



Rental Unit Modification Grant Program

Application Guide

Thank you for your interest in the **Rental Unit Modification Grant Program**. This program has funding available to assist with the payment for modification work needed on **rental units** to make them accessible for a specific tenant. The modifications made to the rental unit must relate to the tenants ability to function on a daily basis. These funds are available to persons earning 80% or less of the area median income, based on ¹HUD Guidelines.

All of the information and documents required for this application are necessary for Virginia Housing Development Authority to determine eligibility of the applicant. Please review the checklist to make sure your application is complete. Applicants should submit all application materials by email or fax. **Failure to provide all “mandatory” documentation requested on the Application Checklist will result in disqualification.** Items to be submitted when the project is complete must also be submitted all at one time. Before and after pictures must be emailed. Please read the enclosed Frequently Asked Questions (FAQ), before completing the application.

VHDA reserves the right to request additional information for purposes of clarification. If you have any questions, or need assistance completing any part of the application, please do not hesitate to contact Debbie Griner, Grant Coordinator, at 804-343-5579 or by email at debbie.griner@vhda.com.

¹ HUD Guidelines:

<http://WWW.VHDA.COM/BusinessPartners/PropertyOwnersManagers/Income-Rent-Limits/Pages/HUDMedianIncome.aspx>





Rental Unit Modification Grant Program Application Checklist

Applicant Name: _____

Items required for approval:

- Completed Application "Mandatory"
- Proof of **Current Year** income from all sources "Mandatory"
- Contractors Estimate 1 "Mandatory"
- Contractors W-9 "Mandatory – (unless already on file with VHDA)"
- Contractors License # "Mandatory"
- Contractors Estimate 2 "Mandatory"
- Contractors W-9 "Mandatory – (unless already on file with VHDA)"
- Contractors License # "Mandatory"
- Scope of Works "Mandatory"
- Written documentation if additional funding is being provide from other sources "Mandatory"
- Email of Before Photos of specific work area(s) "Mandatory"
- Agent Agreement (for portable ramps only at this time) "Mandatory"
- Rental Agreement (with both landlord and tenant signatures) "Mandatory"

Items required when work is complete:

- Final Invoice billing with only amount due from VHDA. "Mandatory"
- Email of After Photos of specific work area(s) "Mandatory"
- Copy of Building Permit "Mandatory"
- Certificate of Appropriateness – Historical Areas "Mandatory" (if required by locality)
- Inspection Report (signed by agent and applicant) "Mandatory"





Rental Unit Modification Grant Program Applicant Information

Please print or type requested information:

Name (Last, First, MI): _____

Street Address: _____

City, State, Zip Code _____

Home Telephone: _____

Work Phone and/ or Cell: _____

Address of Property to be renovated (if different from above):

Please list the names of any other persons living in the home (attach additional pages if needed):

Name	Relationship





Rental Unit Modification Grant Program Scope of Works

Applicant Name: _____

Explain the need for home modifications as it relates to the individual with disabilities in the household. Attach additional pages as needed. Include estimate of the cost of the project from two contractors (**labor and materials must be separated**). Please be specific as to the modifications being proposed at this time, do not write *see contractor bids*.

First Estimated Cost: _____ \$

Second Estimated Cost _____ \$

Amount being requested for modification of the above property: \$ _____

Name of Contractor Chosen to do the job: _____





Rental Unit Modification Grant Program Other Funding

Applicant Name: _____

List other funding sources explored before requesting Rental Unit Modification Grant funding:

Other Funding Sources Explored	Approved/Not Approved	Reason Not Approved

If the project exceeds \$2,000, you must provide evidence of commitment of other funds being used to complete the modification. The Rental Unit Modification Grant will be disbursed only after all other funds have been utilized.

Please list other sources of funding you plan to use to fund the project. Other sources include personal funds, other lines of credit or loans, civic organizations, grants, or gifts. Documentation of this funding will be required prior to approval.

Source	Amount





Rental Unit Modification Grant Program

Applicant(s)

Applicant Name: _____

The Applicant(s) certifies that all information provided herein, and all information in support of this application, is given for the purpose of obtaining assistance from the Rental Unit Modification Grant Program.

The Applicant(s) hereby certifies that all of the above statements are true, accurate and complete to the best of my/our knowledge and belief.

