



DANVILLE-PITTSYLVANIA COUNTY HABITAT FOR HUMANITY

AGING IN PLACE PROGRAM APPLICATION

What is Aging in Place?

Aging in Place is a program that partners with people aged 65 or older to make improvements to the safety, accessibility, or energy efficiency of the home.

Aging in Place is a movement to not only enable people to age safely in their homes but also to create an environment where older adults can continue to learn and contribute, develop relationships with people of all ages, maintain a healthy lifestyle, and live independently. At the end of the day, a livable community for older adults is a livable community for everyone.

Am I eligible?

You may qualify for the program if you meet the following criteria:

- You are 65 or older.
- You own and live in your home full-time (rental properties are not eligible for this program).
- Your home is in Danville or Pittsylvania County.
- Your income falls **below 60%** of the median income for Danville/Pittsylvania County.

**Pittsylvania County – Danville City 2024 Median Income**

Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
60% Income Limits	\$30,840	\$35,220	\$39,600	\$43,980	\$47,520	\$51,060	\$54,540	\$58,080

PO Box 718, Danville, VA 24543

email: [info@danvillehabitat.org](mailto:info@danvillehabitat.org)

2805 Riverside Drive, Danville, VA 24540

website: [www.danvillehabitat.org](http://www.danvillehabitat.org)

Phone: (434) 793-3630 Fax: (434) 483-2891



### **What kind of work will be done?**

A free assessment of the home will be completed by a Certified Aging in Place Specialist to recommend improvements to the home. Together, the homeowners and Habitat staff will decide on work to be completed, keeping in mind budget considerations.

The program focuses on making improvements to the safety, accessibility, or other minor repairs in homes. Example projects include installing handrails, ramps, comfort height toilets, lever door handles, and stair gates. Many projects focus on improving the safety of bathrooms by adding sliding shower seats, fitting tub cut-outs to make entry easier, and installing grab bars.

### **Who does the work?**

Our Certified Aging in Place Specialist and construction team will coordinate the work with trained volunteers and/or local companies.

### **What is the cost?**

Our Aging in Place program is funded by donations from our gracious supporters including individuals, churches, local businesses, and grant funding. Aging in Place projects have a maximum cost of \$1,000 per project at this time.

### **How do I apply?**

Complete the attached application and submit this document, along with accompanying verification information, to Southern Area Agency on Aging (SAAA), ATTN: Judy Worley, 204 Cleveland Avenue, Martinsville, VA 24112, (276) 632-6442. SAAA will process the application, verify eligibility for the program, and provide referrals to Danville-Pittsylvania County Habitat for Humanity to complete the work.

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**What additional information do I need to provide with my application?**

- Proof of age (copies of driver’s license, identification card, or birth certificate)
- Proof of income (Social Security Benefit Letter for current year (SSA Benefit Letter); Supplemental Security Income benefit letter (SSI Benefit Letter); Pension; Paystub for 1 month earned income; Copy of a recent bank statement showing direct deposit)
- Proof of homeownership

**Where can I find more information?**

Contact Krystal Davis, Danville-Pittsylvania County Habitat for Humanity at (434) 793-3630 or email [krystal@danvillehabitat.org](mailto:krystal@danvillehabitat.org). Visit our website at <https://danvillehabitat.org/services/aging-in-place/>.

Does the applicant own this home?       Yes     No

What type of residence does the applicant own?     Site Built     Mobile Home  
 Duplex     Quadplex     Condo     Apartment

Is anyone in the home physically or mentally disabled?     Yes     No

**REPAIRS**

What types of repairs are needed on the applicant’s home?

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How long has the applicant been in need of these repairs? \_\_\_\_ Years \_\_\_\_ Months

Owner: \_\_\_\_\_

Applicant (if different from above): \_\_\_\_\_

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

City/County (if applicable): \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number (home or cell): \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Beginning with the owner, please list every person, including children, living in the household and complete the corresponding information requested.

First & Last Name of Applicant or Household Member	Annual Income	Age	Relationship to Head of Household

Total Number of Household Members: \_\_\_\_\_

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Have you attached the following documents:

DOCUMENT	YES	NO
Proof of age		
Proof of income		
Proof of homeownership		

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