

Virginia Department of Housing and Community Development Emergency Home and Accessibility Repairs Program

(Revised June 23, 2015)

The **Emergency Home and Accessibility Repairs Program (EHARP)** assists homeowners in Virginia by funding local administrators to undertake bricks and mortar activities that improve housing conditions for low-income persons and/or low-income persons who are physically or mentally disabled.

The following types of urgent repairs are eligible for EHARP funding:

Emergency Repairs

- Structural hazards (i.e., leaking roof, rotted or unsafe floors, ceilings, walls, stairs, etc.)
- Electric and other fire hazards
- Roof repair/replacement
- Repair/replacement of heating systems
- Repair/replacement of air conditioning systems
- Water sources, plumbing (includes main water line which may include branch lines and well pump repair or replacement) and sewer/septic repairs

Accessibility Repairs *

- Wheelchair ramps
- Hand railings, grab bars
- Kitchen and bathroom modifications
- Doorway widening

* *Please note that all Accessibility Repairs must be made in compliance with current American Disability Act (ADA) Standards. For more information, please visit <http://www.ada.gov/>.*

The following are NOT eligible repairs:

- Replacement of windows or doors where the existing ones are not broken or missing
- Tree, bush, shrub or grass cutting
- Repairs that are covered by homeowner's or flood insurance
- Cosmetic improvements such as interior or exterior painting
- Repairs to sheds or storage buildings
- Propane or fuel refills when there are no heating system repairs being done

DEFINITIONS

The following words and phrases, as used in this manual shall be defined as shown, unless the context clearly indicates otherwise:

ACCESSIBILITY IMPROVEMENT - a modification to a property which makes it more accessible to persons with disabilities (e.g. ramps, wider doorways, grab bars, bathroom and kitchen adaptation, etc.).

DISABLED - any person receiving Social Security Disability, Railroad Retirement Disability, Supplemental Security Income as disabled, One Hundred Percent Veteran's Administration Benefits, or is determined to be disabled by a licensed practicing physician.

ELDERLY - any person sixty (60) years of age or older.

HOUSEHOLD - all persons related or unrelated living together as one economic unit.

HOUSEHOLD INCOME - total income, from all sources, before taxes, of all members of the household.

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Send to: Rappahannock Area Agency on Aging, 460 Lendall Lane, Fredericksburg, VA 22405

HOUSING UNIT - a detached single family house; a townhouse; a unit in a duplex, apartment, or condominium; a mobile home.

APPLICATION

PLEASE NOTE: Applications must be submitted to the local EHARP Administrator. The Virginia Department of Housing and Community Development does not accept applications directly.

HOMEOWNER CONTACT INFORMATION

Owner: _____

Applicant (if different from above): _____

Address: _____

County (if applicable): _____

Mailing Address (if different from above): _____

Contact Person: _____

Contact Phone (Home or Cell): _____

Is anyone in the home physically or mentally disabled? Yes No *(If Yes, please maintain supporting documents in the client's file)*

HOUSING HISTORY

Does the applicant own this home? Yes No

What type of residence does the applicant own? Site Built Mobile Home Townhome
 Duplex Quadplex Condo Apartment

REPAIRS

What types of repairs are needed on the applicant's home? _____

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How long (months or years) has the applicant been in need of these repairs? _____ yrs mo

HOUSEHOLD INFORMATION

Beginning with the owner, please list every person, including children, living in the household and complete the corresponding information requested.

FIRST AND LAST NAME OF APPLICANT OR HOUSEHOLD MEMBER	ANNUAL INCOME	RELATIONSHIP TO HEAD OF HOUSEHOLD

TOTAL # OF HOUSEHOLD MEMBERS _____

PLEASE ENTER NUMBER OF EACH:

ELDERLY (60 OR OLDER): _____ PHYSICALLY DISABLED: _____ MENTALLY IMPAIRED: _____

CHILD (UNDER 6): _____ CHILD (UNDER 18): _____

APPLICANTS SHOULD SELF-SELECT THEIR RACE:

AFRICAN AMERICAN _____ AMERICAN INDIAN OR ALASKA NATIVE _____ ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ WHITE _____

SOME OTHER RACE _____

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Note: Please do not show the client's full Social Security Number on collected documents. If the only proof of income contains a client's SSN, blacken out the number if the document is necessary.

EMERGENCY HOME REPAIR PROGRAM AUTHORIZATION AND RELEASE

The undersigned hereby certifies that he/she is the owner of the property located at

_____ and does hereby authorize the Virginia Department of Housing and Community Development (DHCD) and

_____, the EHRP Local Administrator, to make repairs and improvements as necessary to the said property. Funding for this program is provided by the Virginia Department of Housing and Community Development (DHCD).

The owner and/or tenant hereby release and agree to indemnify and hold harmless the DHCD and the Local Administrator, its staff and volunteer assistance, from any liability in conjunction with the performance of the repairs and improvements.

Owner and/or tenant agree to provide DHCD and the Local Administrator access to the property at reasonable times for the purpose of inspecting the work.

Owner and/or tenant certifies that he/she intends to occupy the property for at least one (1) year after the date the work is completed.

Owner and/or tenant agree that the quality of the installation of the materials cannot be guaranteed beyond a period of one (1) year. Owner and/or tenant understand that he/she may request information as to the specific work to be done to the property prior to signing this authorization and release, and agrees to the work to be performed as determined by the Local Administrator.

Local Administrator Signature

Date

Homeowner/Landlord Signature

Date

Tenant Signature (if applicable)

Date

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THE VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DOES NOT ACCEPT APPLICATIONS DIRECTLY.

EMERGENCY HOME AND ACCESSIBILITY REPAIR PROGRAM HOMEOWNER/RENTER AGREEMENT

An Agreement is made by and between _____ (Local Administrator) and _____ (Homeowner and/or Renter) in accordance with the Emergency Home Repair Program Guidelines for the purpose of providing repairs and improvements as necessary to the property located at _____ as follows:

SPECIFIC SCOPE OF WORK: _____

WORK TO BE PERFORMED BY: _____

WORK TO BEGIN: _____ ESTIMATED COMPLETION: _____

TOTAL COST – MATERIALS & LABOR: \$ _____

SPECIAL ARRANGEMENTS: _____

Complaints/ questions concerning the repairs should be directed to: _____

Local Administrator Signature

Date

Homeowner/Landlord Signature

Date

Tenant Signature

Date

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**EMERGENCY HOME AND ACCESSIBILITY REPAIR PROGRAM
CERTIFICATION OF COMPLETION**

(Attachment of photos of completed repairs is optional)

I certify that the Scope of Work described above has been completed in a satisfactory* manner at the property

located at _____.

Local Administrator Signature

Date

Homeowner/Renter Signature

Date

**Note: If the homeowner has an issue with any of the repairs performed at his or her property, please contact Michelle Tilton at michelle.tilton@dhcd.virginia.gov or phone 804-371-7014.*

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