



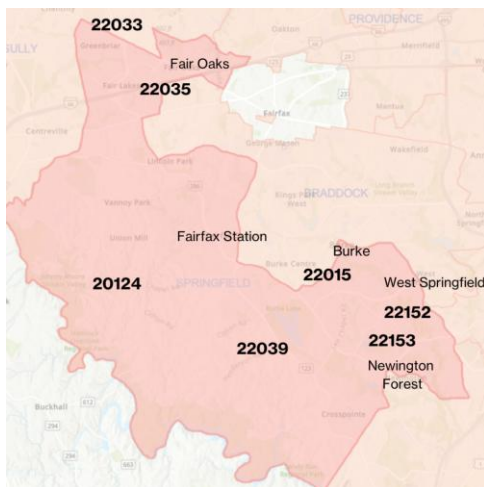
We build strength, stability, *and* shelter.

HOME REPAIR APPLICATION (SPRINGFIELD-PROFFER)

Program Eligibility

Applicants must live in the Springfield Supervisory District of Fairfax County. Interested households need to have a combined income at or below 80% of the Northern Virginia area's Median Family Income (MFI).

If you are unsure of your district, you may search your address at: fairfaxcounty.gov/myneighborhood/



Program Details

Repairs are made through trusted contractors or by Habitat Staff. We are currently accepting applications and will continue until funding is depleted.

Your household may be charged a program fee. These fees are based on Median Family Income:

Household Size	Maximum Household Income (80% MFI) <i>HUD 2025 Data</i>
1	\$91,784
2	\$104,896
3	\$118,008
4	\$131,120
5	\$141,610
6	\$152,099
7	\$162,589
8	\$173,078

MFI	Maximum Program Fee
0-30% Veterans	\$0
31-35%	\$50
36-40%	\$100
41-45%	\$150
46-50%	\$200
51-55%	\$250
56-60%	\$300
61-65%	\$350
66-70%	\$400
71-75%	\$450
76-80%	\$500



Habitat for Humanity of Washington, D.C. & Northern Virginia does not discriminate on the basis of actual or perceived race, color, religion, national origin, sex, age, marital status, sexual orientation, gender identity or expression, personal appearance, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, or place of residence or business.

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**Habitat
for Humanity®**
Washington, D.C. &
Northern Virginia

Application

Preservation and Home Repair

For application questions, contact Tori Steele, Preservation and Repair Program Manager.
tori.steele@habitatdcnova.org | (202)230-9500



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This application does not guarantee that Habitat for Humanity of Washington, D.C. and Northern Virginia will complete work on your home. Please complete this application truthfully, completely, and accurately. All information you include in this application will be maintained in accordance with our privacy policy.

The following documentation must be submitted with your application to be eligible for our program:

Income Verification

If you are currently employed

- ☐ Most recent Tax Return and/or all W-2s
- ☐ One month's worth of paystubs
- ☐ Completed Verification of Income Form (Attached)

If you receive Social Security Benefits, Pension, Retirement, Unemployment, or the like:

- ☐ Most recent Tax Return
- ☐ Current Statement of Benefits

Homeownership Information

- ☐ Copy of your House Deed or Title
- ☐ Copy of your Homeowners' Insurance

Other

- ☐ Driver's License, State ID, Social Security Card, **or** Birth Certificate for **ALL** household members
- ☐ Signed Background Check, Authorizations, and Application included in this packet

If Applicable

- ☐ Power of Attorney

Section 1: Homeowner Information

Homeowner Information	Co-Owner Information (If Applicable)
Name: _____	Name: _____
Date of Birth: _____ Age: _____	Date of Birth: _____ Age: _____
Phone Number: _____	Phone Number: _____
Email: _____	Email: _____

Please List the Names and Ages of Other Residents in Your Home

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

Section 2: Yearly Income Information

*Please list the **yearly** income for **all** household members over the age of 18.*

Income Source	Homeowner	Co-Owner	Other Household Members	Total
Salary/Wages	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____	\$ _____
Pension/ Retirement	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Total				\$ _____

If Salary/Wages was one of your income sources listed above, please provide the information of your employer below.

