

Neighborhood Housing Rehabilitation Program

The mission of the Neighborhood Housing Rehabilitation Program (NHRP) is to provide financial assistance for repairs for low and moderate income homeowners in the Prince William Area (Prince William County, and Cities of Manassas and Manassas Park) that otherwise would not be able to maintain safe, sanitary, energy efficient and accessible housing. An applicant must be the owner of the property and use the property as their primary residence. All rehabilitation items as identified on the NHRP Checklist as "Required Items", and determined to be a critical part of the NHRP project, will be treated as a grant and the remaining balance of the total approved project will be secured by a 30-year deferred Deed of Trust and Promissory Note.

Combined gross household income must be at or below 80% of the area median income (AMI), adjusted for family size per the following table: Effective 4.1.2025

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$74,800	\$85,450	\$96,150	\$106,800	\$115,350	\$123,900	\$132,450	\$141,000

Household with incomes at or below 50% of area median income will receive priority in being assisted.

Eligible Activities

- Repair substandard housing
- Installation of complete indoor plumbing
- Make accessibility improvements (wheelchair ramps, kitchen/bath adaptations, door widening)
- Repairs to failed and failing water delivery and/or waste water treatment systems
- Energy improvements (heating system replacement, insulation, skirting open foundations)
- Repair and/or replacement of windows and doors
- Repair and/or replacement of roof
- Repair of foundation and site corrections
- Reduction & abatement of lead-based paint
- Remediation of Radon Gas Violations
- Installation of Carbon Monoxide Detectors
- Remediation of Toxic mold(s)
- Reduction & Abatement of Asbestos

Payment to Contractor

The property owner (Applicant) and the Contractor, will enter into a Construction Contract Agreement contract for the approved rehabilitation work to be completed. The Office of Housing & Community Development (OHCD) will oversee the project and The County, with funds provided by the CDBG program and with the property owners written consent, shall pay the contractor for performance of work.

Assistance to the Homeowner

The amount of assistance provided for rehabilitation will be secured by a 30-year deferred Deed of Trust on the property minus a grant of items identified on the NHRP Checklist as "Required Items", and determined to be a critical part of the NHRP project. The trust will not be due and payable until the property ceases to be the principal residence, or is sold, or the borrower fails or neglects to pay the taxes, assessments, or premiums for hazard, flood (if required) or mortgage insurance, or terms of the Deed of Trust are violated.

Role of OHCD

Office of Housing & Community Development (OHCD) staff will assess eligibility of the property owner and property, complete work write-up, assist property owner with contractor selection, inspect work, make disbursements on behalf of the property owner, and serve as a liaison between contractor and property owner.

How to Apply

If you're interested in applying for the Neighborhood Housing Rehabilitation Program please visit the Housing website at www.pwcva.gov/housing or you may contact a Community Development Analyst listed below:

Call or email OHCD: **Amira Gonzalez 703-492-2301 | agonzalez@pwcgov.org or**

Jerica Johnston 703-492-2302 | jjohnston3@pwcgov.org

To apply for the NHRP via our online application portal, please visit:

<https://portal.neighborlysoftware.com/PRINCEWILLIAMCOUNTYVA/Participant>

Applications will be screened for NHRP Program eligibility requirements. Approval of NHRP Projects and Construction Contract Agreements will be established based on final approval of both the Applicant(s), the final Scope of Work and availability of CDBG Funds.





**Prince William County
Office of Housing and Community Development**

Dr. A. J. Ferlazzo Building
15941 Donald Curtis Drive, Suite 112
Woodbridge, VA 22191

Direct Line (703) 492-2301 FAX (703) 492-0499

NEIGHBORHOOD HOUSING REHABILITATION PROGRAM (NHRP) APPLICATION

A. APPLICANT INFORMATION (Owner of Property):

Last Name First Middle Initial

Property Address

City State Zip Code

Social Security # _____ Date of Birth: _____

Telephone : Home _____ Cell _____

Work _____ Email _____

Name & Address of Employer:

