



**CITY OF COLONIAL HEIGHTS  
2024-2025  
CDBG HOME REPAIR PROGRAM  
GUIDELINES AND APPLICATION**

**IMPORTANT**

**After all documents have been completed and returned to the office, project: HOMES will begin the review process of your application. Please do not take this application apart; if the 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) 525-7665**

**Joseph Carter Jr. / Prarthana Rao  
City of Colonial Heights Planning Department  
201 James Avenue  
Colonial Heights, VA 23834  
Phone: (804) 520-9297/Fax: (804) 524-8755  
Email: [carterj@colonialheightsva.gov](mailto:carterj@colonialheightsva.gov)/ [raop@colonialheightsva.gov](mailto:raop@colonialheightsva.gov)**

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



*Fair Housing  
because of*

## 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 \$10,000 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.

### Applicant Eligibility:

In order to be considered for this grant:

- 1) The house must be a single-family dwelling located within the City of Colonial Heights.
- 2) There are two types of eligible applicants: the homeowner or a renter with a legal disability.
- 3) The applicant must live in the home (as a primary, permanent residence), and be able to provide proof of home ownership, active home insurance, 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.
- 4) **If the applicant is a renter with a legal disability, the applicant will need to obtain the information listed above from the property owner with the submission of the application.**
- 5) **If the applicant is a renter with a legal disability, the applicant must provide a notarized statement from the property owner granting permission for the repairs and a copy of the lease.**
- 6) Applicants who have received this grant in the past may reapply for assistance after 5 years after the work has been completed.
- 7) Although the program is available citywide, priority will be given to households in the Violet Bank-Flora Hill, Shepherd Stadium, Westover-Snead, Toll House, and Ellerslie/Dunlop Districts, first time applicants, persons who are elderly or have a disability, and to those needing repairs that threaten the safety or well-being of the household members.
- 8) 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                              | \$61,800        |
| 2                              | \$70,600        |
| 3                              | \$79,450        |
| 4                              | \$88,250        |
| 5                              | \$95,350        |
| 6                              | \$102,400       |
| 7                              | \$109,450       |
| 8                              | \$116,500       |

\* FY 2024 HUD Income Limits (Richmond MSA)

### Eligible Repairs:

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
- Security upgrades such as deadbolts and floodlights
- 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.

### **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 assistance to the homeowner.

If you are within the income guidelines, need the eligible repairs, and would like to be considered for assistance, you **MUST** reply to all the questions in the Home Repair Program application. Mail the application to project: Homes at the address below and provide a copy of all applicable requested documents. priority will be given to households in the Violet Bank-Flora Hill, Shepherd Stadium, Westover-Snead, Toll House, and Ellerslie/Dunlop Districts, first-time applicants, persons who are elderly or have a disability, 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:  
Rehab Department  
project: Homes  
88 Carnation Street  
Richmond, VA 23225

**Office Use Only Date Application Received:** \_\_\_\_\_

**Applicant Information:**

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

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

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

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

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

Birth date: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Has the client received service from project: HOMES (ElderHomes) before? ☐ Yes ☐ No

-If yes, what programs? ☐ Rehab ☐ Weatherization ☐ Renew Crew ☐ Other Date (s) \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Sex: ☐ Male ☐ Female Over 62: ☐ Yes ☐ No Veteran: ☐ Yes ☐ No

Race (please check all that apply): ☐ Black or African American ☐ White

☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian or Pacific Islander

Ethnicity: ☐ Hispanic/Latino Origin ☐ NOT Hispanic/Latino Origin

Does Client Receive Disability: ☐ Yes ☐ No

**Co-Applciant Information:**

Co-applciant Name: \_\_\_\_\_

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

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

Sex: ☐ Male ☐ Female Over 62: ☐ Yes ☐ No Veteran: ☐ Yes ☐ No

Race (please check all that apply): ☐ Black or African American ☐ White

☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian or Pacific Islander

Ethnicity: ☐ Hispanic/Latino Origin ☐ NOT Hispanic/Latino Origin

Does Client Receive Disability: ☐ Yes ☐ No

Please list all members in the household, including SELF: (Use the back of the application if necessary)

| Name | Date of Birth | Relationship to Homeowner<br>(Wife, Grandson, Niece, etc.) |
|------|---------------|--|
|      |               | HOMEOWNER  |
|      |               |  |
|      |               |  |
|      |               |  |
|      |               |  |

