



# LHFH Home Repair Application

Dear Applicant,

Thank you for your interest in the Loudoun Habitat for Humanity (LHFH) Home Repair Program. Through this program, we partner with low- to moderate-income homeowners who live in Loudoun County, Virginia to make necessary home repairs to alleviate critical **health, life, safety, and accessibility issues or housing code violations.**

To assist with the cost of this program, applicants will be required to pay some of the cost of the home repairs. Payment is required prior to the start of work.

## GENERAL GUIDELINES TO QUALIFY FOR HABITAT HOME REPAIR SERVICES:

Applicants must:

- Be a Loudoun County Homeowner.
- Be a U.S. Citizen or Permanent Resident.
- Have a need for home repair to alleviate critical **health, life, safety, and accessibility issues or housing code violations.**
- Be unable to perform the repairs themselves or pay someone to do the repairs.
- Be willing to partner with Loudoun Habitat and contribute the required Sweat Equity hours.
- Home must be the primary residence of applicant(s) and applicant(s) must have lived in the one for a minimum of one year prior to applying, and plan on living in the home for a minimum of three years after work is completed.
- Have a total household income below the levels listed in this chart.

Household Size	1	2	3	4	5	6	7	8
Maximum Income	\$63,902	\$73,089	\$82,174	\$91,260	\$98,629	\$105,898	\$113,166	\$120,536

Part of the application process will be a home visit to determine your home’s suitability for Loudoun Habitat’s Home Repair services. Please note that homes with unsafe, unsanitary, or illegal living conditions are not eligible for Loudoun Habitat’s services. Also, note that we will need access to key areas in your home to perform these services and, if we cannot safely access these areas due to significant clutter or other unsafe conditions, you may not be eligible for services.

Loudoun Habitat strives to serve as many households as possible. For homeowners who have participated in the Repair Program, Loudoun Habitat will not approve applications for additional services within a one-year period. Households are only eligible to be approved for the program twice overall.

### Submit documentation with this application:

Please provide all required documentation along with this application. A complete checklist of documentation is included on page 8. This application and required documentation will not be returned, so please make a copy of the completed application and all documents for your records.

### APPLICATION SUBMISSION:

Send this completed application (including all documentation) to:

**Loudoun Habitat for Humanity**  
**Attention: Home Repairs Program**  
**700 Fieldstone Drive**  
**Suite 128**  
**Leesburg, VA 20176**

Questions may be submitted to Amanda Baulig, Programs Director at [abaulig@loudounhabitat.org](mailto:abaulig@loudounhabitat.org) or via phone 571-919-6331.



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LHFH Office Use Only (Date & Initial)	
Date received:	Date of adverse action letter:
Date notice of incomplete application letter:	Date of approval:
Date additional information received:	Date of partnership agreement:

**Dear Applicant:** Complete this application. All information will be kept confidential. Your application and all supporting documents will become the property of Loudoun Habitat for Humanity. **Please only provide copies of supporting documents (NOT original documents).**

## 1. Applicant Information

<b>Applicant Name</b> (first, last, m.i.):	Age:
Home Address (Street, City, State, Zip):	# of Years at Address:
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Email Address:	
<b>Co-Applicant Name</b> (first, last, m.i.):	Age:
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Email Address:	

## 2. Dependents or Family Members Who Reside in the Home

List the names, ages, and gender of **all** people living in the home (attach a list if more space is needed):

Name:	Gender	Date of Birth:	Relationship to Applicant(s):
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

## 3. Special Needs

Is the homeowner or anyone in the home disabled?

- Yes  No  Choose not to answer

If yes, indicate the type of disability below (check all that apply, please describe if "other"):

- Use walker, cane or crutches       Blind       Other: (please describe)  
 Wheelchair bound       Hearing impaired  
 Loss of limb       Mentally disabled

Is translation needed?

- Yes -If yes, what language? \_\_\_\_\_  
 No

## 4. Application History



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Have you applied to LHFH before? If yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has LHFH worked on your home before? If yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had work done at your home by another program? If yes, who and what year? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about LHFH? If referred by another organization, please provide the name of that organization.

