



An initiative by United Way of Harrisonburg and Rockingham County that aims to empower low-income homeowners to live independently by providing repair services to make homes more accessible and secure. Priority will be given to individuals with disabilities and/or over 60 years of age.

P.O. Box 326 · Harrisonburg, VA 22803 · (540) 434-7947

ELIGIBILITY APPLICATION  
(Please print or type)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Directions to Home: \_\_\_\_\_

Phone #: Home (540) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Age of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agency Making Referral \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Agency Representative: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

Please check if you are a Self-Referral  and/or a Veteran

Do you own your home?  Yes  No

If no, please explain: \_\_\_\_\_

Is there a mortgage?  Yes  No List monthly amount \$ \_\_\_\_\_

Are mortgage payments up to date?  Yes  No

If no, please explain: \_\_\_\_\_

Are all real estate taxes paid?  Yes  No

If no, please explain: \_\_\_\_\_

Do you have home insurance?  Yes  No

If yes, please list the company with which your home is insured.

\_\_\_\_\_  
If yes, please list your home insurance policy number.

Number of persons, including yourself, living in your home: \_\_\_\_\_  
List names, ages, and income of all persons living in your home (include Social Security, SSI, Pensions, TANF, VA Benefits, etc.).

1) Name, Age, Income (per month), Source of Income:

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2) Name, Age, Income (per month), Source of Income:

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3) Name, Age, Income (per month), Source of Income:

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4) Name, Age, Income (per month), Source of Income:

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Individually list the approximate value of all other resources (including other property, boats, cars, checking and/or savings accounts, stocks, bonds, CD's, etc.)

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If you have family members who are able to assist in making repairs, please list names and phone numbers

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Please explain any financial reasons that prevent you from being able to afford paying for the repairs to your home (please list monthly expenses and **total** amount owed on any loans, car payments, and/or medical bills, etc.) \_\_\_\_\_

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Please list any medical problems or disabilities that prevent you from completing the needed repairs to your home: \_\_\_\_\_

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List the most necessary work needed in order to make your home **warm, weatherproof, and safe:** \_\_\_\_\_

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Check if you **currently receive or have ever received** assistance from any of these agencies:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Rockingham Free Clinic                | <input type="checkbox"/> Valley Association for Independent Living | <input type="checkbox"/> Elkton Area United Services              |
| <input type="checkbox"/> Hospice                               | <input type="checkbox"/> Social Services                           | <input type="checkbox"/> Blue Ridge Legal Services                |
| <input type="checkbox"/> Home Health<br>(agency): _____        | <input type="checkbox"/> Area Food Banks                           | <input type="checkbox"/> ParaTransit                              |
| <input type="checkbox"/> Community Services Board              | <input type="checkbox"/> Redevelopment and Housing Authority       | <input type="checkbox"/> Rockingham County Transportation Program |
| <input type="checkbox"/> Department of Rehabilitative Services | <input type="checkbox"/> Weatherization                            | <input type="checkbox"/> Area Church(es)                          |
| <input type="checkbox"/> Health Department                     | <input type="checkbox"/> Salvation Army                            | <input type="checkbox"/> People Helping People                    |
|  | <input type="checkbox"/> Valley Program for Aging Services         |   |

Please list other agencies: \_\_\_\_\_

Weatherization reduces energy costs for families by improving the efficiency of their homes, while also assessing and eliminating related health and safety issues. If you are in need of weatherization for your home or apartment and if anyone in the family receives: SSI, TANF, or Fuel/Energy Assistance (DSS), you are eligible to receive free weatherization services from CHP Energy Solutions. You may also be eligible based on your family size and current income. Please call (540)949-5879 and press 0 to receive an application.

Are you interested in weatherization services?

- Yes  No  I would like a follow up call with more information

If yes, who is your energy provider? \_\_\_\_\_

My signature below indicates that the information provided in this application is accurate and complete; that I am willing to provide additional proof of the claims stated in this application; that I give permission for Build United volunteers and staff to inspect my home for the purposes of home selection and/or repair; and that I consent to the above checked agencies releasing information regarding me to Build United.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***(For office use only)***

Date of initial call for services \_\_\_\_\_  
Date application was mailed \_\_\_\_\_  
Date application was received \_\_\_\_\_  
Disposition of application \_\_\_\_\_  
Date Applicant notified \_\_\_\_\_

Revised 10/2018