



Revitalize
Community Development Corporation

***Property Owner Application & In-Take Forms
for
Veterans Housing Rehabilitation and
Modification Pilot Program***

Support for this program is provided by:



Revitalize Community Development Corporation

1145 Main Street, Suite 107

Springfield, MA 01103

Tel: 413-788-0014 www.RevitalizeCDC.com

Updated February 14, 2020





Revitalize CDC
Rebuilding Our Community Since 1992

***Housing Rehabilitation &
Modification Program***

(413)-788-0014 | www.RevitalizeCDC.com

Dear Potential Recipient,

Thank you for your interest in the Housing Rehabilitation & Modification Program! Since 1992, Revitalize Community Development Corporation has provided rehabilitation and critical repairs of the homes of low-income families with children, military veterans, and people with disabilities.

The Veterans Housing Rehabilitation & Modification Program will be used to provide eligible veterans and their families with critical home repairs and modifications. Critical home repairs will include interior or exterior work to alleviate critical health, life and safety issues; reconfiguration of space, modification for accessibility; or extension of plumbing, mechanical or electrical systems on an existing structure.

Revitalize CDC (RCDC) located in Massachusetts, is leading a partnership that includes: Bilingual Veterans' Outreach Centers of Massachusetts, Inc., Massachusetts Association of Community Development Corporations, Springfield Partners for Community Action and the Public Health Institute of Western Massachusetts.

We would like to thank you again for reaching out to Revitalize CDC. If you have any questions, feel free to contact us!

Sincerely,

Director of Programs

Ethel Griffin

VETERAN APPLICATION

A. General Information

You are a: Veteran Family Member of a Veteran

1. Last Name: _____ MI: _____ First: _____
2. Date of Birth: _____ Sex: Male Female
3. Ethnicity: Hispanic Non-Hispanic
4. Race:
 American- Indian Asian
 Black/ African American White
 Native Hawaiian/ Pacific Islander.
5. Current Address: _____
6. City, State, Zip Code: _____
7. Home Telephone: _____ Email: _____
8. How did you hear about the rehabilitation program? _____

B. VETERAN Information:

1. Do you have a copy of your **DD214** or **VA Medical Card**? Yes No
Please attach a copy of either to this application.
2. Branch of Service? _____
3. Rank: _____
4. Discharged: Honorable Other than Honorable
5. Theater of Operations: Iraq (Operation New Dawn) (Operation Iraqi Freedom)
 Afghanistan (Operation Enduring Freedom) Persian Gulf (Operation Desert Storm) Vietnam
 Korea WW2 Other Peace Keeping Operations: _____
 No to all the above
21. Combat: Yes No
23. Type of Injury: (if any): _____

C. Household Information

1. Status: Homeowner Do Not Own
if yes to "Do Not Own" then specify below

spouse child sibling parent spouse of child spouse of grandchild spouse of sibling

spouse of parent Other- please explain: _____

2. # of people living in the home: _____
3. Year Property Constructed: _____
4. Do you have flood insurance: Yes No

D. Scope of Work

Install Wheelchair Ramp	Insulation
Widen exterior and/or interior doors	Interior and/or exterior painting
Reconfigure or reequipping bathroom	Masonry Repairs
Removing doorway thresholds	Repairing or replacing steps and hand railings
Installing special lighting, outlets	Porch repair
Installing appropriate floor covering	Roof repair or replacement
Lowering countertops and cabinets	New energy-efficient windows or doors
Physical modifications for a bedroom or bath on first floor	Heating system repairs, duct sealing
Energy Star appliances	Energy audit including weatherization
Landscaping	Fire/safety
Electrical	Plumbing
Painting	Pest

Other:

1. Please describe the rehabilitation or modification to your home that you feel is needed:

2. Please describe how the above project will improve accessibility or safety in your home:

E. Financial Information

Contact Information for Verification of Income and Assets

Please provide contact information for all household employers and bank accounts.

Income

Employer Name: _____

Address: _____

Telephone: _____ Email: _____

Name of contact person: _____

F. Attachments Needed

Please submit the following information with your application.

- ___ A. Application
- ___ B. Income verification for Veteran household (for example: Pay stubs, SSI or SSDI benefit letter, pension statement, child supporter order, etc.). A waiver of confidentiality is attached. This must be filled out and returned so that we can obtain income information from those sources as listed and in order to determine your eligibility with this program. If self-employed, a certified IRS tax return must be provided. Call our office to receive Form 8821 (Request for Copy or Transcript of Tax Form). **IRS Form 1040 is REQUIRED**
- ___ C. Copy of government issued photo I.D.(s)
- ___ H. Copy of DD-214 or VA Medical Card

SUBMIT COPIES ONLY – NO ORIGINAL DOCUMENTS

CERTIFICATION STATEMENT

I understand that the information given in this application will be used only to determine eligibility for this program and will otherwise be treated as confidential. I consent to inspections of my property by program staff and building and other inspectors. I further state that the information in this application has been given freely and is true to the best of my knowledge. **It is my understanding that falsification of income information may lead to dismissal of the program.**

I certify that all statements are true, accurate and complete to the best of my knowledge and belief. This application shall remain the property of Revitalize CDC, to which it is submitted for the purpose of obtaining assistance.

I hereby consent to and authorize Revitalize CDC, after giving reasonable notice, to enter the property for the purpose of determining the need and scope of the repair(s) specified above. I authorize the disclosure of the above information to only those persons or agencies as necessary to secure the assistance for which this application is submitted

Signature

Date

(Note: All veterans and owners of record must sign below. For example, if you and your spouse jointly own your home, both of you must sign below.)

Signature

Date

Signature

Date

Signature

Date

AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

To: Revitalize Community Development Corporation
1145 Main Street, Suite 107
Springfield, MA 01103-2152

This is to notify recipient that I, _____, who reside at:
Name and last 4 of Social Security Number

(address) _____ here-by authorize the staff of

Revitalize Community Development Corporation to request my records and information about me, including the amount and source of my income for the time period: _____.

Signature Date

Signature Date

Revitalize Community Development Corporation Statement

Revitalize CDC promotes equal opportunity and non-discrimination in compliance with, but not limited to, the federal and state constitutions and legislation and regulations addressing discrimination, including the Fair Housing Act and implementing regulations at 24 CFR part 100, Title VI of the Civil Rights Act of 1964 and implementing regulations at 24 CFR part 1, Section 504 of the Rehabilitation Act of 1973 and implementing regulations at 24 CFR part 8, and the Age Discrimination Act and implementing regulations at 24 CFR part 146, Executive Order 11,063, Chapter 151B of the Massachusetts General Laws, and the Massachusetts Equal Rights Law, Mass. G.L. c. 93, 103.

In accordance with Federal civil rights law and RCDC policies, RCDC offices, board of directors, committee members and employees, participating in or administering RCDC programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity, sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, or political beliefs.

Revitalize CDC will not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, age, or disability.

