



Housing and Community Development

OFFICE USE

DATE RECEIVED _____

STAFF INITIALS _____

HEALTHY HOMES PROGRAM OWNER-OCCUPIED APPLICATION

APPLICANT INFORMATION

Last Name First Middle Initial

Last Name First Middle Initial

Property Address

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____

Name & Address of Employer:

NAME OF ALL PERSONS RESIDING IN HOUSEHOLD

NAME	DATE OF BIRTH	RELATIONSHIP

Total Household Members: _____

Any household member age 62+? ☐ Yes ☐ No

Any household member under the age of 18? ☐ Yes ☐ No

Any household member with a disability? ☐ Yes ☐ No

Race/Ethnicity Categories:

☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander ☐ Two or More Races
☐ Hispanic/Latino ☐ Non-Hispanic

INCOME INFORMATION

FY2025 HUD Income Limits – Richmond, VA Metro FMR Area
(Effective June 1, 2025)

Household Size	Very Low Income (≤50% AMI)	Low Income (≤80% AMI)
1 person	\$39,750	\$63,600
2 persons	\$45,400	\$72,650
3 persons	\$51,100	\$81,750
4 persons	\$56,750	\$90,800
5 persons	\$61,300	\$98,100
6 persons	\$65,850	\$105,350
7 persons	\$70,400	\$112,600
8 persons	\$74,950	\$119,900

ELIGIBILITY REQUIREMENT:

Provide gross income for **ALL** household members over the age of 18. Attach pay stubs, benefit letters, or tax returns.

SOURCE	APPLICANT	CO-APPLICANT	OTHER(S)
Wages, salaries, tips, Business income			
Social Security Benefits			
VA Benefits			
Disability Income			
Child Support, Alimony			
Pension			
Rental Income			

Total Annual Household Income: \$ _____

PLEASE ATTACH TO THE APPLICATION COPIES OF THE FOLLOWING:

- Last Two Months Consecutive Paystubs
- Statement from Social Security, Supplemental Security Income, Veteran Administration, Pension, SNAP Benefits, Social Security Disability (SSDI),
- Most recent Benefits Statement for any assistance programs, to include, but not limited to Section 8 Housing Choice Voucher Purchase Program
- Child Support Verification of payment received.

PROPERTY INFORMATION

Do you own and live in this home as your primary residence?

☐ Yes ☐ No

Year Built: _____

☐ Built before 1978 (Lead-Based Paint regulations apply)

Do you have a mortgage? ☐ Yes ☐ No

Do you have a reverse mortgage? ☐ Yes ☐ No (If you have a reverse mortgage, you are not eligible to participate in this program).

Monthly Mortgage Payment: \$_____

Mortgage Company: _____

Are there any liens, judgments, or encumbrances on your property?

☐ Yes ☐ No

If yes, please describe: _____

Is your property insured? ☐ Yes ☐ No

Are your real estate taxes current? ☐ Yes ☐ No

Are you currently participating in the City of Richmond's Real Estate Tax Relief or Exemption Program? ☐ Yes ☐ No ☐ Not Sure

Have you received any assistance for rehabilitation in the last two (2) years? ☐ Yes ☐ No

- If you answered yes to having work done, circle the organization that performed the work.
project: HOMES, Habitat, or Rebuilding Together Richmond, other _____

- List the scope of work that was completed:

REQUESTED REPAIRS

☐ HVAC repair/replacement

☐ Roof repair/replacement

☐ Plumbing

☐ Electrical

☐ Accessibility modifications (ramps, bathroom)

☐ Windows/doors/energy efficiency/Insulation

☐ Other: _____

PLEASE ATTACH TO THE APPLICATION COPIES OF THE FOLLOWING:

- Proof of homeownership (deed or mortgage statement)
- Proof of residency (utility bill or driver's license)
- Proof of income for all household members over the age of 18
- Copy of property insurance
- Recent property tax receipt
- Mortgage statement & lien/judgment documentation (if applicable)

APPLICANT CERTIFICATION

The Applicant(s) acknowledge and understand that the information provided in this application will determine their eligibility for assistance under the home repair program managed by the City of Richmond's Department of Housing and Community Development (HCD). They certify that all information submitted is true and correct. They further acknowledge that they have received, read, and understand the Healthy Homes Program: Owner-Occupied Rehabilitation Guidelines. Providing false or fraudulent information is grounds for denial of assistance. The Applicant(s) authorize HCD and its authorized representatives to verify all information in this application and to obtain any additional information needed to process it. They also permit HCD and its representatives to access the Property physically to document repair needs and facilitate repairs. The Applicant(s) agree to provide any additional information requested by HCD during the application process. They understand that completing the application does not guarantee or obligate HCD to provide any repairs to the Property.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Please submit your application and supporting documents to one of the following locations:

Email: HCD@RVA.Gov

Mail or drop off at 1500 E. Main Street, Suite 300, RVA 23219 Attn: Healthy Homes

Phone: 804-646-1766

***Please note we only need copies of your supporting documents.**