## 5. Household Information

Do you own the home?  Yes  No  
 (Please provide a copy of your deed and your most recent mortgage statement.)

Do you have homeowner's insurance?  Yes  No

Are you current on property taxes?  Yes  No

Are you current on payments OR paid off on your mortgage?  Current  Paid Off  Neither

What type of home do you have?  
 Single family  Townhome  Condo  Other? Please describe. \_\_\_\_\_

In what year was your home built? \_\_\_\_\_

Number of rooms in the home: Bedrooms: \_\_\_\_\_ Bathroom: \_\_\_\_\_ Total Rooms: \_\_\_\_\_

## 6. Demographic Information

Please read this statement before completing the box below: You are not required to provide this information. We will not take this information (or your decision to provide this information) into account in connection with your application. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Race (may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian	Race (may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birthdate: _____ / _____ / _____	Birthdate: _____ / _____ / _____
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)
Did you or anyone in your household serve or is currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you or anyone in your household serve or is currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No



Loudoun Habitat for Humanity is pledged to the letter and spirit of U.S. and State of Virginia policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, elderliness, or national origin.

## 7. Repairs Requested

Briefly describe the type of work you would like completed on your home.



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Attach a separate piece of paper if there is not enough space to list all repairs. **Repairs may include items that address critical health, life, safety, and accessibility issues or housing code violations.** The program will not approve cosmetic repairs and improvements or any general maintenance project that is not an immediate health and safety concern.

The final decision on what work can be done with our time and financial resources will be made at the discretion of Loudoun Habitat for Humanity. The work done will focus on repairs that contribute to home safety and accessibility, as well as code violation repairs. Our volunteers are not professionals and may not be able to make all repairs, therefore a final scope of work will be defined prior to beginning the work.

Area of Repair	Description
<b>Accessibility Modification:</b> i.e. Wheelchair ramp, grab bars, door handles, etc.	
<b>Carpentry Repairs:</b> Describe problem with the doors, floors, porches, steps, walls, etc.	
<b>Roofing Repairs:</b> Identify where the roof leaks.	
<b>Painting:</b> List any <i>exterior</i> painting needs that are related to <i>code violations</i> .	
<b>Doors and Windows:</b> Describe repairs needed, including location, locks, glass, frames, weather stripping, etc.	
<b>General Cleaning:</b> Indicate if there is yard work needed.	
<b>Plumbing:</b> Please provide location and nature of the problem.	



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<b>Electrical:</b> Please provide location and nature of the problem.	
<b>Other:</b> Identify other repairs not listed above.	

## 8. Income

Income Source	Applicant	Co-applicant	Others in household*	Total
Gross Wages (before taxes)				
Gross Wages (from second job)				
TANF (Financial Assistance) *				
SNAP (Food Stamps) *				
Alimony *				
Child Support *				
Social Security (SSA)				
Social Security (SSI) *				
Disability				
Other:				
Other:				
Total				

Income eligibility is based on the household income. Please include all income sources for household members over 18 years.)  
 Include documentation for the most recent two months of income.  
*\*You are not required to report income derived from these sources. However, if disclosed LHFH will need to assess (1) length of time of payments are expected to continue and (2) consistency of payment history.*

**Self-employed**  
 Self-employed applicants will need to provide two (2) years of tax returns and financial statements.

## 9. Personal Statement

Please write a brief explanation of why you feel you should be selected and how it will help you.



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## 10. Declarations

Please initial each statement certifying your agreement with each statement.	Applicant Initials	Co-applicant Initials
a. I also understand that Loudoun Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.		
b. I have no present intention to move or offer my home for sale for at least three years.		
c. I confirm that all physically able persons in my household available at the scheduled date of services rendered will work alongside the Loudoun Habitat volunteers and staff.		
d. I confirm that (except for the conditions listed on this application) my home is a safe place for volunteers to work.		
e. I understand by submitting this application, I am authorizing Loudoun Habitat to evaluate my need for repair services. I understand that the evaluation will include personal visits and employment verification.		
f. I acknowledge that part of the evaluation process may include a home visit by LHFH staff and that the home visit is not a promise or guarantee of any services.		
g. I understand that any verbal promises are null and void until and unless signed by both parties in the form of a Home Repair Agreement.		
h. I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that LHFH MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby release LHFH and all associated with it from any, and all liability whatsoever.		