B. CO-APPLICANT INFORMATION (SPOUSE or Co-Owner of Property):

Last Name First Middle Initial

Property Address

City State Zip Code

Social Security # _____ Date of Birth: _____

Telephone : Home _____ Cell _____

Work _____ Email _____

Name & Address of Employer:

C. NAMES OF ALL PERSONS RESIDING IN HOUSEHOLD:

NAME	BIRTHDATE	SOCIAL SECURITY NUMBER	RELATIONSHIP TO APPLICANT

Please attach to application copies of the following:

- ✓ **Birth Certificates or USCIS documents for all household members to verify legal residency**
- ✓ **Social Security Cards for all household members**
- ✓ **Current or Up-to Date Driver's License(s) as applicable or Current or Up-to-Date Photo ID for all household members over 18 years old**

D. PROPERTY INFORMATION:

Location in County/City of: _____

Deed Book Number: _____ Page: _____ Instrument No. _____

Name (s) under which Title is held: _____

Homeowner Insurance and Real Estate Tax Information:

Name of Insurance Company _____

Policy Number _____

Insurance Agent _____ Phone # _____

Insurance Agency Address _____

☐ Yes ☐ No

Real Estate Taxes are paid in Mortgage Payment

☐ Yes ☐ No

Real Estate Taxes are paid by Homeowner

☐ Yes ☐ No

Real Estate Taxes are deferred for Elderly and/or Disabled Applicants

Please attach to application copies of the following:

- ✓ Recorded Deed of Trust(s) (For all Liens on Property)
- ✓ Deed Showing Correct Names of Ownership
- ✓ Most Recent Mortgage Statement(s) & Twelve month History Statements showing Current Balance(s) Owed & Payment History
- ✓ Proof that Real Estate Taxes Are Paid (if not included in Mortgage Payment) or that they are Waived or Deferred
- ✓ Copy of Current Homeowner's Insurance Policy

E. GROSS MONTHLY HOUSEHOLD INCOME (before taxes):

SOURCE	A. APPLICANT	B. CO-APPLICANT	C. OTHER(S)
Wages, salaries, tips, business income			
SSI			
Social Security			
VA Benefits			
Disability Income			
Child Support, Alimony			
Pension			
Rental Income			
Other (HCPP Section 8 Mortgage Payment Assistance or other income (Specify _____))			
TOTALS FOR ALL SOURCES			

Please attach to application copies of the following:

- ✓ Last Three Months Consecutive Paystubs (for all household members over age of 18 and working; if receiving Section 8 Mortgage assistance copy of most recent HAP Contract Addendum)
- ✓ Verification of Employment Form Signed & Dated (for all household members) (form enclosed OHCD will send for 3rd party verification)
- ✓ Last Federal Tax Return to Include W2's (for all household members)
- ✓ Statement from Social Security, Supplemental Security Income, Veteran Administration, Pension, etc.
- ✓ Most recent Benefits Statement for any assistance programs to include but not limited to Section 8 Housing Choice Voucher Purchase Program
- ✓ Child Support Verification of payment received (court ordered print out; decree) or non-payment. Signed and Dated as applicable (form enclosed)
- ✓ Virginia Employment Commission Form (VEC) Signed & Dated by all adult household members (form enclosed OHCD will obtain 3rd party verification)

F. ASSETS:

<u>ASSETS</u>	<u>DOLLAR AMOUNT</u>	<u>COMMENTS</u>
Cash		
Checking / Savings		
Stocks / Bonds		
Life Insurance Term or Whole		
Personal Property (Automobiles, boats, trailers, RV's etc.)		
Other Investments (Real Estate other than residence), Time Shares etc.		
Other Assets		
Other Assets		
TOTAL CASH VALUE ALL ASSETS	\$	

Please attach to application copies of the following:

