APPLICATION

(Please note all submitted application materials are considered public documents that are subject to the Freedom of Information Act)

NAME _____

ADDRESS: _____

PHONE NO: _____

EMAIL: _____

Please answer the following:

1. Do you own the home? ☐ yes / ☐ no
2. Is your home your primary residence? ☐ yes / ☐ no
3. Can you afford needed repairs to your home? ☐ yes / ☐ no
4. Are you willing to accept a 0% interest loan secured by a lien on your home? ☐ yes / ☐ no
5. Do you have a plan (i.e. a will) to transfer your property upon your death? ☐ yes / ☐ no
6. Is your home a mobile home? ☐ yes / ☐ no
7. Are the real estate taxes current? ☐ yes / ☐ no
8. Do you have a mortgage? ☐ yes / ☐ no
9. What is the balance of your mortgage? $_____
10. How many years are left on your mortgage? _____
11. A copy of your most recent mortgage statement is required. Is one attached? ☐ yes / ☐ no
12. Are you behind on your mortgage? ☐ yes / ☐ no
13. Is your home subject to a reverse mortgage? ☐ yes / ☐ no
14. Do you have a home equity line of credit (i.e. HELOC) or other liens? ☐ yes / ☐ no
15. Do you have homeowner's insurance for your property? ☐ yes / ☐ no
16. Is the structure also used for a business? ☐ yes / ☐ no
17. Are you making any rental income from your property? ☐ yes / ☐ no
18. If a portion of your home is used for rental income, are the requested repairs for the rental portion of your home? ☐ yes / ☐ no
19. Is your home currently for sale? ☐ yes / ☐ no
20. Are you generally able to pay your utilities? ☐ yes / ☐ no
21. Have you lived in the home for the last 12 months? ☐ yes / ☐ no
22. Do you intend to live in the home for the next 12 months? ☐ yes / ☐ no
23. Do you have a place to go in case the work requires you to be out of your home? ☐ yes / ☐ no

24. Is the home in your name? ☐ yes / ☐ no
25. Is there anyone else identified as a grantee on the deed? ☐ yes / ☐ no
26. If so, please list all of the co-owners who are listed as grantees on the deed and have legal claim to the property: _____

_____

27. Are there other adults who reside in the home and, if so, what is their relationship to you?

_____

_____

_____

_____

28. Who lives in the home?

	Age	Veteran? Yes or No	Disabled? Yes or no
Homeowner			
Spouse			
Child (under 18)			
Child (under 18)			
Child (under 18)			
Child (under 18)			
Adult/other			

27. Please list below the problems you are experiencing with your property and the repairs you wish to have performed. Please provide as much detail as possible, and also indicate if the repairs are needed for disabled persons living in the home.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

APPLICATION SUBMISSION CHECKLIST

Failure to enclose all necessary documentation will cause delays in the processing of your application.

_____ Signed and dated application (this page)

_____ Signed, dated, and notarized Home Improvement Agreement

_____ Signed, dated, and notarized affidavit of need

_____ Signed, dated, and notarized Homeowner's Affidavit

_____ Signed, dated Consent to Exchange Information

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

This application and the following information/documents must be submitted to:

Arne Glaeser, Planning and Development Department
City of Lexington
539 E. Nelson Street
Lexington, VA 24450

ANY QUESTIONS, PLEASE CALL THE CITY OF LEXINGTON DEPARTMENT OF PLANNING AND DEVELOPMENT AT
(540) 462-3704