



**Revitalize CDC**



***Application  
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](http://www.RevitalizeCDC.com)

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***Housing Rehabilitation &  
Modification Program***

**Revitalize CDC**

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Rebuilding Our Community Since 1992

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,

*Ethel Griffin*

Director of Programs

**The following documents are required to consider the application complete.**

*Please note that in order for Veterans to qualify for this grant, they must have an*

*“Honorable Discharge” status listed on their DD214.*

- A. Application
- B. Copy of government issued photo I.D.(s) such as a Driver’s License
- C. Copy of DD-214
- D. Annual Award Letter that is used for tax abatement (if issued to veteran)
- E. Proof of income: this may include Retirement, Disability, SSI, pay stubs, etc.
- F. Tax Return- Most recent tax return

# VETERAN APPLICATION

## A. General Information

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  Other: \_\_\_\_\_

5. Do you have a disability?  Yes  No

If Yes, please explain: \_\_\_\_\_

6. Current Address:

7. City, State, Zip Code:

8. Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

9. How did you hear about the rehabilitation program? \_\_\_\_\_

## B. VETERAN Information:

1. Branch of Service? \_\_\_\_\_

2. Rank: \_\_\_\_\_

3. Discharged:  Honorable  Other than Honorable

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

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

WW2  Other Peacekeeping Operations: \_\_\_\_\_  No to all

the above

5. Combat:  Yes  No

6. Type of Injury: (if any): \_\_\_\_\_

**C. Household Information**

1. Status:  Homeowner  Do Not Own  
if yes to "Do Not Own" then specify who does own the home 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: \_\_\_\_\_ Year Property Constructed: \_\_\_\_\_

3. Do you have Flood Insurance for your property?  Yes  No

**D. Scope of Work**

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

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

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**E. Monthly Income (Veterans Income)**

Please submit application with your proof of income and most recent tax return

Salary: \$\_\_\_\_\_

Retirement: \$\_\_\_\_\_

SSI/ Disability:\$\_\_\_\_\_

Rental Income: \$\_\_\_\_\_

Other: \$\_\_\_\_\_

Total Income \$\_\_\_\_\_

In accordance with Federal civil rights law and Revitalize CDC policies, Revitalize CDC offices, board of directors, committee members and employees, participating in or administering Revitalize CDC programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, or political beliefs. Form Effective FY2019

## F. Attachments Required

Please submit the following information with your application.

- A. Application
- B. Copy of government issued photo I.D.(s) such as a Driver's License
- C. Copy of DD-214
- D. Annual Award Letter that is used for tax abatement (if issued to veteran)
- E. Proof of income: this may include paystubs, bank statements, etc.
- F. Tax Return- Most recent tax return

### 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 intention to continue to live in this home as my Primary Residence for at least five years after the rehabilitation or modification is completed.

**It is my understanding that falsification of income information may lead to dismissal from 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.)

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature Date \_\_\_\_\_ 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.

