Home Modification Assistance Program

The Beatrice Jones Foundation accepts requests from eligible Virginia residents who need modest home modifications or safety equipment to remain safely and independently in their primary residence. Assistance may include a home needs assessment and approved modifications at no cost to the applicant, subject to available funding, program capacity, and final approval.

Initial Eligibility Requirements

- Applicant resides in the state of Virginia.
- Requested work is for the applicant's primary residence.
- Applicant intends to remain in the home for at least two years, when reasonably possible.
- Household income is at or below the income limit used by the Foundation for the applicant's locality.
- The request is not fully covered by another program, insurance plan, landlord obligation, or other funding source.
- The home and proposed work can be safely assessed and completed by approved providers.

Examples of Eligible Work

- Grab bars and safety railings
- Raised toilet seats, shower chairs, and tub transfer benches
- Non-slip strips for tubs and stairs
- Lever-style doorknobs and faucets
- Furniture risers
- Improved lighting
- Minor floor repairs to address uneven surfaces
- Temporary or portable ramps

Required documents

Completed and signed application; proof of Virginia residence or occupancy; and proof of income for all adult household members. See page 2 for details.

Questions or submission instructions

support@tbjfoundation.org | 11357 Nuckols Rd., Suite 1386, Glen Allen, VA 23059

Contact the Foundation before sending financial records by email. Secure submission instructions may be provided.

Required Documentation

Provide copies only of documents that apply to the applicant and household members. Do not send original documents. The Foundation may request additional information to confirm eligibility or evaluate the proposed work.

Proof of Virginia Residence or Occupancy - provide one

Property deed; mortgage statement from the last 12 months; property tax receipt; homeowners insurance document; current lease or rental agreement; or another document accepted by the Foundation.

Proof of Total Household Income - all household members age 18 or older

Most recent federal tax return and the most recent two months of bank statements for accounts used to receive income. Statements should show deposits from reported income sources.

Social Security, SSI, or SSDI - if applicable

Most recent SSA-1099, current award letter, or Social Security benefit verification letter.

Pension or Annuity Income - if applicable

Current award letter, most recent Form 1099-R, or a pension statement issued within the last six months.

Employment or Self-Employment Income - if applicable

Three most recent pay stubs, most recent W-2 or 1099, or current business income documentation requested by the Foundation.

Investment, Rental, or Other Income - if applicable

Recent brokerage statement, 1099-INT or 1099-DIV, rental income records, or other documentation showing the source and amount.

Public Assistance or Veterans Benefits - if applicable

Current award or benefits letter, or an agency statement showing recent payments.

Privacy reminder

Applications may contain sensitive personal and financial information. Contact support@tbjfoundation.org for current submission instructions before transmitting documents electronically.

Home Modification Assistance Application

Section 1: Referral Information

If the applicant is completing this form, leave this section blank.

Full name

Home phone Cell phone

Email address

Relationship to applicant

Section 2: Applicant Information

Full name

Primary language

Home phone Cell phone

Email address

Section 3: Primary Contact Information

Complete this section only if the Foundation should contact someone other than the applicant about the request or to schedule visits.

Full name

Relationship to applicant

Home phone Cell phone

Email address

Preferred contact times

Household and Residence Information

Section 4: Household Information

Street address

City State ZIP code

☐ This is my primary residence.

☐ I own the home. ☐ I rent the home. ☐ Other arrangement.

How long have you lived at this address? years

Current housing assistance (check all that apply):

☐ Project-based rental assistance ☐ Tenant-based voucher

☐ Other housing assistance ☐ No housing assistance

If other, describe:

List every household member age 18 or older, including the applicant.

Full name	Age	Relationship to applicant

If more space is needed, attach a separate page with each person's name, age, relationship to the applicant, and income sources.

Income and Assets

Section 5A: Employment and Self-Employment Income

Do you or any adult household members receive employment or self-employment income?

☐ Yes ☐ No

For employment, report gross income before taxes. For self-employment, report net income after ordinary business expenses. Include full-time and part-time income for every adult household member. Attach additional pages if needed.

Household member	Employer / business	Length employed	Amount	Frequency	Annual total

Supporting documents

Provide the documentation listed on page 2 for each reported income source. The Foundation may ask for clarification or updated records during review.

Other Household Income

Section 5B: Other Income

Do you or any adult household members receive income from Social Security, SSI, SSDI, a pension, annuity, veterans benefits, public assistance, unemployment, workers compensation, rental property, investments, child support, alimony, or another source?

☐ Yes ☐ No

List every source of other income for all adult household members, including the applicant. Attach additional pages if needed and provide supporting documentation for each source.

Household member	Type of income	Amount	Frequency	Annual total

Additional information about household income or assets:

Demographic Information and Authorization

Section 6: Demographic Information

The following questions are optional and will not be used to discriminate in program decisions.

Gender (check one):

☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to answer

Other / self-describe: _____

Race or ethnicity (check all that apply):

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Another race or ethnicity
☐ Prefer not to answer

Section 7: Certification, Consent, and Authorization

I certify that the information in this application is true, accurate, and complete to the best of my knowledge. I understand that false, incomplete, or misleading information may result in denial or termination of assistance and may require repayment of funds or services improperly received.

I authorize The Beatrice Jones Foundation and its authorized service partners to verify information reasonably necessary to determine eligibility, including income, residence, occupancy, and available sources of assistance. I authorize them to contact me or the primary contact listed in this application about the request.

If my request proceeds, I consent to a home assessment by an authorized provider. The assessment may include photographs or video of areas related to the requested work. The Foundation will use application information to administer the program and coordinate services, subject to applicable law and its privacy practices.

Submission of this application does not guarantee eligibility, funding, approval, or completion of any requested work. Assistance is subject to review, available resources, program priorities, property conditions, and provider availability.

Printed name of applicant _____

Signature of applicant _____ Date _____

Preferred method for follow-up: _____