



Housing and Community Development

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 APPLICATION COPIES OF THE FOLLOWING:

- Last Two Months Consecutive Paystubs
- Last Federal Tax Return to Include W2's (for all household members over the age of 18)
- Statement from Social Security, Supplement 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

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 receiving 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 five (5) years? ☐ Yes ☐ No

REQUESTED REPAIRS

☐ HVAC repair/replacement

☐ Roof repair/replacement

☐ Plumbing

☐ Electrical

☐ Accessibility modifications (ramps, bathroom)

☐ Windows/doors/energy efficiency/Insulation

☐ Other: _____

REQUIRED ATTACHMENTS

— 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 if the Applicant is eligible to receive assistance under any home repair program administered by the City of Richmond's Department of Housing and Community Development (HCD). The Applicant(s) certify that all information provided herein is true and correct. The Applicant(s) acknowledge and understand that providing a false or fraudulent statement or information is grounds for denial of assistance. The Applicant(s) authorize (HCD) and any of its duly authorized representatives to verify all information provided on this Application and/or to obtain additional information necessary to process this Application. The Applicant(s) shall give (HCD) and its duly authorized representatives permission to physically access the Property to document the need for repairs and facilitate the actual repairs. The Applicant(s) agree to submit any additional information requested by (HCD) for the processing of the Application. The Applicant(s) acknowledge and understand that the completion of the Application does not guarantee or obligate (HCD) to provide any repairs to the Property.

Signature of Applicant: _____ Date: _____

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