of the area median income. Income and assets will be verified before a home repair contract is issued. The total household income based on the number of people living in the home, cannot exceed the following:

Number of Persons in Household	Maximum Income*
1	46,600
2	53,250
3	59,900
4	<b>66,550</b>
5	71,900
6	77,200
7	82,550
8	87,850

\* PY2018 HUD Income Limits (Richmond MSA)

## Repayment Clause

To prevent owners from simply selling the property and profiting from the CDBG-funded improvements, the owners must repay the program if they sell the property within five years; however, part of the owner's obligation is forgiven each year they live on the property.

Repayment of the rehabilitation grant, or in the event there are relocation costs, shall be based on a twenty percent (20%) reduction of the amount to be repaid per year, according to the following schedule:

0 - 12 months: 100% repayment  
After one (1) year: 80% repayment  
After two (2) years: 60% repayment  
After three (3) years: 40% repayment  
After four (4) years: 20% repayment  
After five (5) years: 0% repayment

If the property is inherited by a blood relative who is also eligible under the program guidelines or sold to an eligible person under the guidelines, repayment may be deferred. If the owner dies during the five year period of the grant and the heir(s) sell the dwelling, then repayment will follow the same schedule as if the owner were alive and selling the dwelling.

## Preconstruction Requirements

Debris removal is a pre-construction requirement to program participation. Property owners will be required to clear the exterior and interior property site of all identified trash, debris, inoperable vehicles and derelict structures prior to receiving program assistance. If the owner is elderly or handicapped and cannot physically clear the property or arrange for the removal of the debris, an attempt will be made to obtain the assistance to the homeowner.

If you are within the income guidelines, are in need of the eligible repairs, and would like to be considered for assistance, you **MUST** reply to all the questions in the Emergency Home Repair Program application. Mail the application to Project: Homes at that address below and provide a copy of all applicable requested documents. Priority will be given to households in the Violet Bank-Flora Hill and Shepherd Stadium Districts, first time applicants, persons who are elderly or disabled, and to those needing repairs that threaten the safety or well-being of the household members. Assistance is available for those needing help filling out the application.

Due to HUD regulations, you **MUST** provide all documentation requested with your application, or you will not be eligible for any funding. Persons whose applications are denied have 15 days from receipt of the letter to appeal the decision.

Please return applications and documentation to:

Rishonda Anthony  
Project:HOMES  
88 Carnation Street  
Richmond, VA 23225

# PROJECT:HOMES

## Emergency Home Repair Program

### Application for Assistance

<b>OFFICE USE ONLY</b>
Date Application Received _____

**APPLICANT**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Contact person: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Email: \_\_\_\_\_

Sex:            Male     Female

Marital Status:    Married        Single        Divorced        Widowed

Race:            African American    White        Asian        Other

Multiracial/two or more races        American Indian or Alaskan Native

Ethnicity:        Hispanic/Latino    Non-Hispanic/Latino

**CO-APPLICANT**

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

Phone: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Birth date: \_\_\_\_\_ Email: \_\_\_\_\_

Sex:            Male     Female

Marital Status:    Married        Single        Divorced        Widowed

Race:            African American    White        Asian        Other

Multiracial/two or more races        American Indian or Alaskan Native

Ethnicity:        Hispanic/Latino    Non-Hispanic/Latino

**HOUSEHOLD MEMBERS**

*Please list all members of your household, including yourself.*

Name	Relationship	Birthdate	Legally Disabled?

**ADDITIONAL INFORMATION**

1. Have you received service from Project:HOMES (formerly ElderHomes) before?  
 YES                       NO  
 If yes, what programs? \_\_\_\_\_ Date of Benefit \_\_\_\_\_
2. Are you the homeowner?  
 YES                       NO
3. List all names on the Deed: \_\_\_\_\_
4. Number of Bedrooms: \_\_\_\_\_  
 Number of Bathrooms: \_\_\_\_\_

**INCOME INFORMATION**

Earner	Source of Income	Gross Yearly (before taxes)
<b>Total Household Income</b>		

