



Date:

Dear Recipient Name,

Thank you for your interest in the Veterans Inc. Housing Rehabilitation and Modification Program! Veterans Inc. is New England's leading provider of supportive services for Veterans and their families.

The Veterans Housing Rehabilitation and Modification Program (VHRMP) is designed to modify and rehabilitate the primary residences of eligible veterans.

If you are interested in applying for the VHRMP, please complete this application packet and return it to us along with all the required documentation. Once your **completed** packet is received, Veterans Inc. will contact you to further the application process.

We'd like to thank you again for reaching out to Veterans Inc. If you have any questions or concerns, feel free to contact us!

Sincerely,

Veterans Inc Housing Rehabilitation and Modification Program Manager

Daniel Fuentes



**Housing Rehabilitation &
Modification Program Application**

Today's Date: _____

1. Last name: _____ MI: _____ First: _____

2. Date of Birth: _____ 3. Ethnicity: Hispanic Non-Hispanic

4. Sex: M F Other or no-preference

5. Primary Race:

- American Indian/Alaskan Native
- Asian
- Black/African American
- White
- Native Hawaiian/Pacific Islander

Secondary Race:

- American Indian/Alaskan Native
- Asian
- Black/African American
- White
- Native Hawaiian/Pacific Islander

6. Current Address: _____
Street City State Zip

7. Social Security #: _____

8. Marital Status: Single Married Separated Widowed Divorced

9. Email Address: _____ 10. Phone: _____

11. Referral Source: _____ 12. Phone: _____

Military Information

13. Do you have a Copy of Your DD214 or VA Medical Card: Yes No

14. Branch of Service: _____ 15. Service Dates: From _____ To _____

16. Military Status: Active Duty Veteran Reserve Component

17. Rank: Enlisted Officer 18. Military MOS: _____

19. Discharge: Honorable General Other Than Honorable Bad Conduct Dishonorable

20. Theater of Operations: Iraq (Operation New Dawn) Iraq (Operation Iraqi Freedom)

Afghanistan (Operation Enduring Freedom) Persian Gulf (Operation Desert Storm) Vietnam

Korea WWII Other Peace Keeping Operations _____

No to all the above

21. Combat: Yes No 22. Service connected Disability: Yes _____% No

23. Type of Injury (if any): _____

24. Post-9/11 Medals: Yes No

25. Housing Subsidy: Yes No

26. # of family members within age range: _____ 0-4 _____ 5-17 _____ 18-64 _____ 65+ _____

27. Domestic Violence Victim/Survivor: Yes No Refused

27a. If yes, currently fleeing: Yes No

27b. If yes, When: 0-3 months ago 3-6 months ago 6-12 months ago More than 1 year ago

Income

28. What is Your Total Monthly Income: \$ _____

29. Sources of Cash Benefits: Employment Disability Unemployment State Assistance Pension

Sources of Non-Cash Benefits: SNAP (Food Stamps) WIC Child Care Services
TANF Other

Legal

30. Have you been convicted of a crime: Yes No 31. Pending Charges? Yes No

Explain: _____

32. Guilty of: Arson Sex Offense

33. Currently On: Probation Parole

Primary Residence

34. Status: Homeowner Do Not Own

if yes to "Do Not Own" then specify below:

34b. Who Owns the Primary Residence?

spouse child grandchild sibling parent spouse of child spouse of grandchild spouse of sibling
 spouse of parent Other- please explain: _____

35. Home type: Single Family Home Duplex Multi-Dwelling

36. Year Property Constructed: _____ 37. Do you have flood insurance? Yes No

38. Please check items for which you are interested in receiving housing rehabilitation assistance. This list is only preliminary and is for informational purposes.

	Modifications for Accessibility		Insulation		landscaping
	Electrical		Roof		Energy efficiency
	Walls/Ceilings/Floors		Painting		Security
	Porch/Steps		Siding		Fire prevention
	Foundation/Structure		Windows		Pest treatment
	Plumbing		Masonry/Chimney		Other (Specify below)

Other: _____

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

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



VERIFICATION OF INCOME

Applicant Name: _____

Instructions for Employer/Payment Source Representative: This is to certify the income received by the above named individual for purposes of participating in the program. This information will be used only to determine the eligibility status and level of benefit of the household. **Complete only the selected section below that includes an authorization to release information.**

Please return this form to:

Name & Title: _____ Phone: _____

Address: _____ Fax: _____

Email: _____

Employment Income

Applicant Release: I hereby authorize the release of the following employment information.

Applicant Signature: _____ Date: _____

Employer representative to complete this section:

The person named above is employed by _____ since _____.

