



PO Box 3152
 Staunton, VA 24402-3152
 540-885-7894

renewinghomesga@gmail.com

Serving Staunton, Waynesboro, and Augusta County, VA

Renewing Homes of Greater Augusta (RHGA) performs critical home repairs or modifications for homeowners at no cost. We aim to keep homes safe, warm, dry, and accessible. Please note that we can only work with you if you own your home. This does include a traditional mortgage as well as a rent-to-own mobile home. We also need to know the income of everyone living in the home. Please mail or email a bank statement, pay stub, SSI/SSDI, etc. for everyone in the home. **Applications will not be considered without income verification.**

Please call us at (540) 885-7894 if you have any question or concerns with the application.

Complete (using blue or black ink and printing legibly) and return this application to:
Renewing Homes of Greater Augusta, PO Box 3152, Staunton, Virginia 24402

Homeowners

Homeowner (Last, First)	Homeowner 2 (if applicable) (Last, First)

Contact Information

1) Phone Number: _____ **2) Alternate Phone Number (if applicable):** _____

3) Email Address (if you have one): _____

4) Advocate and advocate contact information (if someone is helping the homeowner fill out the application)

5) Home Address (where the home is located, PO Box not acceptable):

Street Address: _____ City, State, Zip Code: _____

6) Full Mailing Address (if you use a PO box) _____

Household Information

7) Type of Household (Check One):

- Single Parent Female
- Single Parent Male
- Two-Parent Household
- Single Person
- Two Adults, No Children

- Non-related Adults with Children
- Multi-Generational Household
- Other _____

8) Household Size:

- One
- Two
- Three
- Four
- Five
- Six or More

Income Sources

We're now going to ask about Income Sources for everybody in the home. Please read through the following questions so that it all makes sense. If it's just you, select what income sources you have. If someone else lives in the home, select the right answer. If you have children, pick the option to describe the income all of you have. **PLEASE SEND INCOME VERIFICATION TO US. YOUR APPLICATION WILL BE INCOMPLETE WITHOUT INCOME VERIFICATION.**

9) Total Household Income for everyone in the home: \$ _____

10) Sources of Family Income – For Entire Household, **select only one option**. The numbers beside the answer are helpful if you're unsure what your income is. Other Income Sources options are in Question 11 - check and see if you have these. Non-Cash benefits are in question 12 – check and see if you have these.

- | | |
|---|---|
| <input type="checkbox"/> Income from Employment Only | <input type="checkbox"/> Other Income source Only (11) |
| <input type="checkbox"/> Income from Employment and Other Sources (11) | <input type="checkbox"/> Other Income Source (11) and Non-Cash Benefits (12) Only |
| <input type="checkbox"/> Income from Employment, Other Sources (11), and Non-Cash Benefits (12) | <input type="checkbox"/> No Income |
| <input type="checkbox"/> Income from Employment and Non-Cash Benefits (12) | <input type="checkbox"/> Non-Cash Benefits Only (12) |

11) Types of Other Income Sources – For Entire Household, **select all that apply**

- | | |
|---|---|
| <input type="checkbox"/> TANF | <input type="checkbox"/> Retirement Income from Social Security |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Social Security (SSDI) | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> VA Service-Connected Disability Compensation | <input type="checkbox"/> Alimony or Spousal Support |
| <input type="checkbox"/> VA Non-Service-Connected Disability Pension | <input type="checkbox"/> Unemployment Insurance |
| <input type="checkbox"/> Private Disability Income | <input type="checkbox"/> EITC |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Other _____ |

12) Types of Non-Cash Benefits – For Entire Household, **select all that apply**

- | | |
|---|---|
| <input type="checkbox"/> SNAP | <input type="checkbox"/> Permanent Supportive Housing |
| <input type="checkbox"/> WIC | <input type="checkbox"/> HUD-VASH |
| <input type="checkbox"/> LIHEAP | <input type="checkbox"/> Childcare Voucher |
| <input type="checkbox"/> Housing Choice Voucher | <input type="checkbox"/> Affordable Care Act Subsidy |
| <input type="checkbox"/> Public Housing | <input type="checkbox"/> Other _____ |

Homeowner

First & Last Name _____ **Monthly Income \$** _____ **Gender** Male Female **Age** _____

Ethnicity

- Not Hispanic
- Hispanic

Race

- American Indian OR Alaskan Native
- Asian
- Black or African American

- Native Hawaiian and other Pacific Islander
- White
- Multi-Racial (any 2 or more of the above)
- Other _____

Education Level

- 0-8
- 9-12 – Did not Graduate
- High School Graduate/GED
- 12 + Some post-Secondary
- College Graduate 2 or 4 year
- Graduate of other post-secondary school

Do you have health insurance?

