



Department of Finance
Real Estate Unit
900 East Broad Street, Room 100

RVA Stay - Gap Grant Program Application

You must provide proof that you live in Richmond when you apply for this program				
Are you a: <input type="checkbox"/> Homeowner OR <input type="checkbox"/> Renter				
Please answer the following questions				
Please check "yes" or "no" for each question:	Yes	No	Additional Information (Please answer the following questions)	
Is your current mortgage / lease in your name?	<input type="checkbox"/>	<input type="checkbox"/>	You must have either a current mortgage or lease in your name to be eligible for this program.	
Are you applying as the head of household?	<input type="checkbox"/>	<input type="checkbox"/>	How many people total in your household?	
Are you currently receiving any housing assistance (public housing, Housing Choice Voucher, OAPD tax relief, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, list assistance types:	
Is English your preferred language?	<input type="checkbox"/>	<input type="checkbox"/>	If no, what is your preferred language?	
Household Information				
Applicant Address				
	Street Address (Include Apt #) (No P.O. Boxes)		City	State Zip Code
Applicant Information				
	Social Security #	Primary Phone	Email Address	
Landlord Information (Homeowners Leave Blank)				
Landlord Name (Pay to the order of)				
Landlord Address				
	Street Address		City	State Zip Code
Landlord Contact Information				
	Primary Phone	Alternate Phone	Email Address	
Complete for all persons occupying this residence including adults and children				
Person in Household Name First / Last			Relationship to Applicant	
			Applicant	

ANSWER EACH QUESTION FOR ALL LISTED TOTAL HOUSEHOLD EXPENSES. Enter the total amount of each kind of household expense and attached the required documentation. Incomplete applications may be denied.

Household Expenses	Monthly Cost	Supporting Document
Rent / Mortgage	\$	Current lease (complete) / mortgage statement (expired leases will not be accepted)
Water utility	\$	Most recent month's bill / statement (not greater than 30 days old)
Gas utility	\$	Most recent month's bill / statement (not greater than 30 days old)
Electric utility	\$	Most recent month's bill / statement (not greater than 30 days old)
Rental Insurance (for renters)	\$	Most recent month's bill / statement (not greater than 30 days old)
TOTAL HOUSEHOLD EXPENSES:	\$	



ANSWER EACH QUESTION FOR TOTAL HOUSEHOLD INCOME FOR EACH HOUSEHOLD MEMBER INCLUDING CHILDREN. Enter the total amount of each kind of income each household member earns. If you have a joint account, list the total amount for one person, and indicate “joint” for the other in their amount column. **Please list all income received from all sources.**

Sources of Income	Applicant	Household member	Household member	Household member	Supporting Document Tax Year 2024
Salary / Wages, etc.	\$	\$	\$	\$	W-2 or 1099
Social Security	\$	\$	\$	\$	SSA-1099
Pension / Annuity / IRA	\$	\$	\$	\$	1099-R
Interest	\$	\$	\$	\$	1099-INT
Dividends	\$	\$	\$	\$	1099-DIV
Public Assistance / SSI	\$	\$	\$	\$	COLA Notice
Rental / Trust Income	\$	\$	\$	\$	Schedule E
Capital Gains	\$	\$	\$	\$	Schedule D
Business Income	\$	\$	\$	\$	Schedule C, F
Unemployment Compensation	\$	\$	\$	\$	1099-G
Other Income	\$	\$	\$	\$	Specify
TOTAL HOUSEHOLD INCOME	\$				

PRIOR TO SUBMITTING THIS APPLICATION

- Please ensure that your TOTAL HOUSEHOLD INCOME listed above is below the U.S. Department of Housing and Urban Development (HUD)’s income limit for the Richmond MSA by household size/persons in family:

Persons in Family	1	2	3	4	5	6	7	8
Low (80%) Income Limits (\$)	\$61,800	\$70,600	\$79,450	\$88,250	\$95,350	\$102,400	\$109,450	\$116,500

- Please ensure that your TOTAL HOUSEHOLD EXPENSES on the prior page divided by your TOTAL HOUSEHOLD INCOME on this page is greater or equal to 30.0 percent.
- Please ensure that for every box completed in TOTAL HOUSEHOLD EXPENSES and TOTAL HOUSEHOLD INCOME documentation as identified in the Supporting Document column is attached to your application in a single .pdf document. If the application is received without supporting documentation then the application may be denied.
- Please review the disclosure information below prior to certifying your application via signature
 - I hereby request Gap Grant Program benefits and certify that all statements are true and correct for myself and all household members. I understand that if I give false information or withhold information, I may be prosecuted.
 - My/our signature below authorizes program staff to obtain verification or contact any individual/organization necessary to establish my/our eligibility for Gap Grant Program benefits.
 - My/our signature below authorizes program staff to give information about my/our Gap Grant Program benefit amount to my landlord/mortgage company in the form of a two-party check if necessary.
 - My/our signature below authorizes program staff to return any overages in my real estate tax account (for homeowners).
 - By submission of this form, I am authorizing program staff may to share my application and information with other necessary departments within the City of Richmond, as program parameters require, to complete processing, approval/denial, and distribution of grant funds.
 - I/we understand that failure to cooperate with any review of my/our eligibility may cause the application to be denied/closed.
 - Funds distributed from the Gap Grant Program to be used for payment of rent/mortgage.
- Submit completed application with complete documentation via RVA 311 (Create New Request > Taxes, Billing and Licensing Inquiries > RVA Stay - Gap Grant Program)



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FAILURE TO MEET STEPS 1 THROUGH 5 ABOVE WILL RESULT IN PROGRAM DENIAL

Printed name of applicant	Signature of applicant	Date
Completed on behalf of applicant by (please print)	Signature of completer	Date

FOR STAFF USE ONLY	
311 Ticket Number	
Application Reviewed By	
Application QC By	
Application Denied By	
Denial Reason	