



Homeowner Assistance Fund Emergency Home Repair Application

Applicant Name: _____

Subject Property Address: _____

City: _____ State: _____ Zip: _____ County: _____

Type of House (Check One):

_____ Detached Single Family Home _____ Duplex _____ Townhome

_____ Condo _____ Manufactured/Mobile

Type of Critical Home Repair (Check all that apply):

_____ Accessibility Modifications _____ Environmental Remediation (Mold, Asbestos, Lead-Based Paint)

_____ Heating/Cooling _____ Electrical Repairs

_____ Plumbing/Septic Repairs _____ Roof Repair/Replacement

_____ Structural Issues _____ Other (please explain): _____

Amount requested (maximum \$10,000): _____

*The amount requested must be supported by a Contractor Bid Cover Sheet (page 2 of this application) and all required attachments from each contractor. Multiple contractor bids may be submitted, but the total of all bids cannot exceed \$10,000. The Fund reserves the right to reject bids from any contractor that has failed to satisfy the Emergency Home Repair requirements on other properties or that does not appear to be able to complete the quoted repairs in a reasonable time period.

Attestation: I, _____ (name of applicant), hereby certify that the requested repair is critical in nature and, if not repaired, would cause me to be involuntarily displaced from my residence.

Signature of Applicant

Printed Name

Contractor Bid Cover Sheet

Applicant Name: _____

Property Address: _____

Contractor Name: _____ Contractor Contact Name: _____

Phone #: _____ Email Address: _____

Contractor Scope of Work:

Payment preference (check one):

25% upfront and 75% upon submission of the EHR Completion of Work Form and supporting photos

100% upon submission of the EHR Completion of Work Form and supporting photos

Emergency Home Repairs can only be provided for critical home repairs that would cause the homeowner to be involuntarily displaced if not addressed. By signing below, the contractor is attesting that the requested repair appears to be critical in nature and, if not addressed, would cause the homeowner to be involuntarily displaced from their residence.

Further, the contractor agrees that if it selects the 25% upfront option above, it will be required to repay any funds advanced for the work described above if the Contractor fails to complete the work in a reasonable time period, as determined by the Fund.

Contractor acknowledges that it will be responsible to repay any funds that are disbursed for repairs if it is later determined by that the Fund that the repair work was not critical to preventing the displacement of the homeowner from their residence and that the contractor certified that the repairs were critical to circumvent the intent of the Emergency Repair Assistance requirements.

Contractor Signature

Printed Name

The following items MUST be submitted with this form for the application to be considered for approval:

1. Contractor bid on contractor's letterhead. The bid must include all costs associated with the scope of work outlined in the Bid Cover Sheet. The bid must also be no more than 60 days old and must include an expiration date.
2. Photos that clearly document the critical repair(s) needed.
3. Current WV Contractor License with appropriate trade classification(s) for the proposed scope of work.
4. Current Certificate of Liability Insurance with per occurrence limits equal to or greater than \$500,000.
5. Certificate of Existence from the West Virginia Secretary of State's Office.
6. Completed W-9 Form. The address on the W-9 is where payments will be sent.

EHR Completion of Work Form

By signing below, Owner/Applicant and Contractor agree that as of _____ (enter date), all repairs outlined in the scope of work have been completed.

Contractor Signature

Printed Name

Date

Owner/Applicant Signature

Printed Name

Date

Photos documenting the completion of work must be submitted with this form to receive final payment.