



**CITY OF COLONIAL HEIGHTS  
2020-21  
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 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**

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



**Application Deadline: July 31, 2020**

## 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 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
- 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.

In order to be considered for this grant:

- 1) The house must be a single-family, detached 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, 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.
- 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 Eilerslie/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	\$50,500
2	\$57,200
3	\$64,350
4	\$71,500
5	\$77,250
6	\$82,950
7	\$88,700
8	\$94,400

\* FY 2020 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, 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 that 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 Eilerslie/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:

Project: Homes  
88 Carnation Street  
Richmond, VA 23225

**PROJECT: HOMES**  
**Home Repair Program**  
**Application for Assistance**

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

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

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

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

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

1. Are you the homeowner?  
 YES     NO
2. Name Deed is in: \_\_\_\_\_
3. If you rent your home, please provide the name of Property Owner or Lessor: \_\_\_\_\_
4. Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_
5. Do you have a legal disability? (Proof of Disability benefits will need to be submitted)  
 YES     NO
6. Are you over the age of 62?  
 YES     NO
7. Gender:     Male     Female     \_\_\_\_\_
8. Marital Status:  
 Married     Single     Divorced     Widowed     Other     \_\_\_\_\_
9. Race (please check all that apply):
  - African American
  - American Indian or Alaskan Native
  - Asian
  - Multiracial/two or more races
  - Native Hawaiian or Pacific Islander
  - Other \_\_\_\_\_
  - White
10. Ethnicity:
  - Hispanic/Latino Origin
  - NOT Hispanic/Latino Origin

**Application Deadline: July 31, 2020**

11. Are you over the age of 62?

YES       NO

12. Sex:             Male       Female

13. Have you received service from Project: Homes (or Elder Homes) before?

Yes                       No

If yes, what programs did you receive service from? \_\_\_\_\_ Date

Applicant source of income: \_\_\_\_\_

Weekly  Bi-weekly  Monthly      Gross Yearly (before taxes):

\$ \_\_\_\_\_

Additional source of income: \_\_\_\_\_

Weekly  Bi-weekly  Monthly      Gross Yearly (before taxes):

\$ \_\_\_\_\_

Additional source of income: \_\_\_\_\_

Weekly  Bi-weekly  Monthly      Gross Yearly (before taxes):

\$ \_\_\_\_\_

Total Household Income (Include Co-applicant income from next page):

\$ \_\_\_\_\_

## CO-APPLICANT INFORMATION

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

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

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

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

1. Are you the homeowner?

YES       NO

2. Name Deed is in: \_\_\_\_\_

3. If you rent your home, please provide the name of Property Owner or Lessor: \_\_\_\_\_

4. Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

5. Do you have a legal disability? (Proof of Disability benefits will need to be submitted)

YES  NO

6. Are you over the age of 62?

YES       NO

7. Gender:     Male         Female  \_\_\_\_\_  
 8. Marital Status:  
 Married    Single     Divorced  Widowed  Other  \_\_\_\_\_  
 9. Race (please check all that apply):

- African American
- American Indian or Alaskan Native
- Asian
- Multiracial/two or more races
- Native Hawaiian or Pacific Islander
- Other \_\_\_\_\_
- White

10. Ethnicity:

- Hispanic/Latino Origin
- NOT Hispanic/Latino Origin

11. Are you over the age of 62?

- YES         NO

12. Sex:         Male         Female

13. Have you received service from Project: Homes (or Elder Homes) before?

- Yes                       No

If yes, what programs did you receive service from? \_\_\_\_\_ Date

Applicant source of income: \_\_\_\_\_

Weekly  Bi-weekly  Monthly      Gross Yearly (before taxes):

\$ \_\_\_\_\_

Additional source of income: \_\_\_\_\_

Weekly  Bi-weekly  Monthly      Gross Yearly (before taxes):

\$ \_\_\_\_\_

Additional source of income: \_\_\_\_\_

Weekly  Bi-weekly  Monthly      Gross Yearly (before taxes):

\$ \_\_\_\_\_

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

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 a Homestead 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?  
 Yes       NO
6. Is the mortgage current?  
 YES       NO
7. Do you own any rental property?  
 YES       NO
8. Do you own any stocks, bonds, treasury bills, certificates of deposit, or money market accounts?  
 YES       NO
9. Do you have an Individual Retirement Account (IRA), 401(k), or Keogh account?  
 YES       NO
10. 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
11. Do you own any personal property held as an investment? (such as gems, jewelry, coin collections, antique cars, cars).  
 YES       NO
12. 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). DO NOT INCLUDE COVID-19 Stimulus Check.  
 YES       NO



**Please list name, address, and policy number of insurance and Mortgage Company.**

Insurance Co. \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

Monthly Mortgage payment: \_\_\_\_\_ Balance on Mortgage loan: \_\_\_\_\_

**Please list all members in household: (Use the back of the application if necessary for additional space)**

Name:	Date of Birth:	Relationship:

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

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

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

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

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

**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 OR Mortgage Statement**
4. **Recent bank account statement (3 months worth of savings and checking)**
5. **Declaration Page from Homeowner's Insurance**

**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)**

**Application Deadline: July 31, 2020**

# 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 and security issues such as broken windows, floodlights and deadbolts on doors.

Some requested repairs may not fall within the guidelines of the 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			
Security Issues: floodlights, deadbolts, etc.			

# 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

\_\_\_\_\_, 2020 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 the home rehabilitated.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Co-Applicant Signature Date

# RENTER WITH A LEGAL DISABILITY/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,

\_\_\_\_\_.

I, \_\_\_\_\_, give permission to the lessee,  
\_\_\_\_\_, to receive repairs located at  
\_\_\_\_\_ as a grantee of the Home Repair grant program.

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

### 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 \_\_\_\_\_

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Property Owner \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_, 2020 by \_\_\_\_\_.

Owner

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

DATE

\_\_\_\_\_

NOTARY PUBLIC

# CONTRACT OF UNDERSTANDING

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I understand that the contractor recommended by Project: Homes 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 Rehabilitation 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 "Home Repair Program".

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Applicant Signature

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Date

---

Address

---

City, State, Zip Code

---

Co- Applicant Signature

---

Date

---

Property Owner Signature

---

Date

**Application Deadline: July 31, 2020**