- YES
- NO

If yes, what type of Health Insurance?

- Medicaid
- Medicare
- Military Health Care
- Direct Purchase
- Employment Based

Are you Disabled? YES NO

Are you Veteran? YES NO

Work Status

- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Worker
- Unemployed (short term – 6 months or less)
- Unemployed (long term – more than 6 months)
- Unemployed (not in labor force)
- Retired

Occupant 1

First & Last Name _____ **Monthly Income \$** _____ **Gender** Male Female **Age** _____

Ethnicity

- Not Hispanic
- Hispanic

Race

- American Indian OR Alaskan Native
- Asian
- Black or African American

- Native Hawaiian and other Pacific Islander
- White
- Multi-Racial (any 2 or more of the above)
- Other _____

Education Level

- 0-8
- 9-12 – Did not Graduate
- High School Graduate/GED
- 12 + Some post-Secondary
- College Graduate 2 or 4 year
- Graduate of other post-secondary school

Is this occupant a Disconnected Youth? (14-24 in age who is not working and not in school) YES NO

Do they have health insurance?

- YES
- NO

If yes, what type of Health Insurance?

- Medicaid
- Medicare
- State Children’s Health Insurance
- Military Health Care
- Direct Purchase
- Employment Base

Are they Disabled? YES NO

Are they a Veteran? YES NO

Work Status

- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Worker
- Unemployed
- Unemployed (short term – 6 months or less)
- Unemployed (long term – more than 6 months)
- Unemployed (not in labor force)
- Retired

Occupant 2

First & Last Name _____ **Monthly Income \$** _____ **Gender** Male Female **Age** _____

Ethnicity

- Not Hispanic
- Hispanic

Race

- American Indian OR Alaskan Native
- Asian
- Black or African American

- Native Hawaiian and other Pacific Islander
- White
- Multi-Racial (any 2 or more of the above)
- Other _____

Education Level

- 0-8
- 9-12 – Did not Graduate
- High School Graduate/GED
- 12 + Some post-Secondary
- College Graduate 2 or 4 year
- Graduate of other post-secondary school

Is this occupant a Disconnected Youth? (14-24 in age who is not working and not in school) YES NO

Do they have health insurance?

- YES
- NO

If yes, what type of Health Insurance?

- Medicaid
- Medicare
- State Children’s Health Insurance
- Military Health Care
- Direct Purchase
- Employment Base

Are they Disabled? YES NO

Are they a Veteran? YES NO

Work Status

- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Worker
- Unemployed
- Unemployed (short term – 6 months or less)
- Unemployed (long term – more than 6 months)
- Unemployed (not in labor force)
- Retired

Occupant 3

First & Last Name _____ **Monthly Income \$** _____ **Gender** Male Female **Age** _____

Ethnicity

- Not Hispanic
- Hispanic

Race

- American Indian OR Alaskan Native
- Asian
- Black or African American

- Native Hawaiian and other Pacific Islander
- White
- Multi-Racial (any 2 or more of the above)
- Other _____

Education Level

- 0-8
- 9-12 – Did not Graduate
- High School Graduate/GED
- 12 + Some post-Secondary
- College Graduate 2 or 4 year
- Graduate of other post-secondary school

Is this occupant a Disconnected Youth? (14-24 in age who is not working and not in school) YES NO

Do they have health insurance?

- YES
- NO

If yes, what type of Health Insurance?

- Medicaid
- Medicare
- State Children’s Health Insurance
- Military Health Care
- Direct Purchase
- Employment Base

Are they Disabled? YES NO

Are they a Veteran? YES NO

Work Status

- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Worker
- Unemployed
- Unemployed (short term – 6 months or less)
- Unemployed (long term – more than 6 months)
- Unemployed (not in labor force)
- Retired

Occupant 4

First & Last Name _____ **Monthly Income \$** _____ **Gender** Male Female **Age** _____

Ethnicity

- Not Hispanic
- Hispanic

Race

- American Indian OR Alaskan Native
- Asian
- Black or African American

- Native Hawaiian and other Pacific Islander
- White
- Multi-Racial (any 2 or more of the above)
- Other _____

Education Level

- 0-8
- 9-12 – Did not Graduate
- High School Graduate/GED
- 12 + Some post-Secondary
- College Graduate 2 or 4 year
- Graduate of other post-secondary school

Is this occupant a Disconnected Youth? (14-24 in age who is not working and not in school) YES NO

Do they have health insurance?

