

Homeowner Assistance Fund Emergency Home Repair Application

Applicant Name:					
Subject Property Address:					
City:	_State:	_Zip:	County:		
Phone Number:		_ Email:			
Type of House (Check One):					
Detached Single Family Home		Duplex			Townhome
Condo		Manufac	tured/Mobile		
Type of Critical Home Repair (Check	all that app	ly):			
Accessibility Modifications	Enviror	nmental Remedi	ation (Mold, Asb	estos,	Lead-Based Paint)
Heating/Cooling	Electric	cal Repairs			
Plumbing/Septic Repairs	Roof R	epair/Replacem	ent		
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.

Contractor Bid Cover Sheet

Applicant Name:	
Property Address:	
Contractor Name:	Contractor Contact Name:
Phone #:	Email Address:
	Date:
Contractor Scope of Work:	

All participating contractors will receive 25% of their payment upfront upon approval of the applicant's home repair claim, and the remaining 75% will be issued once the work is completed. All payments will be issued via check directly to the contractor.

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

Date: _____

*This form MUST be signed by the contractor or authorized representative

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.
 - A Certificate of Existence can be purchased and printed directly from the WV Secretary of State's office at https://apps.wv.gov/SOS/BusinessEntitySearch/
- 6. Completed W-9 Form. The address on the W-9 is where payments will be sent.