The Applicant (s) hereby consents to the verification of any information given in this application. Applicant understands that the information will be used to determine eligibility for this program and is subject to the requirements of Rental Unit Modification Grant Program Guidelines.

The Applicant(s) agrees to abide by the Rental Unit Modification Grant Program requirements in connection with any assistance received pursuant to this application.

The Applicant(s) hereby release and agree to indemnify and hold harmless the Agent and VHDA from any liability in connection with the performance of the accessible modifications.

All information generated as a part of this program is confidential between the program applicants and program agents and program coordinator.

The applicant(s) certifies the property listed above is a rental and that the modifications to be done are approved by the landlord/owner.

The Applicant(s) also acknowledges that he/she is responsible for the upkeep of the modification, including but not limited to, repairs, weatherization, etc.





The Applicant(s) acknowledges that wooden ramps are the property of the landlords and must remain with said property.

The Applicant(s) acknowledges that a portable ramp is the property of the Center for Independent Living and when it is no longer needed must be returned to the Center for Independent Living.

The Applicant(s) 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 upon signing this authorization and release, agrees to the work to be performed as determined by the Tenant, Agent, and VHDA.

The Applicant(s) also acknowledges that he/she has received a copy of the following documents:

1. JOINT STATEMENT OF THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND THE DEPARTMENT OF JUSTICE **REASONABLE MODIFICATIONS UNDER THE FAIR HOUSING ACT.**
2. What You Should Know Before Hiring A Contractor (Board for Contractors, Department of Professional and Occupational Regulation)
3. Rental Unit Modification Assistance FAQ

Applicant's Signature

Date

Applicant's Signature

Date





Rental Unit Modification Grant Program

Landlord/Owner

Applicant Name: _____

In consideration for the Agent (these include but not necessarily limited to: Centers for Independent Living, Local Housing Authorities, Rehab hospitals, and Landlords in need of accessibility modifications for a specific tenant) and VHDA, improvement to the property, the Landlord/Owner does hereby agree to the following:

Landlord/Owner shall not raise the rent because of the increased value of the property due solely to the accessible modifications to the rental unit.

Landlord/Owner hereby releases and agrees to indemnify and hold harmless the Agent and VHDA from any liability in connection with the performance of the accessible modifications.

Landlord/Owner acknowledges that a wooden ramp that is attached to the said property must remain with said property.

Landlord/Owner acknowledges that a portable ramp is the property of the Center for Independent Living and when it is no longer needed must be returned to the Center for Independent Living.

Landlord/owner signature is considered to be approval for the modifications to be complete on the above property.

Landlord/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 upon signing this authorization and release, agrees to the work to be performed as determined by the Tenant, Agent, and VHDA.

Furthermore, in the event the unit becomes vacant, the landlord is strongly encouraged to list the unit on **VirginiaHousingSearch.com** with the applicable accessibility features indicated. This is a free service to landlords and tenant.





Landlord/owner also acknowledges that he/she has received a copy of the following documents:

1. JOINT STATEMENT OF THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND THE DEPARTMENT OF JUSTICE **REASONABLE MODIFICATIONS UNDER THE FAIR HOUSING ACT.**
2. What You Should Know Before Hiring A Contractor (Board for Contractors, Department of Professional and Occupational Regulation)
3. Rental Unit Modification Assistance FAQ

Landlord/Owner Signature

Date





Rental Unit Modification Grant Program

Contact Information of Agent working with Applicant:

Please print or type requested information.

Agency Name: _____

Agent Name: _____

Agency Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

(Application must be complete in order to be approved.)





SAMPLE PORTABLE RAMP AGREEMENT

(CIL Letterhead)

I, _____, understand that the portable ramp provided for my use
(Applicant Name)

by _____ under the VHDA Rental
(CIL)

Unit Accessibility Modification Grant program, agree to contact the

_____, @ _____ to let them
(CIL) (Phone Number)

know when I move or no longer need the ramp.

Applicant:

(Signature)

(Date)

Landlord:

(Signature)

(Date)





Rental Unit Accessibility Modification Inspection Report

Applicant's Name: _____

I hereby certify that the work done at _____

has been completed in a workmanship like manner.

Brief Description of Accessibility modification completed:

AGENCY: _____

AGENT NAME: _____

TITLE: _____

PHONE NUMBER: _____

EMAIL: _____

I am satisfied with the modification work done on my unit.

Applicant Signature

Date

Agent Signature

Date

This report must accompany the final paperwork.