**List all sources of income SEPARATELY:**

**Directions:** Applicants may have more than one source of income. Please list these sources as **separate** entries on the lines below. Note: project:HOMES requires proof of income for all **household**, not just homeowners. Also note: Twice monthly refers to client that are paid on the 1<sup>st</sup> and 15<sup>th</sup> of each month. **Gross Monthly Household Income of All Residents (Please use income before taxes and deductions are taken out):**

| One      | Two      | Three    | Four     | Five     | Six       | Seven     | Eight     |
|----------|----------|----------|----------|----------|-----------|-----------|-----------|
| \$61,800 | \$70,600 | \$79,450 | \$88,250 | \$95,350 | \$102,400 | \$109,450 | \$116,500 |

\*The Annual Income Limits for this program are Effective April 1<sup>st</sup>, 2024

1. Applicant source of income: \_\_\_\_\_

☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Twice Monthly Gross Yearly (before taxes): \$ \_\_\_\_\_

2. Additional source of income: \_\_\_\_\_

☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Twice Monthly Gross Yearly (before taxes): \$ \_\_\_\_\_

3. Additional source of income: \_\_\_\_\_

☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Twice Monthly Gross Yearly (before taxes): \$ \_\_\_\_\_

4. Additional source of income: \_\_\_\_\_

☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Twice Monthly Gross Yearly (before taxes): \$ \_\_\_\_\_

5. Additional source of income: \_\_\_\_\_

☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Twice Monthly Gross Yearly (before taxes): \$ \_\_\_\_\_

6. Additional source of income: \_\_\_\_\_

☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Twice Monthly Gross Yearly (before taxes): \$ \_\_\_\_\_

Total **Monthly** Household Income: \$ \_\_\_\_\_ Total **Annual** Household Income \$ \_\_\_\_\_

**Applicant Information (Please check the appropriate box)**

1. Do you **own your own home**? ☐ YES ☐ NO
2. If disabled or over the age of 65 do you have a **real estate tax exemption**?  
☐ YES, I have real estate tax exemption ☐ NO, I do NOT have an exemption
3. Are your **property taxes** paid to date? ☐ YES ☐ NO ☐ N/A
4. Do you have **homeowner's insurance**? ☐ YES ☐ NO
5. Is there a **mortgage or reverse mortgage** outstanding on the property?  
☐ Mortgage ☐ Reverse Mortgage ☐ Neither
6. If there is a **mortgage** on the property, is it current? Note: project:HOMES regulations allow clients to be **up to** two payments behind on their mortgages (including the current month). ☐ Yes ☐ No
7. Which of these **deposit accounts** do you own? (you will need to provide documentation for each account)  
• Checking Account ☐ Yes ☐ No How many: \_\_\_\_\_  
• Savings Account ☐ Yes ☐ No How many: \_\_\_\_\_
8. Do you own any **rental property**? ☐ YES ☐ NO
9. Are you listed as the **owner** of any property **in addition your primary residence**? (Including family homes, vacant lots) ☐ YES ☐ NO
10. Do you own any **stocks, bonds, certificates of deposit, or money market accounts**? ☐ YES ☐ NO
11. Do you have an **Individual Retirement Account (IRA) account**? ☐ YES ☐ NO
12. Do you have a **401(k) account or Keogh account**? ☐ YES ☐ NO
13. 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
14. Do you own any personal property held as an **investment**? (This would be something with an assessed value, for example: land (including vacant or unrented lots), boats, or antiques). ☐ YES ☐ NO  
a. If yes, please specify the investment: \_\_\_\_\_
15. Within the past 3 months, have you received any **lump-sum or one-time receipts** (Inheritances, lottery winnings, insurance settlements, or other amounts not intended as periodic payments). *Note: Please do not include government stimulus payments in your answer.* ☐ YES ☐ NO

**Please list Homeowner's Insurance Company Information:**

Insurance Company (Example: Nationwide, Farmers, Allstate, etc.) \_\_\_\_\_

Policy period (Example: Jan 1, 2024- Jan 1, 2025): \_\_\_\_\_

**Please list Mortgage information:**

| Name of Mortgage Company or Lien Holder | Is mortgage included in a bankruptcy plan? | Monthly Payment | Mortgage Balance |
|---|--|-----------------|------------------|
|   |  |                 |                  |
|   |  |                 |                  |

**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. 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.

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

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

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

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

**Required Documentation (Attach Copies for file)**

1. Proof of **household income for every household member over 18 years old**- (social security benefit letter, paystubs, pension, statements, etc.)
2. Copy of **Driver's license or State ID for every household member over 18 years old**
3. **Current Real Estate Tax Bill** with receipt OR **Mortgage Statement**
4. Recent **bank account statements** (6 months of savings and checking) **for every household member over 18 years old**
5. **Declaration Page from Homeowner's Insurance**
6. Please provide evidence of any **Additional Assets** (Includes: 401 (k) or IRA balances, any Cash Value in Life insurance, etc.)

