



47 Garrett Street
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Phone 540-341-2805

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Madison, VA 20186
Phone 540-948-3274

*Providing safe, decent, affordable
housing opportunities*

Foothills Housing Corporation
Essential Home and Modification Repair Program

APPLICATION DATE: _____

Name _____ DOB _____

SS# _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Primary phone _____ Secondary phone _____

E-mail Address _____

Residence Jurisdiction: Culpeper County _____ Fauquier County _____ Madison County _____

Orange County _____ Rappahannock County _____

Are you Head of Household? Yes _____ No _____ Number of persons living in household: _____

Please indicate your gender: Female _____ Male _____ Do any household members have a disability? Yes _____ No _____ Have you served in the Military? Yes _____ No _____

For Statistical Purposes Only: (Please complete both Ethnicity and Race - check one in each category) Ethnicity: Hispanic _____ Non-Hispanic _____ Race: White _____ Black/African American _____ Asian _____ Black/African American & White _____ Other _____

Do you own home? Yes _____ No _____ Year Built _____ Type of Home: Mobile _____
Manufactured _____ Stick Built _____ Other _____

Please Note: The applicant must be the homeowner residing in the home.

Monthly Income

Employment \$ _____ Checking Account \$ _____

Pensions \$ _____ Savings Account \$ _____

Social Security \$ _____ Stocks/Bonds \$ _____
Other Sources \$ _____ Personal Property (Other than Home) \$ _____
Child Support \$ _____

Monthly Living Expenses

Mortgage \$ _____ Utilities \$ _____ Medical Expenses \$ _____
Food \$ _____ Other \$ _____

Please provide the following information for all household members:

DESCRIBE REPAIRS NEEDED _____

How did you hear about Foothills Housing Corporation? _____

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 Foothills Housing Corporation your consent to share the information you provide on this application with similar organizations. If Foothills Housing Corporation selects your house to be repaired, pictures of your home may be taken.

I certify that the information provided is true and correct. I understand that if I have knowingly given false or misleading information in the completion of this application, I can be denied services. I hereby authorize the release of information in support of the above.

Signature of Applicant: _____ Date: _____

Emergency Home Repair Program Authorization and Release

The undersigned hereby certifies that he/she is the owner of the property located at: _____ and authorizes Foothills Housing Corporation to facilitate repairs and improvements as necessary and as funds are available to the property. The owner hereby releases indemnity and agrees to hold harmless Foothills Housing Corporation and its staff from any liability in conjunction with the performance of the repairs and improvements. Owner agrees to provide Foothills Housing Corporation access to the property at reasonable times for the purpose of inspecting the work. Owner certifies that he/she intends to occupy the property for at least one (1) year after the date the work is completed. Owner agrees that the quality of the installation of the materials cannot be guaranteed beyond a period of one (1) year. Owner understands 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 agree to the work to be performed as determined by Foothills Housing Corporation.

Owner Signature: _____ Date: _____

Administrator Signature: _____ Date: _____