Employee: _____	Start Date: _____
Employer: _____	<input type="checkbox"/> Self- Employed
Contact Name and Number: _____	

Employee: _____	Start Date: _____
Employer: _____	<input type="checkbox"/> Self- Employed
Contact Name and Number: _____	

Section 3: Home Information

Street Address of Home in Need of Repair:

If you are a resident of Fairfax County, please select your district: *(Leave blank if unsure)*

- | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Braddock | <input type="checkbox"/> Lee | <input type="checkbox"/> Providence |
| <input type="checkbox"/> Hunter Mill | <input type="checkbox"/> Mason | <input type="checkbox"/> Springfield |
| <input type="checkbox"/> Dranesville | <input type="checkbox"/> Mt. Vernon | <input type="checkbox"/> Sully |

Date You Purchased Your Home (Estimate, if needed): _____

Are you still making payments on your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------------------------------------	------------------------------	-----------------------------

Do you have current Homeowners' Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------------------------------	------------------------------	-----------------------------

Are you current on mortgage and property tax payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------------------------------------------	------------------------------	-----------------------------

Are there any code violations currently against the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------------------------------------------------------	------------------------------	-----------------------------

Does the roof have solar panels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------------------------------	------------------------------	-----------------------------

Type of Home

- ☐ Single Family ☐ Townhome ☐ Duplex ☐ Mobile ☐ Condo ☐ Other

Health and Safety

Does your home currently have running water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------------------------------------------	------------------------------	-----------------------------

Does your home currently have functional heating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does your home currently have functional air conditioning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------------------------------------	------------------------------	-----------------------------

Does your home currently have a leak during rain? (Roof, Siding, Windows, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------------------------------------------------------------	------------------------------	-----------------------------

Does fear of falling limit a household member's daily activities? (Leaving home, bathing, cooking, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------------------------------------------------------------------------------------------------	------------------------------	-----------------------------

Has any household member had a serious fall at home before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------------------------------------------------	------------------------------	-----------------------------

Homeowners' Association (HOA) Information *(If Applicable)*

HOA Name: _____

HOA Contact Information: _____

Section 4: Home Repair Needs

I am seeking assistance with the following:

- | | |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Roof Replacement or Repair | <input type="checkbox"/> Heating or Air Conditioning |
| <input type="checkbox"/> Windows and Exterior Door Sealing | <input type="checkbox"/> Electric <input type="checkbox"/> Gas |
| <input type="checkbox"/> Accessibility Modifications | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Deck Replacement or Repair | <input type="checkbox"/> Electrical Issues |
| <input type="checkbox"/> Minor Repairs (painting, care and maintenance of the home and systems) | |
| <input type="checkbox"/> Other _____ | |

I am open to having volunteers perform work on the exterior of my home ☐ Yes ☐ No

Volunteer Tasks can include, but are not limited to: Lawn Maintenance, Landscaping, Painting, Door and Window Sealing, Mailbox Repairs, Carpentry

Please elaborate on the repair needs in your home:

How will the home repairs impact the health and daily living activities of those in your home?

Section 5: Signature Page

By checking each box:

<input type="checkbox"/>	I certify that all the information is accurate to my current knowledge
<input type="checkbox"/>	I certify that I own the property at the address listed. I have no intent to move or offer my home for sale in the next year.
<input type="checkbox"/>	I certify that my home is a safe place for Habitat DC-NOVA staff and contractors.
<input type="checkbox"/>	I understand that this application does not guarantee that Habitat DC-NOVA will perform work on my home.
<input type="checkbox"/>	I give Habitat DC-NOVA permission to reach out to my employer for an income verification <i>(if applicable)</i>
<input type="checkbox"/>	I give Habitat DC-NOVA permission to take photos of my property and projects to be used publicly. <i>(optional)</i>
<input type="checkbox"/>	I give Habitat DC-NOVA permission to take photos of me, and my family to be used publicly. <i>(optional)</i>

Homeowner Signature _____ Date _____

Co-Owner Signature _____ Date _____

If you have completed the application on behalf of the homeowner, please sign below:

Signature _____

Date _____

Relationship to Homeowner _____

☐ I certify that the homeowner is aware of this application

How did you hear about our repair program?

Applications may be returned to:

Tori Steele

Email: tori.steele@habitatdcnova.org

Mail: 4245 N Fairfax Dr. Suite 650
Arlington, VA 22203

Demographic Information

Please read this statement before completing the box below:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders.

You are not required to provide this information but are encouraged to do so. You may select one or more designations for “Ethnicity” and “Race”. **The law provides that we may not discriminate on the basis of this information or on whether you choose to provide it.** This information will be kept separate from your application and will not be viewed by the reviewer.

