

Administrative Office:

Satellite office:



*Providing safe, decent, affordable  
housing opportunities*

47 Garrett Street  
Suite 205  
Warrenton, VA 20186  
Phone 540-341-2805

110 N. Main Street  
Suite E  
Madison, VA 20186  
Phone 540-948-3274

**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.**

(Verification for all income is required)

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

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

[illegible]

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: \_\_\_\_\_