- YES
- NO

If yes, what type of Health Insurance?

- Medicaid
- Medicare
- State Children’s Health Insurance
- Military Health Care
- Direct Purchase
- Employment Base

Are they Disabled? YES NO

Are they a Veteran? YES NO

Work Status

- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Worker
- Unemployed
- Unemployed (short term – 6 months or less)
- Unemployed (long term – more than 6 months)
- Unemployed (not in labor force)
- Retired

Occupant 5

First & Last Name _____ **Monthly Income \$** _____ **Gender** Male Female **Age** _____

Ethnicity

- Not Hispanic
- Hispanic

Race

- American Indian OR Alaskan Native
- Asian
- Black or African American

- Native Hawaiian and other Pacific Islander
- White
- Multi-Racial (any 2 or more of the above)
- Other _____

Education Level

- 0-8
- 9-12 – Did not Graduate
- High School Graduate/GED
- 12 + Some post-Secondary
- College Graduate 2 or 4 year
- Graduate of other post-secondary school

Is this occupant a Disconnected Youth? (14-24 in age who is not working and not in school) YES NO

Do they have health insurance?

- YES
- NO

If yes, what type of Health Insurance?

- Medicaid
- Medicare
- State Children’s Health Insurance
- Military Health Care
- Direct Purchase
- Employment Base

Are they Disabled? YES NO

Are they a Veteran? YES NO

Work Status

- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Worker
- Unemployed
- Unemployed (short term – 6 months or less)
- Unemployed (long term – more than 6 months)
- Unemployed (not in labor force)
- Retired

Occupant 6

First & Last Name _____ **Monthly Income \$** _____ **Gender** Male Female **Age** _____

Ethnicity

- Not Hispanic
- Hispanic

Race

- American Indian OR Alaskan Native
- Asian
- Black or African American

- Native Hawaiian and other Pacific Islander
- White
- Multi-Racial (any 2 or more of the above)
- Other _____

Education Level

- 0-8
- 9-12 – Did not Graduate
- High School Graduate/GED
- 12 + Some post-Secondary
- College Graduate 2 or 4 year
- Graduate of other post-secondary school

Is this occupant a Disconnected Youth? (14-24 in age who is not working and not in school) YES NO

Do they have health insurance?

- YES
- NO

If yes, what type of Health Insurance?

- Medicaid
- Medicare
- State Children’s Health Insurance
- Military Health Care
- Direct Purchase
- Employment Base

Are they Disabled? YES NO

Are they a Veteran? YES NO

Work Status

- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Worker
- Unemployed
- Unemployed (short term – 6 months or less)
- Unemployed (long term – more than 6 months)
- Unemployed (not in labor force)
- Retired

Occupant 7

First & Last Name _____ **Monthly Income \$** _____ **Gender** Male Female **Age** _____

Ethnicity

- Not Hispanic
- Hispanic

Race

- American Indian OR Alaskan Native
- Asian
- Black or African American

- Native Hawaiian and other Pacific Islander
- White
- Multi-Racial (any 2 or more of the above)
- Other _____

Education Level

- 0-8
- 9-12 – Did not Graduate
- High School Graduate/GED
- 12 + Some post-Secondary
- College Graduate 2 or 4 year
- Graduate of other post-secondary school

Is this occupant a Disconnected Youth? (14-24 in age who is not working and not in school) YES NO

Do they have health insurance?

- YES
- NO

If yes, what type of Health Insurance?

- Medicaid
- Medicare
- State Children’s Health Insurance
- Military Health Care
- Direct Purchase
- Employment Base

Are they Disabled? YES NO

Are they a Veteran? YES NO

Work Status

- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Worker
- Unemployed
- Unemployed (short term – 6 months or less)
- Unemployed (long term – more than 6 months)
- Unemployed (not in labor force)
- Retired

Occupant 8

First & Last Name _____ **Monthly Income \$** _____ **Gender** Male Female **Age** _____

Ethnicity

- Not Hispanic
- Hispanic

Race

- American Indian OR Alaskan Native
- Asian
- Black or African American

- Native Hawaiian and other Pacific Islander
- White
- Multi-Racial (any 2 or more of the above)
- Other _____

Education Level

- 0-8
- 9-12 – Did not Graduate
- High School Graduate/GED
- 12 + Some post-Secondary
- College Graduate 2 or 4 year
- Graduate of other post-secondary school

Is this occupant a Disconnected Youth? (14-24 in age who is not working and not in school) YES NO

Do they have health insurance?