He/she is paid \$_____ on a _____ basis and is currently working an average of _____ hours per _____.

Additional compensation please specify (if any): _____

Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date: _____

Name, Title: _____

Address and Phone: _____

Payments and/or Benefit Income (complete one form for each distinct source of income for person named above)

- | | | |
|--|----------------------------|------------------------|
| CIRCLE ONE: Social Security/SSI | Pension/Retirement | TANF |
| Public Assistance | Unemployment Compensation | Workers Compensation |
| Alimony Payments | Foster Care Payments | Child Support Payments |
| Armed Forces Income | Other (pls. specify) _____ | |

Applicant Release: I hereby authorize the release of the following payment and/or benefit information.

Applicant Signature: _____ Date: _____

Payment source representative to complete this section:

Payments or benefits in the amount of \$_____ are paid on a _____ basis.

The expected duration of the payments or benefits is _____.

Authorized Payment Source Representative Signature: _____ Date: _____

Name, Title: _____

Address and Phone: _____



THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE
OF PUBLIC SAFETY AND SECURITY

Department of Criminal Justice Information Services 200 Arlington
Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
INTERNSHIP, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Veterans Inc. is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, interns, volunteers, subcontractors, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, intern, volunteer, subcontractor, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Veterans Inc.** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Veterans Inc.** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, INTERNSHIP, VOLUNTEER, AND LICENSING PURPOSES ONLY:

Veterans Inc. may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that **Veterans Inc.** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: _____ -- _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date



Home Assessment Acknowledgment Form

I understand that part of the application process is a Home Assessment in which a representative of Veterans Inc. will need to visit my home to verify the rehabilitation or modification requested on my application. _____ (initials)

I understand that this “Home Assessment” is required in order to complete the application, however it does not guarantee my home will be selected or approved for this program. _____ (initials)

I understand that I or someone over the age of 18 needs to be present during the “Home Assessment.” _____ (initials)

I understand that at no time will a representative of Veterans Inc. visit or enter my home without my consent. _____ (initials)

Applicant’s Signature

Date:

Veterans Housing Rehabilitation and Modification Program Eligibility



Applicant Name: _____

This document is to certify that the above-named applicant needs rehabilitation and or modifications to their primary residence. The Program manager also certifies that a comprehensive assessment was completed and that the findings are such that the above-named applicant needs rehabilitation and or modifications to their primary residence. (see attached assessment)

Applicant Certification

Under penalty of perjury I, _____ affirm the following statements to be true.

- a. I affirm that I am a Veteran as defined by 38 U.S.C 101.
- b. I affirm that I have accurately reported my family composition and total family income.
- c. I affirm that my household lacks the financial resources and support networks needed to rehabilitate and or modify my existing home.
- d. I affirm that I am disabled as defined by 42 U.S.C 12102.
- e. I affirm that all information on my application, supporting documentation, and any other documentation need for eligibility is correct and accurate.
- f. I affirm that I intend the home to continue to be my primary residence for at **least five years** after the rehabilitation or modification is completed.

Applicant's Signature

Date:

Program Manager Certification

Under penalty of perjury I, _____ affirm the following statements to be true.

- a. Upon completion of a comprehensive assessment I affirm that the above-named applicant needs rehabilitation and or modifications to their primary residence.
- b. Upon completion of a thorough assessment, I affirm that the above-named applicant lacks the financial resources and support networks needed to rehabilitate and or modify their existing home.
- c. I certify that I have completed a thorough assessment, including an in-home assessment, income and disability verifications and believe that the above-named applicant needs rehabilitation and or modifications to their primary residence.

Program Manager's Signature

Date:

As 9/23/2019

VHRMP Low-Income (80%) Limit by State(not county)

FY 2019 Low-Income (80%) Limit (LIL) Massachusetts

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
52,850	60,400	67,950	75,500	81,550	87,600	93,600	99,650

FY 2019 Low-Income (80%) Limit (LIL) Maine

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
40,650	46,450	52,250	58,100	62,750	67,350	72,000	76,650

FY 2019 Low-Income (80%) Limit (LIL) Connecticut

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
52,850	60,400	67,950	75,500	81,550	87,600	93,600	99,650

FY 2019 Low-Income (80%) Limit (LIL) Vermont

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
44,500	50,900	57,250	63,600	68,700	73,800	78,850	83,950

FY 2019 Low-Income (80%) Limit (LIL) Rhode Island

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
46,350	53,000	59,600	66,250	71,550	76,850	82,150	87,450

FY 2019 Low-Income (80%) Limit (LIL) New Hampshire

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
51,600	58,950	66,300	73,700	79,550	85,450	91,350	97,250
