



Healthy Homes Program

The **Healthy Homes Program** works with homeowners to assess the current condition of their homes and then performs moderate repairs to improve the sustainability, health, and affordability of the home.

Type and Maximum Amount of Assistance

Qualifying homeowners receive a **grant** from the City of Richmond for repairs that cost up to \$14,999. Grants **do not** have to be repaid. For repairs of \$15,000 and above, the City of Richmond will provide a **forgivable loan**. However, the homeowner **does not** have to pay back the forgivable loan unless they sell or move out of the home during the loan period. There are no payments, and no interest accrues during the loan period. The loan period is for 5 years. A portion of the loan will be forgiven each year of the loan period. The maximum amount of assistance is \$35,000.

Eligible Repairs

Potential moderate home repairs may include but are not limited to:

- replacing aging water heaters and galvanized water lines
- repairing or replacing sinks, toilets, and other bathroom or kitchen fixtures
- repairing or replacing leaking roofs
- repairing or replacing damaged or rotten entrance steps and porches
- repairing damaged or rotten floors and floor coverings
- repairing or replacing faulty HVAC and/or electrical systems
- repairing or replacing windows
- repair or replacement of doors

By addressing these common issues in homes, the **Healthy Homes Program** can improve the comfort and safety of the home while reducing utility costs and improving water and air quality for the occupants. Eligible repairs will be determined by the City of Richmond based on a home inspection and funding availability.

Qualifications

To qualify for the **Healthy Homes Program**, the homeowner must meet the following criteria:

- The homeowner's property must be located within the City of Richmond.
- The property must be occupied by the homeowner as their primary residence.

- The annual income for all persons in the household must be below the income limit in the chart below:

Household Size	Max. Yearly Income
1	\$43,740
2	\$59,160
3	\$74,580
4	\$90,000
5	\$105,420

**Income eligibility based on guidance from the U.S Department of Treasury's Coronavirus State & Local Fiscal Recovery Funds: Overview of the Final Rule which allows the use of the U.S Health and Human Services Poverty Guidelines at 300%. The above limits reflect the 2023 Poverty Guidelines at 300% published in January 2023.*

***Households larger than 5 people should contact HCD for more information.*

Homeowners with children under the age of 18, households with older adults ages 55+, and households with individuals aged 18+ with physical or sensory disabilities and/or pulmonary conditions are encouraged to apply.

Important Information

Assistance is provided on a first-come, first-served basis. Processing of an applicant's application will **not** begin until the application is complete and all required documentation is submitted to the City's Housing and Community Development Department.

Questions and Applying

To learn more about the **Healthy Homes Program** and begin the application process, contact the Housing and Community Development Department. See below:

Don Grivetti, Senior Project Development Manager
 Phone: 804-646-4078 / Email: don.grivetti@rva.gov
 Or Call 804-646-1766 for General Information



The City of Richmond reserves the right to make changes to these general guidelines as needed.



OFFICE USE

DATE RECEIVED _____

STAFF INITIALS _____

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (HCD)
APPLICATION FOR OWNER-OCCUPIED HOUSING REHAB ASSISTANCE
HEALTHY HOMES PROGRAM**

APPLICANT INFORMATION

Homeowner Name: _____

Homeowner Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

PERSONS LIVING IN THE HOUSEHOLD:

Household Member*	Relation to Homeowner	Birth Date	Disabled?	Intentionally Left Blank By HCD
1.	Self			
2.				
3.				
4.				
5.				

*List all people living in the house, including any tenants. Use a separate sheet, if more space is needed, and attach it to this application.

GROSS HOUSEHOLD INCOME**

Household Member	Source/Type of Income	Amount of Income	Specify Per Week, Bi-Week, Month, or Year
1.			
2.			
3.			
4.			
5.			

**See attached Certification of Income

PROPERTY OWNERSHIP

Is this house your primary residence? Yes No

Are you the property owner of record of this house? Yes No

Are the property taxes on this house current? Yes No

If not, do you have a payment plan approved by the City Finance Dept.? Yes No
(If Yes, Please Provide a Copy of the Plan)

Are you current on the payments as part of this payment plan? Yes No

Mortgage Company and Address:

Mortgage Payments (Principal and Interest): \$ _____ per month

Loan Term: _____ Interest Rate: _____ Loan Balance: _____

Property Insurance Company and Address:

Property Insurance Value: \$ _____

Household Needs - Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> My water heater is over (10) ten years old | <input type="checkbox"/> My home has lead or galvanized pipes |
| <input type="checkbox"/> My home has uneven floors in the kitchen or bath | <input type="checkbox"/> My home has damaged kitchen cabinets due to a water leak |
| <input type="checkbox"/> My home has a leaking roof | <input type="checkbox"/> My home has problems with its HVAC system |
| <input type="checkbox"/> My home has mold | <input type="checkbox"/> My home needs electrical upgrades |
| <input type="checkbox"/> My home has plumbing problems | <input type="checkbox"/> I need bathroom mobility improvements |
| <input type="checkbox"/> My home has damaged or inoperable windows | <input type="checkbox"/> My home's entry steps or porch needs repair |

Additional Household Needs

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
CERTIFICATION OF INCOME**

Applicant Name: _____

Please review the programs below and check any that you or a member of your household participate in. Please provide a copy of the most recent monthly or annual benefit statement for any selected programs.

- CHIP
- Housing Choice Voucher *(For Homeownership Purposes Only)*
- Medicaid
- SNAP
- SSDI
- SSI
- TANF
- WIC

Please also review the sources of earned income below. Check any that apply to your household and provide source documents to certify the household's gross income.

- Last 3 pay stubs from employment income
- Unemployment statements for the last 90 days
- Income from the operation of a business, including self-employment sales
- Rental income from real or personal property
- Interest or dividend statements from assets
- Annuities, insurance policies, retirement funds, pensions, or death benefits
- Disability payments
- Alimony or child support
- Any other source of income not named above. Please describe here: _____

I hereby certify that my total gross household annual income from (1) all adult members of the household and (2) from all sources listed above is \$ _____ and I further understand that additional income documentation may be required to verify my household eligibility.

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.

I have included as a part of this application proof of income for each member of the household receiving income (i.e., payroll, SSI, and/or pensions). I understand that my application must be complete before a determination of assistance will be provided. I also understand that assistance is provided on a first-come, first-served basis.

Applicant Signature	Printed Name	Date
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Co-Applicant Signature	Printed Name	Date
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APPLICANT CERTIFICATION:

The Applicant(s) acknowledge and understand that the information provided in this Application will determine if the Applicant is eligible to receive assistance pursuant to any home repair program administered by the City of Richmond's Department of Housing and Community Development (HCD). The Applicant(s) certify that all information provided herein is true and correct. The Applicant(s) acknowledge and understand that providing a false or fraudulent statement or information is grounds for denial of assistance. The Applicant(s) authorize (HCD) and any of its duly authorized representatives to verify all information provided in this Application and/or to obtain additional information necessary to process this Application. The Applicant(s) shall give (HCD) and its duly authorized representatives permission to physically access the Property to document the need for repairs and facilitate the actual repairs. The Applicant(s) agree to submit any additional information requested by (HCD) for the processing of the Application. The Applicant(s) acknowledge and understand that the completion of the Application does not guarantee or obligate (HCD) to provide any repairs to the Property.

Applicant Signature

Printed Name

Date

Co-Applicant Signature

Printed Name

Date

HCD Intake Representative Signature

Printed Name

Date