Applicant	Co-Applicant (if applicable)
<u>Ethnicity (Check One or More)</u> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <i>Origin _____</i> <input type="checkbox"/> I do not wish to provide this information	<u>Ethnicity (Check One or More)</u> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <i>Origin _____</i> <input type="checkbox"/> I do not wish to provide this information
<u>Race (Check One or More)</u> <input type="checkbox"/> American Indian or Alaska Native <i>Tribe _____</i> <input type="checkbox"/> Asian <i>Race/Origin _____</i> <input type="checkbox"/> Black or African American <i>Race/Origin _____</i> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <i>Race/Origin _____</i> <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> I do not wish to provide this information	<u>Race (Check One or More)</u> <input type="checkbox"/> American Indian or Alaska Native <i>Tribe _____</i> <input type="checkbox"/> Asian <i>Race/Origin _____</i> <input type="checkbox"/> Black or African American <i>Race/Origin _____</i> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <i>Race/Origin _____</i> <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> I do not wish to provide this information
<u>Sex</u> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information	<u>Sex</u> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information
Is any member of your household a protected veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member of your household have a disability? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member of your household identify as LGBTQIA+?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>* Disability can include, but is not limited to:</i> Blindness, Deafness, Cancer, Diabetes, Epilepsy, Autism, Cerebral Palsy, HIV/AIDS, Schizophrenia, Muscular Dystrophy, Bipolar Disorder, Major Depression, Multiple Sclerosis, Total or Partial Missing Limbs, PTSD, Obsessive Compulsive Disorder, Impairments requiring use of a wheelchair, Intellectual Disability	



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**BACKGROUND REPORT RELEASE FORM
(ALL HOUSEHOLD MEMBERS AGE 18 AND OVER MUST EACH FILL OUT A FORM)**

BY MY SIGNATURE BELOW, I AUTHORIZE

Habitat for Humanity of Washington, D.C. and Northern Virginia, Inc. to obtain a Background Report on me. This authorization is valid for the purpose of verifying information given pursuant to employment, leasing, rental, business, negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act. (FCRA)

The Background Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

Name _____

Date of Birth _____ Social Security Number _____

Current Street Address _____

City, State, Zip Code _____

Signature _____ Date _____

**** PLEASE INCLUDE A COPY OF A VALID DRIVERS LICENSE OR CURRENT ID ****



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Dear Home Repair Applicant:

As part of our home repair application, we verify income to ensure program requirements are met. We require official documentation, and in cases of employment, we additionally verify directly from your employer. The attached form is submitted *in addition* to your most recent tax forms and your two most recent pay stubs.

The following form needs to be filled out *if you are currently employed*. Please only fill out the highlighted sections. A form is needed for each job held by any member of your household over the age of 18.

We will contact your employer on your behalf. If able, please provide a direct number or email for your supervisor or the HR department.

Regards,

A handwritten signature in blue ink that reads "Mandy Jansen".

Mandy Jansen
Director of Housing Programs



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Fannie Mae

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: Lender — Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
 Employer — Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
 The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I — Request

1. To (Name and address of employer)	2. From (Name and address of lender) Habitat for Humanity of DC-NOVA 4245 N Fairfax Dr. Suite 650 Arlington, VA 22203
--------------------------------------	--------------------------------------------------------------------------------------------------------------------------------

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender 	4. Title Preservation and Repair Program Manager	5. Date 06/10/2025	6. Lender's Number (Optional)
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
---------------------------------------------------------------------	---------------------------

Part II — Verification of Present Employment

9. Applicant's Date of Employment		10. Present Position		11. Probability of Continued Employment	
12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) \$ _____ <input type="checkbox"/> Weekly				13. For Military Personnel Only Pay Grade _____ Type _____ Monthly Amount _____ Base Pay \$ _____	
12B. Gross Earnings				14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type	Year To Date	Past Year 19__	Past Year 19__	Rations	\$
Base Pay	Thru ____ 19__	\$	\$	Flight or Hazard	\$
Overtime	\$	\$	\$ 0.00	Clothing	\$
Commissions	\$	\$	\$	Quarters	\$
Bonus	\$	\$	\$	Pro Pay	\$
Total	\$ 0.00	\$ 0.00	\$ 0.00	Overseas or Combat	\$
				Variable Housing Allowance	\$

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

Part III — Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)			
22. Date Terminated	Base _____	Overtime _____	Commissions _____	Bonus _____
24. Reason for Leaving		25. Position Held		

Part IV — Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	