- YES
- NO

If yes, what type of Health Insurance?

- Medicaid
- Medicare
- State Children’s Health Insurance
- Military Health Care
- Direct Purchase
- Employment Base

Are they Disabled? YES NO

Are they a Veteran? YES NO

Work Status

- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Worker
- Unemployed
- Unemployed (short term – 6 months or less)
- Unemployed (long term – more than 6 months)
- Unemployed (not in labor force)
- Retired

Home Repair Request Information

13) Are your home payments up to date? YES NO

14) Do you plan to sell your home in the next 18 months? YES NO

15) Have you applied to Renewing Homes of Greater Augusta or Rebuilding Together Greater Augusta in the past? If yes, enter date and results _____

16) General Type of Repairs Needed - Check all that Apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Deck Repair or Replace | <input type="checkbox"/> Handicapped Access – Wheelchair Ramp | <input type="checkbox"/> Sewer, Septic |
| <input type="checkbox"/> Door Repair or Replace | <input type="checkbox"/> Heating, cooling furnace | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Insulation | <input type="checkbox"/> Steps Repair or Replace |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Structural |
| <input type="checkbox"/> Gutters | <input type="checkbox"/> Roof Repair | <input type="checkbox"/> Underskirting on Trailer |
| <input type="checkbox"/> Handicapped Access – Other | <input type="checkbox"/> Roof Replace | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Handicapped Access – Bathroom | | <input type="checkbox"/> Window Repair or Replace |

17) Repair Details – Please list specific needs even if you checked them in Question 16

List the most critical work needed in order to make your home safe, warm, dry, and accessible. RHGA does not do cosmetic repairs (painting, etc.). Please note that funds are limited and not all repairs can be made.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

All eligible applicants will be visited by an RHGA review team to examine requested repairs. After this visit, the board of directors will decide whether to approve or deny your home repairs. You will be notified in writing of the decision.

If approved, it may take time to complete repairs as we must find the right set of volunteers to work on your home. As there are many in our community who need home repairs, we ask you to be patient. We will contact you when we are ready to work on your home. If you have family members who are able to help, please encourage them to do so.

Please read carefully the following Homeowner Release from Liability and Agreement

1. I understand Renewing Homes of Greater Augusta (RHGA) is a non-profit, community service organization that, should my project be approved, will perform critical repairs or modifications to my home free of charge to me. I understand that RHGA holds the final decision on whether or not to provide services. I agree to release the volunteers and directors of RHGA from any liability associated with damage to my property or personal injury that may occur as a result of the work that is being performed.
2. I understand that RHGA reserves the right to approve or deny services for me. RHGA will provide reasons as to why my project has been approved or denied but I waive any right to contest this decision. All RHGA decisions are final. If approved, I give permission for RHGA and its workers to perform repairs and make improvements to my home. I agree to accept the work performed in an “as is” condition and understand the work is not guaranteed.
3. The general plan for repairs and improvements will be explained to me, but I give RHGA and its worker’s the authority to determine the extent and types of repairs to be done and to make changes as needed from the original plan to ensure the safety of those working on my home, to remain within the project’s budget, and to ensure the most effective repairs possible with the resources available.
4. I will work cooperatively with RHGA representatives, workers, and volunteer team to help assure a successful completion of the work to be performed.
5. I understand that repairs and improvements will be made as resources (funds and volunteers) become available and that some preparation may be necessary prior to the project execution date. In addition, flexibility on my part will be expected with regard to the timing of the project completion.
6. I grant RHGA permission to take photographs and/or film pictures of my home to use to promote the program. This includes pictures or video for brochures, presentations, newspaper publication, social media, or television.
7. I agree to participate in surveys pertaining to work done on my home. A survey may be taken over the phone or in person before work and after work is completed on the home.

My signature below indicates that the information provided above is accurate and complete. I have read the information provided herein by RHGA and have a basic understanding of the program and its process. I give RHGA volunteers permission to inspect my home for the purpose of project selection and/or repair. I understand that, in order to perform approved repairs, RHGA may need to discuss personal information contained in this application with volunteer groups and/or individuals involved with my project. RHGA will respect my privacy and discuss personal issues only to the extent needed to effectively deliver services. By signing this form, I am allowing RHGA to exchange my personal information on an as needed basis.

Signature of Applicant

Date of Application

Signature of Applicant (if more than one homeowner)

Date of Application