



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

Dear Homeowner:

Thank you for your interest in the Fairfax County Home Repair for the Elderly Program (HREP).

This program was developed by the Fairfax County Redevelopment and Housing Authority to assist low- and moderate-income homeowners who are elderly or who have disabilities with minor home repairs. Repairs completed through this program help homeowners remain in their homes, while preventing further deterioration of the structure. This program is not intended to meet short term emergency needs, but rather to provide long term home maintenance solutions.

Under the Home Repair for the Elderly and Disabled Program, eligible homeowners would receive a grant of up to \$1,000 for materials and the necessary labor to be used within a five-year period. Once the five-year period is reached or the \$1,000 in grant funds have been utilized, the HREP service will end. The participants will therefore submit another application to be determined for additional minor repairs and maintenance assistance. Re-qualification for the program is done every five years.

To process your application, please submit copies of the following documentation with your application to verify your household income:

- 1. Members on the deed or loan must provide documentation of citizenship or permanent legal status**
- 2. Other members must provide U.S. Citizenship and Immigration Services (USCIS) documentation that they are in the US legally**
- 3. Proof of disability must be furnished by homeowners under 62 years of age or family members living in the home**
- 4. Pay-stubs, Social Security statements and/or current tax returns verifying total income for each person residing in the household.**
- 5. Bank statements for the last two months for checking and saving accounts.**
- 6. Stocks, Bonds, Money Market Funds, IRA, 401k, or any other assets**
- 7. Monthly Housing Expenses and all Utility bills.**

Once your application has been reviewed, we will contact you regarding your eligibility; if you are qualified, we will schedule the initial inspection to discuss the work listed on your application.

If you have any questions, or if we can be of further assistance, please do not hesitate to contact our HREP Administration Staff at 703-246-5179.

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**Department of Housing and Community Development**

Rental Housing Division

**Home Repair for the Elderly Program**

3700 Pender Drive, Suite 200

Fairfax, Virginia 22030-6039

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[www.fairfaxcounty.gov/rha](http://www.fairfaxcounty.gov/rha)



# APPLICATION FOR SERVICES HOME REPAIR PROGRAM FOR THE ELDERLY AND DISABLED



## Applicant Information:

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

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

Telephone: Home: ( \_\_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Have you previously received home improvement work/assistance through this program? (Additional work is eligible only up to Program limits)  Yes  No

How did you hear about this Program? \_\_\_\_\_

## Family Members

**Note:** Proof of disability must be furnished by homeowners under 62 years of age. Members on the deed or loan must provide documentation of citizenship or permanent legal status. Other members must provide U.S. Citizenship Immigration Services (USCIS) documentation that they are in the US legally.

Name	Date of Birth	Age	Occupation/Disability
1.(Owner) _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## Total Family Income

**Important:** Your application cannot be processed without verification of income from all persons residing at this address. Please include this information when you return your application. Copies of tax returns, social security or retirement benefit statements, or other supporting documents may be furnished.

Family Member	Source, Rate & Type of Income	Gross Monthly Amount
(Owner) _____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Total Monthly Income** \$ \_\_\_\_\_

**25% of Monthly Family Income** \$ \_\_\_\_\_

## Assets

Checking Account \$ \_\_\_\_\_

Savings Account \$ \_\_\_\_\_

Stocks, Bonds, Money Market Funds, IRA, 401k, Roth IRA \$ \_\_\_\_\_

Certificates of Deposit \$ \_\_\_\_\_

Real Estate Other Than Residence \$ \_\_\_\_\_

Other Assets (attach details) \$ \_\_\_\_\_

**Total Assets** \$ \_\_\_\_\_

**Monthly Housing Expense**

Mortgage Payment \$ \_\_\_\_\_

Condo Fee/Homeowner Association Fee/Lot Rent \$ \_\_\_\_\_

Real Estate Taxes Exempt from Real Estate Taxes  \$ \_\_\_\_\_

Insurance on Home \$ \_\_\_\_\_

**Utility Expenses:**

Fuel Oil \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_

Water and Sewer \$ \_\_\_\_\_

Electric \$ \_\_\_\_\_

Trash Removal \$ \_\_\_\_\_

**Total Housing Expense** \$ \_\_\_\_\_

**Describe the repairs and improvements you would like for your home:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Uniform Relocation Act:** I, as the owner and occupant understand that participation in the Home Repair for the Elderly and Disabled Program (HREP) is voluntary and as such is exempt and not subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 - 42 USC Ch. 61, as amended.

\_\_\_\_\_

Owner and Occupant Initials

I further certify that only family members, and no other occupants or tenants, are living in my property at the time of this application.

\_\_\_\_\_

Owner and Occupant Initials

**Signatures:** I/WE have read the Federal and Virginia Privacy Act Statement (see below). Moreover, I/We certify that the above information provided is true and complete to the best of my/our knowledge. I/We have no objections to inquiries being made for the purpose of verifying the statements made. This application is made in support of a request for Home Repair Services.

\_\_\_\_\_  
Owner Print Name Date

\_\_\_\_\_  
Co-Owner Print Name Date

**Federal Privacy Act Statement**

**Purpose:** In compliance with the Privacy Act of 1974, as amended, the following information is provided. The U.S. Department of Housing and Urban Development (HUD) will be collecting information you provided to the Fairfax County Redevelopment and Housing Authority (FCRHA) and the Fairfax County Department of Housing and Community Development (HCD) at application/re-examination. The information includes, among other things, the following: name, sex, birth date, social security number (SSN), income (by source), handicapped assistance and assets.

**Use:** The information you provide on this form will be used primarily for the following: to manage and monitor HUD Programs; to verify the information is accurate and complete; and to check the information you and others gave by doing a computer match. It may be given to Federal, State and Local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. Summaries of tenant data may be available to the public.

**Information Requirements:** Giving the SSN's of all family members six (6) years of age or older is Mandatory under the Housing and Community Development Act of 1987, as amended, and federal regulations promulgated to implement the Act. 42 U.S.C. t3543 (2003), as codified at 24 C.F.R. Part 5. Not giving SSN's will affect your eligibility. The other information is Mandatory under the authority of the U.S. Housing Act of 1937, as amended, 42 U.S.C.A. tt1437 et. sec Failure to provide the requested information on this form may result in a delay or rejection of you eligibility.

Applicant
Race/National Origin (Not of Hispanic origin) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female   Handicapped: <input type="checkbox"/> Yes <input type="checkbox"/> No

Co-Applicant
Race/National Origin (Not of Hispanic origin) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female   Handicapped: <input type="checkbox"/> Yes <input type="checkbox"/> No

**If you have any questions, please call 703-246-5179 or TTY 711**