**FINANCIAL INFORMATION**

1. Do you own your own home or have a life estate?  
 YES       NO
2. If disabled or over the age of 65, do you have a Homestead (real estate tax) exemption?  
 YES, I have a Homestead exemption       NO, I do NOT have Homestead exemption
3. Are your property taxes paid to date?  
 YES       NO       N/A
4. Do you own any rental property?  
 YES       NO
5. Do you own any stocks, bonds, treasury bills, certificates of deposit, or money market accounts?  
 YES       NO
6. Do you have an Individual Retirement Account (IRA), 401(k), or Keogh account?  
 YES       NO
7. Do you have a life insurance policy with a cash value available to you before death?  
 (For example, surrender value of a whole life or universal life policy).  
 YES       NO
8. Do you own any personal property held as an investment?  
 (such as gems, jewelry, coin collections, antique cars, cars).  
 YES       NO
9. Within the past 12 months, have you received any lump-sum or one-time receipts?  
 (such as inheritances, capital gains, lottery winnings, victim’s restitution, insurance settlements, or other amounts not intended as periodic payments).  
 YES       NO

**MORTGAGE & INSURANCE**

10. Do you have homeowners insurance?       YES       NO

Insurance Company	
Policy Number	
Mailing Address	

11. Is there an outstanding mortgage for this property?       YES       NO  
 Is there an outstanding reverse mortgage for this property?  YES       NO

Mortgage Company	
Mailing Address	
Monthly Mortgage	
Balance on Mortgage	

**PLEASE READ CAREFULLY BEFORE SIGNING**

**Attention: It is a criminal offense under Section 1001 of title 18 of the code of the United States to make willful false statements or misrepresentation of any information provided in completion of this application.**

I certify that the information provided is accurate to the best of my knowledge. Nothing requested has been omitted or misrepresented in this application. I understand that my eligibility for assistance from project: Homes depends on verification of income.

Attached is proof of income for each member of the household receiving income (i.e. payroll, Social Security and/or pensions).

\_\_\_\_\_  
**Signature of Applicant**

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

\_\_\_\_\_  
**Signature of Co- Applicant**

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

**Documentation of income – Attach Copies for file**

- 1. Proof of household income- (social security benefit letter, paystubs, pension, statements, etc.)**
- 2. Copy of Driver’s license or State ID**
- 3. Current Real Estate Tax Bill with receipt**
- 4. Recent bank account statement (3 months worth of savings and checking)**
- 5. Declaration Page From Homeowners Insurance**

**Eligibility Determined & Completed By:**

\_\_\_\_\_  
**Signature (Project:HOMES Intake Officer)**

# HOUSEHOLD INFORMATION

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Conditions that may be recognized as serious health and safety standards include: leaking roof, rotten/broken floors, steps and porches in need of repair and failure of plumbing, electrical or heating systems.

Some requested repairs may not fall within the guidelines of the Emergency Home Repair Program.

The Rehabilitation Specialist will assess the repairs and get a final approval from administration to proceed with the work order.

**DESCRIBE THE REPAIRS YOU ARE REQUESTING:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_



# OWNERSHIP DECLARATION

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I, \_\_\_\_\_, Do hereby attest and affirm that I am the homeowner of record for the residence located at \_\_\_\_\_, Virginia, \_\_\_\_\_.

WITNESS the following signature (s):

\_\_\_\_\_ Owner (SEAL)  
\_\_\_\_\_ Co-Owner (SEAL)  
\_\_\_\_\_ Co-Owner (SEAL)

STATE OF VIRGINIA/City of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2018 by \_\_\_\_\_.  
**Owner**

My commission expires: \_\_\_\_\_  
**DATE** **NOTARY PUBLIC**

**Homeowner Certification for Access to the Property:**

I certify that I will allow Project:HOMES and Project:HOMES Contractors access to my/our property in order to have my home rehabilitated.

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Applicant Signature	Date
Co-Applicant Signature	Date

# CONTRACT OF UNDERSTANDING

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I understand that the contractor recommended by Project:HOMES Emergency Home Repair Program is to be contracted and held responsible for his/her work according to our agreement.

I understand that Project:HOMES is only administering this program. By so doing, Project: Homes does not assume any liability or make any warranties concerning the quality of work performed.

To help in program implementation, Project:HOMES has a Rehabilitation Specialist to assure maximum satisfaction between applicant and contractor. I agree to work with the Rehab Specialist and the Contractor to get the greatest benefit from the program.

I understand that Project:HOMES does not have any liabilities under this Program.

I hereby affirm that I have read and agree to my responsibilities in the “Emergency Home Repair Program”.

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Applicant Signature

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Date

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Address

---

City, State, Zip Code

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Co- Applicant Signature

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Date