## 11. Willingness to Partner

To be considered for this program, you must be willing to partner with LHFH. This includes participating in the walk through your home, meeting deadlines, providing a safe and hospitable work environment for staff and volunteers. You must agree that all physically able persons in your household are available at the scheduled date of services rendered will work alongside the Loudoun Habitat volunteers and staff. If you are not physically able to aide in the work performed on your home, or if the work on your home is not volunteer friendly, an alternate plan will be proposed.

The safety of staff and volunteers conducting home visits and/or repairs is of the utmost importance to LHFH. If at any time the safety of staff or volunteers is at risk, they may leave the home immediately and not return to the home until the situation has been remediated.

Check the box and initial below to indicate if you accept this statement.

I/We are willing to complete the required sweat equity hours.

Applicant Initials \_\_\_\_\_ Co-Applicant Initials \_\_\_\_\_

## 12. Sharing Your Information

If your application is a more appropriate fit with other, similar programs, may we share it with them?

- Yes
- No

Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give Loudoun Habitat for Humanity your consent to share the information you provided on this application with similar organizations like Rebuilding Together and Loudoun County Home Improvement and Revitalization Program.

If Loudoun Habitat for Humanity selects your home to be repaired:

- I give permission to have my home photographed during the home audit.
- I give permission to be photographed the day(s) of repair.
- I give permission to have photographs of my repairs used in the media.
- I give permission to have my photo and name used in the media.
- I am willing to be interviewed by Loudoun Habitat or the media about the work being completed at my home.



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## 13. Authorization and Release

I certify that the information provided in this application is accurate and that I own the property at the given address.

I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive home repair services, I may be disqualified from the program. All originals with this application will be retained by LHFH even if the application is not approved.

**Applicant signature**

**Date**

X \_\_\_\_\_

**Date**

**Co-applicant signature**

X \_\_\_\_\_

Please Note: if more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" or "C" for co-applicant.

**Did someone help complete this application?**

*To be completed only by the person conducting assisting with completion of this application.*

Interviewer's name (print or type)

Interviewer's signature

Date

Interviewer's phone number

Interviewer's email



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## 14. LHFH Home Repair Program Application Checklist

Use the enclosed checklist to make sure you have included all required documents. Omitting required documents will result in a delay in processing your application.

Each applicant must submit the following along with a completed application.

✓	Documentation
	Proof of Identification (copy of driver's license AND social security card or passport or Permanent Resident card)
	Proof of ownership. A copy of <b>Deed</b> for the home in applicant's / co-applicant's name.
	A copy of the most recent <b>mortgage statement</b> .
	Proof of currently paid <b>Homeowner's Insurance</b> policy.
	Copies of your two (2) <b>most recent month's income</b> ; when providing pay stubs this will be eight (8) if you are paid weekly, four (4) if you are paid bi-weekly, or two (2) if you are paid monthly.
	Copies of your two (2) most recent monthly bank statements.
	A copy of your most recent tax return (all applications). <i>If self-employed, include copies of your tax returns for the last two (2) years.</i>
	If you are listing child support as part of your income, provide a current copy of the court order requiring child support payments. If support is voluntary, provide a document showing you receive support on a routine basis.
	If you are listing alimony payments as part of your income, provide a copy of the court order documenting you receive alimony payments on a routine basis.
	If you are listing other income (TANF, SNAP, SSI, Social Security, Disability, etc.) awarded through Loudoun County's Family Services, provide a signed statement from your Social Services caseworker documenting this income.
	A copy of your most recent gas/electric, water utility, and phone bill.
	Confirmed Willingness to Partner and completion of sweat equity statement (Section 11 of this application).

Application Submission:

Send this completed application (including all documentation) to:

**Loudoun Habitat for Humanity**  
**Attention: Home Repair Program**  
**700 Fieldstone Drive**  
**Suite 128**  
**Leesburg, VA 20176**

or

**Amanda Baulig**  
[abaulig@loudounhabitat.org](mailto:abaulig@loudounhabitat.org)