- ✓ **Last Three Months Most Recent, Consecutive Complete Checking/Savings/Money Market, Mutual Fund and/or 401K Statements/ Stock/Bond Statements (to include all pages for all accounts front & back) (for all adult household members). If checking/savings accounts reflect negative balances, demonstrate receipt of payday or title loans within the last three months the application will be denied**
- ✓ **Copy of Bankruptcy Discharge Papers, if applicable**
- ✓ **Copy of Title(s) for Personal Property Items Listed Above if not financed**
- ✓ **Current Life Insurance Policies (showing cash value)**
- ✓ **Copy of Deed(s) for all other Real Estate Property Ownership**

All Adult Applicants, and Legal Owners Listed on This Neighborhood Housing Rehabilitation Program Application Form Must Read and Sign Acknowledging Their Understanding of All the Following Authorizations and Certifications:

- The signature(s) below certifies my/our understanding that for purposes of determining eligibility for the Neighborhood Housing Rehabilitation Program (NHRP) all income and assets of each and every individual and household members currently residing together must be considered in the calculation, and that additional documentation may be required in order to make an eligibility determination. When determining household income the Community Development Specialist, must project income forward in order to correctly calculate and predetermine income eligibility for the household, which means pay raises, bonuses, overtime and pay differential must be included. Also included in income eligibility is interest from assets over \$ 5,000 which is imputed @ the HUD determined passbook rate.
- The signatures below certifies my/our understanding that for purposes of determining eligibility for the NHRP the residential property listed in this application is owned by the Applicants and must meet all program requirement guidelines.
- The signatures below certify that the information contained in this application is accurate and complete to the best of my/our knowledge.
- The signatures below certifies my/our understanding that any intentional misrepresentation of information provided on this application form, or in support of this application is a Federal crime punishable by fine or imprisonment, or both, under the provisions of Title 18, U.S. Code and will result in denial of assistance through the Neighborhood Housing Rehabilitation Program
- The signatures below authorizes Prince William County Office of Housing & Community Development, to contact any person, business, or organization listed in this application, or on supporting documentation provided in order to obtain third party verification in connection with this application, for purposes of determining eligibility.
- The signatures below certify that I/we understand that the information in this application is strictly confidential, that Prince William County Office of Housing & Community Development does not release any "Non-Public Personal Information" and any information provided is solely for the purpose of determining my/our eligibility for assistance under this program.
- The signatures below certify my/our understanding that the NHRP assistance that I/we may be awarded as a result of this application will result in a deferred Deed of Trust. This deferred Deed of Trust will be due and payable if the property ceases to be my/our principal residence, upon sale of property, if I/we fail or neglect to pay real estate taxes, assessments, or premiums for hazard, flood (if required) or mortgage insurance (if required), refinance for cash out, or any of the terms of the NHRP Deed of Trust are violated.

Signature of Property Owner

Date

Signature of Property Owner

Date

The following information is requested for federal reporting purposes only. This information will not be used as a basis for approval or denial of your application. If you do not wish to provide this information, please indicate below:

Racial/Ethnic Data		
Race (Indicate Based on Head of Household)	Non-Hispanic	Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		

Indicate Size of Household (# persons): _____

Check as Applicable for Head of Household

_____ Elderly (62 and above)

_____ Disabled

_____ I have given the above information freely and understand it will not be used as a basis for approval or denial of my application for federal assistance

_____ I do not wish to provide this information at this time

_____ Information was provided by Community Development Specialist based on a face to face interview with head of household

Signature of Property Owner

Date

Signature of Property Owner

Date

Community Planning & Development Specialist

Date

CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have information in order to provide services. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____, am signing this form for

(Full printed name of consenting person(s))

(Full printed name of client)

(Client's Address)

(Client's Birth Date)

(Client's SSN-Optional)

My relationship to the client is: ☐ Self ☐ Parent ☐ Power of Attorney ☐ Guardian
☐ Other Legally Authorized Representative

I want the following confidential information about the client (except drug or alcohol abuse diagnoses or treatment information) to be exchanged:

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Assessment Information	<input type="checkbox"/>	<input type="checkbox"/>	Medical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Educational Records
<input type="checkbox"/>	<input type="checkbox"/>	Financial Information	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Records
<input type="checkbox"/>	<input type="checkbox"/>	Benefits/Services Needed	<input type="checkbox"/>	<input type="checkbox"/>	Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	Criminal Justice Records
		Planned and/or Received	<input type="checkbox"/>	<input type="checkbox"/>	Psychological Records	<input type="checkbox"/>	<input type="checkbox"/>	Employment Records
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage and/or Rental	<input type="checkbox"/>	<input type="checkbox"/>	Insurance			

I want

Prince William County Office of Housing and Community Development (OHCD)
15941 Donald Curtis Drive #112, Woodbridge, VA 22191 – David Watkins or Amira Gonzalez

(Name and Address of Referring Agency (Agencies) and Staff Contact Person(s))

And the following other agencies to be able to exchange this information:

1. *Prince William County member agencies and employees of and to include:*
 - a. *Office of Housing and Community Development (OHCD)*
 - b. *Community Services Board*
 - c. *Department of Social Services: Prince William County City of Manassas and Manassas Park*
 - d. *Virginia Cooperative Extension – Prince William County*
 - e. *Virginia Housing Development Authority (VHDA) or other Lien Holders*
 - f. *Insurance agency providing Homeowners Insurance*
2. *Parent representatives and any prospective/actual vendor/agency providing services outlined on the service plan developed by these teams and myself.*

I want this information to be exchanged ONLY for the following purpose(s): ☐ Service Coordination and Treatment Planning
☐ Eligibility Determination ☐ Other: _____

Information may be exchanged by written, computerized and verbal methods.

This consent is good until Release of Lien with Prince William County Board of County Supervisors or when involvement ends. I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all the agencies and companies listed to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them the information that they need.

Signature(s): _____

(Consenting Person or Persons)

(Date)

Person Explaining Form:

(Name)

(Title)

(Phone Number)

Witness (if required):

(Signature)

(Address)

(Phone Number)

VERIFICATION OF EMPLOYMENT AND INCOME

This will authorize my employer to release the information requested below regarding my employment, schedule, hours worked, amount and type of compensation or termination when applicable.

Family Name (Please Print or Type)

Social Security Number

Street Address

Suite #

City

State

Zip

Signature

Date

TO WHOM IT MAY CONCERN:

The family/individual named above is applying to receive Federal dollars through the Community Development Block Grant (CDBG) for acquisition and/or rehabilitation of property. Federal regulations require that in order for our department to authorize leasing of these units, the income of the family, as well as its assets, must be verified. The information requested below will be held in strict confidence as is required under the provisions of the Virginia Privacy Protection Act, and will be used only to determine the eligibility of the family. Thank you for your cooperation in completing those applicable portions of this inquiry and returning it to:

Prince William County

Office of Housing and Community Development (OHCD)

Attention: _____

15941 Donald Curtis Drive, Suite 112, Woodbridge, VA 22191-4217

Phone: 703-492-

Fax: 703-492-0499

Date of Hire: _____ Position/Job Title _____

Is this employee still employed? ☐ Yes ☐ No - If not, what was the date of termination? _____

Please state the reason for termination: _____

If still employed complete the following:

Schedule and Hours Worked:

Types of Pay:

Annual Salary _____

Full-time () Average Wkly. Hours: _____

Part-time () Hourly Rate of Pay: _____

Normal Schedule: _____
(example: M-F 9am to 5pm; evenings 6-9pm, weekends 12 – 9pm, etc.)

Please Indicate Below as Applicable:

Pay Period:

Weekly (52 pay periods) _____

Bi-Weekly (26 pay periods) _____

Semi-Monthly (24 pay periods) _____

Monthly (12 pay periods) _____

Other (____ pay periods) _____

Nature of Employment:

Permanent _____

Temporary _____

Seasonal _____

Other _____

Is there a possibility of overtime? () ()

If so, what are the average hours of overtime each pay period? _____

Is over time paid time and a half? () ()

Can this position earn tips? () ()

If so, what are the average tips per pay period? _____

Does the company ever give bonuses for this position? If so how often? () ()

If so Year to Date Bonuses? _____ () ()

Does this position earn commissions? () ()

If so, what is the average commission per pay period? _____

I certify that the above information is true and correct to the best of my knowledge.

