



**Habitat  
for Humanity®**  
Washington, D.C. &  
Northern Virginia

We build strength, stability, self-reliance, *and* shelter.

## **HOME REPAIR APPLICATION (Springfield Proffer Funds)**

Repairs will be made by Habitat or a contractor with funding from Fairfax County while funds last. All projects will be on homes in the Springfield Supervisor District (see link below for interactive map – please ensure that your address falls within the supervisor district by following this link). Habitat will prioritize projects based on capacity, availability of sub-contractors and project scope.

<https://data-fairfaxcountygis.opendata.arcgis.com/datasets/Fairfaxcountygis::supervisor-districts/explore>

Your household may be charged a program fee of up to \$500 based on the sliding scale chart below.

### **Household MFI%**

0 – 30% & Veterans	\$0
31 – 35%	\$150
36-40%	\$200
41 – 45%	\$250
46 – 50%	\$300
51 – 55%	\$350
56 – 60%	\$400
61 – 70%	\$450
71 - 80%	\$500

Section 1-Homeowner Information		
Legal Name of Homeowner:		Age:
Legal Name of Co-Homeowner:		Age:
Street Address:		
City or County:		Zip Code
On what date did you purchase your home? (Month/Day Year)		
Does your home have an HOA? Yes No		
If yes, please list the HOA's Name and Contact information:		
What is your telephone number?		
Home:	Cell:	Work:
What is your email address?		

Section 2- Other Residents in the Home		
Name	Relationship	Age
Section 3- Information on Veteran Status and Disabilities for Household Members		
Is any member of your household a Protected Veteran?		
<input type="checkbox"/> Member of Household is a Protected Veteran	<input type="checkbox"/> No Member of Household is a Protected Veteran	<input type="checkbox"/> I prefer not to provide this information
Does any member of your household have a disability? (*See list below.)		
<input type="checkbox"/> Member of household has a disability	<input type="checkbox"/> No member of household has a disability	<input type="checkbox"/> I prefer not to provide this information
*Disabilities include, but are not limited to:		

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy

- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Total or partial missinglimbs

- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring use of a wheelchair
- Intellectual disability

#### Section 4- Income and Mortgage Information

What is the total combined pre-tax income for ALL persons living in the home? \$ /year

Are you still making loan payments on your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have Homeowners Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you current on property taxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### Section 5- Home Repair Request

Describe the work that needs to be done: (If a contractor has already provided an estimate for the work, include the estimate in your application materials.)

#### Section 6- Statement of Need

How will this home repair impact the health or daily living activities of anyone in your household?

### Section 7- Homeowner Acknowledgement

I certify that the information on this application is accurate and that I own the property at the address indicated. I have no intention to move or offer my home for sale within the next three years. I confirm that my home is a safe place for volunteers or contractors. I understand if my home is selected for repair, photos of me, my family, and my home may be taken and used publicly.

I understand that I may have to pay a program fee of up to \$500 based on my income. Habitat for Humanity of Washington, D.C. and Northern VA will collect this fee prior to starting repairs.

Signature of Homeowner

Date

Signature of Co-Homeowner

Date

**If you are NOT the homeowner, but are assisting the homeowner in completing the application, please provide your name and contact information below:**

Name

Phone Number

Email Address

- Is the homeowner aware of this application?
- Yes
  - No

### **Repair Program- Required Document Checklist for Complete Application**

*(Note: We cannot make copies in our office. Please provide copies of the required documents with your completed application.)*

#### **Proof of Income:**

- W-2 forms and tax returns for the last year (Applicant and Co Applicant)
- Two most recent paystubs from present employer with year-to-date earnings and pay period (all 18 yrs. and over)
- Any other proof of income statements / reward letters, if applicable

#### **Other Documents:**

- Proof of residency: Driver's license or state issued ID, birth certificate, social security card (all household members, including children)
- Homeowners Insurance Declarations
- Copy of Deed
- Power of Attorney (if applicable)
- Signed Authorizations and disclosures included with the application
- Pictures of items that need repair

Your application cannot be fully processed until the requested information is received. Delays in receipt of requested information may result in the expiration of your application. Other information may be requested during the processing of your application and loan.

Please bring (or mail) your **completed** application and **copies** of all the supporting documents to our office.

*We are pledged to the letter and spirit of U.S. 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, or national origin.*

