



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 \$500 for materials and the necessary labor to be used within a five-year period.

In order to process your application, please submit the following documentation to verify your household income:

- 1. Pay-stubs, Social Security statements and/or current tax returns verifying total income for each person residing in the household.**
- 2. Bank statements for the last two months for all accounts.**

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 you 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.

Department of Housing and Community Development

3700 Pender Drive, Suite 300

Fairfax, Virginia 22030-6039

Tel. 703-246-5100 • Fax 703-653-7130 • TTY 711

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.

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. §3543 (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. §§1437 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)

White Black Hispanic Asian or Pacific Islander

American Indian or Alaskan Native Other

Sex: Male Female Handicapped: Yes No

Co-Applicant

Race/National Origin
(Not of Hispanic origin)

White Black Hispanic Asian or Pacific Islander

American Indian or Alaskan Native Other

Sex: Male Female Handicapped: Yes No

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