Name of Company

Address

Name (Please Print)

Title

Signature

Date

Direct telephone line or phone number with extension

WARNING: Section 1001 of the Title 18 of the United States Code make it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

VIRGINIA EMPLOYMENT COMMISSION RECORDS VERIFICATION

This will authorize Virginia Employment Commission (VEC) to release the information contained in my payment history and wage record.

_____ Full Name (Please Print or Type)		_____ Social Security Number
_____ Street Address		
_____ City	_____ State	_____ Zip
_____ Signature		_____ Date

Dear VEC Representative:

The family/individual named above is a resident/applicant for housing rehabilitation that is subsidized through the U.S. Department of Housing and Urban Development. Federal regulations require that in order for a family to be eligible for this form of assistance, the income of the family, as well as its assets, must not exceed certain established limits. The information requested below will be held in strict confidence as is required under the provisions of the Virginia Privacy Protection Act, and will be used only to determine the eligibility of the family for the housing rehabilitation loan.

Thank you for your cooperation by providing the most recent employment/unemployment information concerning the aforementioned applicant, and returning it to:

Prince William County
Office of Housing and Community Development
15941 Donald Curtis Drive Suite 112
Woodbridge, Virginia 22191-4217
Main: 703-792-7530 Fax: 703-492-0499

ATTN: _____
Community Development Analyst

Sincerely,

Community Development Analyst
Neighborhood Housing Rehabilitation Program
703-492-

*****NOTE: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.**

Office of Housing and Community Development (OHCD)
 Dr. A.J. Ferlazzo Building
 15941 Donald Curtis Drive, Woodbridge, VA 22191-4217
 Main: 703-792-7530 Fax: 703-492-0499

SELF-CERTIFICATION OF CHILD SUPPORT PAYMENTS

I, _____, residing at _____

do hereby certify that I ☐ **am receiving** or ☐ **not receiving** (check appropriate box) child support in the amounts and for the children listed below: If you do not receive any child support you are still required to list each child and indicate zero for amount received.

Full Name of Child	Amount Received	How often Received*	Information on the Absent Parent
			Name: _____ Address: _____ _____ Phone: _____
			Name: _____ Address: _____ _____ Phone: _____
			Name: _____ Address: _____ _____ Phone: _____
			Name: _____ Address: _____ _____ Phone: _____

*monthly or weekly or bi-weekly (every other week) or semi-monthly (twice a month)

If the person paying the support is not the absent parent please specify the relationship to yourself or the child.

I certify that the above information is true and complete Section 1001 of the Title 18 of the United States Code make it a criminal offense to make a willfully false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

 Signature of Parent

 Date

County of Prince William
 Commonwealth of Virginia

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

By _____.
 (Name of person signing document)

 Notary Public

Registration #: _____

My Commission Expires: _____

Certification of Zero Assets

1. I hereby certify that I **do not** individually possess any assets, defined as any of the following:
 - a) Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc.
 - b) Cash value of revocable trusts available to the applicant.
 - c) Equity in real property or other capital investments.
 - d) Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts.
 - e) Individual retirement and Keogh accounts (even though withdrawal would result in a penalty).
 - f) Retirement and pension funds.
 - g) Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).
 - h) Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.
 - i) Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.
 - j) Mortgages or deeds of trust held by an applicant.
2. There is no imminent change expected in my financial status with regard to assets during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of assistance.

Signature of Applicant	Printed Name of Applicant	Date
------------------------	---------------------------	------

Signature of CPD Specialist	Printed Name of CPD Specialist	Date
-----------------------------	--------------------------------	------

Acknowledged before me on the _____ day of _____

Signature _____ Printed name _____

Notary public, State of Virginia, County of _____

My commission _____

expires _____

Commission # _____