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IPR (office use only)      **APPLICATION for ASSISTANCE**      **DATE:** \_\_\_\_\_  
**HPI EMERGENCY HOME AND ACCESSIBILITY REPAIRS PROGRAM**

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

**With this application, please provide a copy of each of the following** (if you prefer, we can make copies at HPI):

- **DEED** (to APPLICANT's home) or **TITLE** (for APPLICANT's trailer), and
- **PROOF of all sources of household INCOME** (such as: paystubs, worker's compensation, pensions, food stamps, retirement benefits, Social Security, child support, disability, SSI, tax statements, dividends, etc.)

**HOMEOWNERS CONTACT INFORMATION** (please PRINT clearly)

**NAME of APPLICANT:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Applicant** (check 1):  is the home owner     rents     has "life rights"     Other: \_\_\_\_\_

[ **Home Owner** (if different from applicant): \_\_\_\_\_ **Relation to Applicant:** \_\_\_\_\_ ]

**HOME ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**COUNTY:** (if applicable): \_\_\_\_\_ **SUBDIVISION or NEIGHBORHOOD:** \_\_\_\_\_

[ **MAILING ADDRESS** (if different from above): \_\_\_\_\_ **ZIP:** \_\_\_\_\_ ]

**CONTACT PHONE(s):** \_\_\_\_\_

**CONTACT PERSON** (if different from applicant): \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DIRECTIONS** to your home/trailer: \_\_\_\_\_

**HOUSING HISTORY** What **KIND** of home is this?  SITE BUILT     TOWNHOUSE     MOBILE HOME/TRAILER

QUADPLEX     CONDO     APARTMENT     DUPLEX

What **KIND of REPAIRS** are needed on applicant's home? \_\_\_\_\_

**HOW LONG** has the applicant been in need of these repairs? \_\_\_\_\_ weeks    \_\_\_\_\_ months    \_\_\_\_\_ years

**SELF-HELP Program:** Do you know people *who could help out/work with us* (Housing Partnerships) on your *behalf* (relatives, friends, church outreach, organizations, civic groups, etc.)?  YES     NO     MAYBE

Repair projects get done sooner when outside labor and/or funding is available to offset our resources. HPI works with limited funds.

**HOUSEHOLD INFORMATION** Please enter **NUMBER** of each of the following (who live in your home):

A. **SENIORS (60+):** \_\_\_\_\_ **ADULTS:** \_\_\_\_\_ **CHILDREN (under 6):** \_\_\_\_\_ **CHILDREN (under 18):** \_\_\_\_\_

B. **AFRICAN AMERICAN:** \_\_\_\_\_ **WHITE (non-Hispanic):** \_\_\_\_\_ **NATIVE AMERICAN:** \_\_\_\_\_  
**HISPANIC:** \_\_\_\_\_ **MIXED:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_ **NOT AVAILABLE:** \_\_\_\_\_

C. **PHYSICALLY CHALLENGED:** \_\_\_\_\_ **MENTALLY CHALLENGED:** \_\_\_\_\_

**TOTAL # of HOUSEHOLD RESIDENTS:** \_\_\_\_\_ **TOTAL # of EMPLOYED ADULTS:** \_\_\_\_\_

OVER →

**HOUSEHOLD INFORMATION** (continued)

Beginning with the applicant, please list EVERY PERSON (including children) LIVING IN THIS HOUSEHOLD and complete the corresponding information requested (If needed, use additional paper).

<b>FIRST and LAST NAMES:</b> (list ALL residents)	<b>RELATIONSHIP:</b> (to Applicant)	<b>AGES:</b>	<b>ANNUAL INCOME:</b> (provide proof/documentation: see page 1)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☞ Have you applied for similar assistance from any other place or agency?  YES  NO  UNSURE  
If YES, WHO? \_\_\_\_\_ 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.

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 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.

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.

Signature → NAME:

→ DATE: