



## Land of Sky Regional Council

### OLDER ADULT HOME MODIFICATION PROGRAM (OAHMP)

#### Eligibility and Required Documentation

#### **What Is the Older Adult Home Modification Program?**

The Older Adult Home Modification Program (OAHMP) is a federally funded program that provides up to \$15,000.00 in home accessibility modifications (at no cost to the homeowner or renter), with the help of licensed Occupational Therapists (OT) or Certified Aging in Place Specialist (CAPS), to aid older adults in continuing to live independently and comfortably in their homes.

#### **Eligibility Requirements**

##### ***Applicant Requirements***

- Must be 62 years old or older.
- Must be a primary resident of the home or rental unit to be modified.
- Home or rental unit must be in Buncombe, Henderson, Madison, or Transylvania County in North Carolina.
- Name must appear on the home's deed/title or lease agreement and must have resided at the address for at least 12 months.
- Must provide proof of total household income, which must **not exceed 80% of Area Median Income (AMI)**, based on HUD's 2025 income limits (see table below).

#### ***2025 HUD Income Limits (80% Area Median Income (AMI))\****

Household Size	1	2	3	4	5
Max Income: Buncombe	\$52,150	\$59,600	\$67,050	\$74,500	\$80,500
Max Income: Henderson	\$52,150	\$59,600	\$67,050	\$74,500	\$80,500
Max Income: Madison	\$52,150	\$59,600	\$67,050	\$74,500	\$80,500
Max Income: Transylvania	\$47,040	\$53,760	\$60,480	\$67,280	\$72,640

\*

**\* Income limits are subject to change based on annual HUD updates.**

## Property Eligibility Requirements

To qualify, the property must be:

- Located in Buncombe, Henderson, Madison or Transylvania, North Carolina.
- A single-family home, manufactured home, town home, condo, apartment, duplex
- Owner-occupied or tenant-occupied with landlord consent.
- Current on property taxes and mortgage/rent payments.
- Must not exceed \$15,000 in total modification costs per household.
- All modifications/maintenance require approval based on a healthcare professional's assessment.

## Home Visit Requirements

- **Healthcare Professional Assessment:** A licensed healthcare professional (Occupational Therapist – OT or Certified Aging in Place Specialist - CAPS) assigned by our organization will conduct a comprehensive home visit to assess safety and accessibility needs. The healthcare professional must have access to all rooms in the home.
- **Contractor Cost Estimate:** A visit with a professional contractor or handy person assigned by our organization is necessary to obtain an accurate cost estimate for the recommended modifications. The contractor/handy person must have access to all rooms in the home. Only homes meeting both assessment and budget criteria will be approved.

## HOW TO APPLY

### **Step 1: Gather Required Documentation** (Please do not send originals.)

- **Proof of Age:**
  - Driver's License or Government-issued Photo ID.
- **Proof of Residency & Tenure:**
  - *For Homeowners:* Property deed, mobile home title, property tax statement, or mortgage statement showing your name.
  - *For Renters:* Signed rental lease showing your name with a minimum of 12 months' residency. The leasing company or landlord must sign a consent form for modifications.
- **Proof of Household Income: (Please submit all that apply)**
  - Two most recent pay stubs (for current employment income)
  - Most recent federal and state tax returns (for annual income verification)
  - Social Security award letter (for retirement and disability income)
  - Pension statements or documentation of other retirement income
  - Unemployment benefit statements (if applicable)
  - Supplemental Security Income (**SSI**) award letter

# APPLICATION FOR OLDER ADULT HOME MODIFICATION PROGRAM

All information provided will be used solely for the purpose of determining eligibility for the Older Adult Home Modification Program. Information will be treated as strictly confidential and used solely for program-related purposes. **Download this application if submitting electronically.**

## Applicant's Information:

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Gender:  F  M  Other

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Applicant's email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Divorced  Legally Separated

### Ethnicity/Race: (Required for Federal Funding Purposes)

Unknown

Hispanic/Latino

Not Hispanic/Latino

Asian

African American/Black

Caucasian/White

Pacific Islander

Mixed/Multiracial

Native American/Alaskan Native

Other

Disabled:  Yes  No

Homebound:  Yes  No

Receiving Medicaid:  Yes  No

Primary Language:  English  Spanish  Other Language

Have you received prior assistance in repairing your home?(Select one)  Yes  No

If yes, please describe \_\_\_\_\_

Veteran:  Yes  No

**Property Type:**

Single-Family Home     Mobile Home     Multi-Family     Other

**What year was your home built?** \_\_\_\_\_

**What is your housing status?**  Own/Buying  Renting

**If renting, what is your landlords name and phone number?**

\_\_\_\_\_

**How did you hear about the Older Adult Home Modification Program?**

\_\_\_\_\_

**How many people live in your household?** \_\_\_\_\_

**Household Information**

Name of each Household Member	Age	Relation to Head of Household	Gross Monthly Income

Please ensure that the information provided is accurate and up to date.

**\*\*Please provide a description of the physical issues you are currently facing, and difficulties you are having in the home (i.e. getting up off the toilet, moving around the kitchen, etc.). Your input will assist us in addressing specific issues and in understanding the scope of the necessary modifications.**

## ACKNOWLEDGMENTS

As an applicant for and potential recipient of the Older Adult Home Modification Program.  
I/we understand and agree to the following:

### Initials

- \_\_\_\_\_ **I/we certify** that I/we are 62 years of age or older or are applying on behalf of someone who meets the eligibility criteria for this program.
- \_\_\_\_\_ **I/we authorize** Land of Sky Regional Council and its agents to verify information provided in this application, including ownership, income, age, and eligibility documentation.
- \_\_\_\_\_ **I/we consent** to the sharing of necessary information with program partners, contractors, and HUD officials for the purposes of inspection, work planning, and program reporting.
- \_\_\_\_\_ **Federal Funding:** I/we acknowledge that the Older Adult Home Modification Program is funded by the **U.S. Department of Housing and Urban Development Office of Lead Hazard Control and Healthy Homes Older Adults Home Modification Grant Program** with federal funds. Any fraud or abuse of the program will be investigated and prosecuted under the applicable regulations.
- \_\_\_\_\_ **Home Access:** I/we will provide safe and reasonable access to our home for in-home assessments and any construction or repair work required by the program. This includes ensuring that pathways are clear, pets are secured, and that conditions inside the home allow staff and contractors to safely perform their work.
- \_\_\_\_\_ **Maximum Cost:** I/we acknowledge that the program has \$15,000 maximum for home repairs. If the repairs exceed the limit, the Older Adult Home Modification Program will prioritize the most critical repairs. The Older Adult Home Modification Program may refer me/us to other programs for repairs that exceed the limit.
- \_\_\_\_\_ **Photo Release:** As the owner(s) of the property listed in this application, I/we agree to allow photographs to be taken of my/our home before, during, and after repair assistance is provided. These photographs may be used by Land of Sky Regional Council and/or the **U.S. Department of Housing and Urban Development Office of Lead Hazard Control and Healthy Homes Older Adults Home Modification Grant Program**.
- \_\_\_\_\_ **Lead-Based Paint:** The pamphlet “Protect Your Family from Lead in Your Home” is accessible on the website at [Protect Your Family from Lead in Your Home \(English\) / US EPA](#). I/we have obtained and reviewed the pamphlet. If you need a printed copy of the pamphlet, please contact Jane Pies at 828-470-0257 or email us at [uahmp@landofsky.org](mailto:uahmp@landofsky.org).

**By signing below:**

1. I attest that the information provided in this application and attachments to this application are true and correct under penalty of law.
2. I understand that Land of Sky Regional Council may require additional information or documentation to process the application.

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

***\*\*The program is funded through the U.S. Department of Housing and Urban Development Office of Lead Hazard Control and Healthy Homes Older Adults Home Modification Grant Program***

After completing this application, please do one of the following:

**Email:** oahmp@landofsky.org

**Mail or drop off in-person at:**

Land of Sky Regional Council  
339 New Leicester Hwy, Suite 140  
Asheville, NC 28806

**Fax to:** 828-251-6353

**OR click the SUMBIT button below.**