**REQUIRED Additional Documentation for Renters**

1. **RENTER with a legal disability**: Notarized Statement from Property owner
2. Copy of the **Lease**
3. Copy of **Utility Bill**

*If you are a renter, the Ownership Declaration page is not needed.*

**Eligibility Determined & Completed By:**

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

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

## HOUSEHOLD INFORMATION

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.

**Important:** Any repairs to a property will be determined by the amount of funding available at the time of application. It is possible that a home may require an amount of work beyond the scope of the emergency program. If this is the case, the rehab specialist will determine what repairs can and cannot be made. **Homes that have fallen too far into disrepair may be declined from the emergency program.**

**Are you currently experiencing (please check yes or no):**

| Home Condition   | Yes | No | Please Explain |
|--|-----|----|----------------|
| Roof Leak  |     |    |                |
| Damaged or missing gutters   |     |    |                |
| Chimney issues   |     |    |                |
| Inoperable or leaking plumbing   |     |    |                |
| Electrical hazards   |     |    |                |
| Heating issues   |     |    |                |
| Flooring (decayed or deteriorated framing)   |     |    |                |
| Safety issues: <ul style="list-style-type: none"><li>• No railings</li><li>• Need grab bars</li><li>• Broken stairs</li><li>• Doors that don't work/lock</li><li>• Bathroom modifications for disabled clients</li></ul> |     |    |                |
| Broken windows (cracks in glass, broken glass, or unable to open window only).   |     |    |                |
| Code enforcement citations   |     |    |                |

**Additional Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# **OWNERSHIP DECLARATION**

Please check one:

☐ I do hereby attest and affirm that I am the homeowner of record for the residence listed below.  
-OR-

☐ I do hereby attest and affirm that I am the legal renter/lessee of record for the residence listed below. *Note: Please have the property owner complete and attach the supplemental ownership declaration and include it with your application.*

**Applicant Name (Please Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Co-Applicant (Please Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

\_\_\_\_\_

## **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 the home rehabilitated.

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Applicant Signature

Date

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Co-Applicant Signature

Date

## **A. Please list an additional contact person in case we cannot reach you:**

**Contact Name:** \_\_\_\_\_

**Contact Relationship to Homeowner:** \_\_\_\_\_

**Contact phone:** \_\_\_\_\_

**Contact email:** \_\_\_\_\_

# CONTRACT OF UNDERSTANDING

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- I understand that project:HOMES does not have any liabilities under this Program. The contractor hired by project:HOMES Community Development Block Grant Home Repair Program (CDBG) is to be 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.
- project:HOMES reserves the right to deny service to a client if any household member is uncooperative, threatening, or abusive to any project:HOMES staff member or contractor.

I hereby affirm that I have read and agree to my responsibilities in the Community Development Block Grant Home Repair (CDBG) Program:

---

Applicant Signature

---

Date

---

Co- Applicant Signature

---

Date

---

Address

---

City, State, Zip Code

## Supplemental Owner Declaration

**Note:** This form is required for all applications where a rental property is being considered for service. This form is to be completed by the landlord/legal owner of the property listed below.

Please initial next to each declaration:

\_\_\_\_\_ I do hereby attest and affirm that I am the homeowner of record for the residence listed below.

\_\_\_\_\_ I do hereby attest and affirm that I give permission to the lessee to participate in the CDBG home repair program at the residence listed below.

\_\_\_\_\_ I agree to abide by the Repayment Clause if the home is sold or rented to a person with no legal disability.

\_\_\_\_\_ I certify that I will allow project: Homes and project: Homes Contractors access to my/our property in order to have the home rehabilitated.

Owner Name (Please Print) \_\_\_\_\_

Co-Owner (Please Print) \_\_\_\_\_

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

\_\_\_\_\_

WITNESS the following signature (s):

\_\_\_\_\_ Owner (Signature)

\_\_\_\_\_ Co-Owner (Signature)

\_\_\_\_\_ Co-Owner (Signature)

STATE OF VIRGINIA/City of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024

by \_\_\_\_\_.

(Owner)

My commission expires: \_\_\_\_\_

DATE

\_\_\_\_\_  
NOTARY PUBLIC