

TURNOVER PROGRAM

 <p>COST COVERED 100%</p>	<h3>What is the Turnover Program?</h3>	<p>The Turnover Program is designed to help organizations quickly prepare units that need new flooring and paint before new tenants can move in. <i>The program focuses on replacing carpet with vinyl planking, which has a higher upfront cost but is far more durable and easier to keep clean—meaning long-term savings for HomeAid partners and dignified, healthy housing for your clients.</i></p>
 <p>COST COVERED 100%</p>	<h3>How much does it cost?</h3>	<p>Turnovers are fully funded by HomeAid and FREE to our partners.</p>
 <p>COST COVERED 100%</p>	<h3>Who can apply?</h3>	<p>Non-profit housing providers who have a unit that needs both new flooring and new paint—and only new flooring and paint—before the next client can move in.</p> <p>If significant drywall repairs are needed, the organization can apply after the drywall repairs have been taken care of.</p> <p>If there are more significant renovations needed (new kitchen/bathrooms, etc.), you should apply to our Shelter Care Program.</p> <p>All units should be vacant and ready for new flooring and paint with a lockbox for easy access for our trade partners when you submit your application.</p>
 <p>COST COVERED 100%</p>	<h3>How long does it take?</h3>	<p>The process takes a few weeks from start to finish.</p>
 <p>COST COVERED 100%</p>	<h3>What is the process</h3>	<p>After receiving a completed application, HomeAid will review it and complete a walk-through of the unit if needed. After the application is approved, HomeAid will contact flooring and paint contractors, schedule a time to measure the space, and complete the work. HomeAid will notify you once it is finished.</p>
	<h3>How do I apply?</h3>	<p>Complete the application <i>below</i> and return to HomeAid Executive Director & CEO Kristyn Burr at kburr@homeaidnova.org.</p>



TURNOVER APPLICATION

The turnover program is a new HomeAid Northern Virginia initiative designed to help organizations prepare homes for new tenants by painting and replacing flooring. If your unit needs more substantial work beyond new paint/floors, you should complete a Shelter Care Application form instead.

Application Date:		Organization:	
Property Address:			
Project Contact:		Title:	
Phone:		Email:	
Is the property currently vacant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a lockbox currently on the unit?		<input type="checkbox"/> Yes (Code: _____)	<input type="checkbox"/> No
Timing of Repair (month/days, hours work can be performed):			
Work Required:			
<input type="checkbox"/> Flooring — I prefer: <input type="checkbox"/> Laminate/Planking* <input type="checkbox"/> Carpet Reason for requesting carpet: _____ <small>*Preferred by HANV due to durability</small>			
<input type="checkbox"/> Painting			
SECTION I: PROPERTY INFORMATION			
Square Footage of Unit:		Year Built:	
Type of Property: <input type="checkbox"/> Single Family Home <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____			
Property is used as: <input type="checkbox"/> Emergency <input type="checkbox"/> Transitional <input type="checkbox"/> Permanent Supportive <input type="checkbox"/> Affordable Housing			
How many does this unit serve monthly? # of families: _____ # of individuals: _____ # of children: _____			
Do you know who will be moving in after completion of the project? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION II: ORGANIZATION DETAILS			
Organization Mission:			
Type of Clientele Served (check all that apply): <input type="checkbox"/> single adults (M / F) <input type="checkbox"/> families (with children) that apply): <input type="checkbox"/> other: _____			
Age of Client Served (check all that apply): <input type="checkbox"/> 0 - 12 <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 19 - 25 <input type="checkbox"/> 26 - 40 <input type="checkbox"/> 40 - 60 <input type="checkbox"/> 60+			
Reasons your clients became homeless (check all that apply): <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical Disability <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Chronic Health Problem <input type="checkbox"/> Job Loss <input type="checkbox"/> Financial Difficulty <input type="checkbox"/> Other: _____			
Jurisdictions Served (check all that apply): <input type="checkbox"/> Arlington <input type="checkbox"/> Loudoun <input type="checkbox"/> Fauquier <input type="checkbox"/> Fairfax (including City of Fairfax & Falls Church) <input type="checkbox"/> Prince William <input type="checkbox"/> City of Alexandria <input type="checkbox"/> Other Virginia <input type="checkbox"/> Maryland <input type="checkbox"/> Washington, DC			
<p>Please return completed application to: Kristyn Burr, HomeAid Executive Director & CEO kburr@homeaidnova.org</p>			
For HomeAid Use Only			
Application Received:		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Flooring Contractor:			
Contacted:		Completed:	
Painter:			
Contacted:		Completed:	