



Homeowner Application

Date of application _____

Section 1: Homeowner Information

Please include area codes

Name of Homeowner(Applicant): _____ Home telephone: _____
 Address: _____ Work telephone: _____
 City: _____ State: _____ Zip: _____ Mobile telephone: _____
 Neighborhood Name: _____ Email address: _____

Please list the name and telephone number of a person to contact in case of an emergency.

Name: _____
 Telephone: _____

Please list the name and telephone number for any social/caseworker used by your family.

Name: _____
 Telephone: _____

Authorized to represent the homeowner? Yes No

Applicant Date of Birth: _____ Current Age: _____

Please check applicant's ethnicity

- White African American American Indian
 Hispanic Alaskan Native Middle Eastern
 Asian/Pacific Islander Other _____

Interpreter needed ?

- No Yes, please specify language _____

Female head of household? Yes No

Is any household member currently serving in the military or a military veteran?

- No Yes, please specify name, branch and status _____

List the names and ages of all people living in the home including renters (attach a separate sheet if more space is needed).
 Total number of people living in home: _____

Name	Age	Ethnicity	M or F	Disability	Relationship
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2: Special Needs

Does anyone in the home live with a disability? Please check all that apply and indicate who:

- Hearing limitations _____ Sight limitations _____ Uses a wheelchair _____
 Uses a walker, cane or crutches _____ Mental disability _____ Other _____

Comments: _____

Section 3: Application History

Have you applied to Rebuilding Together in the past? Yes No What year(s)? _____

Has Rebuilding Together done work at your home in the past? Yes No What year(s)? _____

How did you hear about Rebuilding Together? TV Radio Flyer Friend Neighbor
 Neighborhood organization Other _____

Section 4: House Information

Name(s) listed on Property Deed _____

Is this deed in a living or family trust? Yes No Number of years homeowner has lived at this address: _____

Has the property been cited for any building or health code violations? Yes No *(If yes, attach copy of notification.)*

Are you able to provide a copy of the last 12 months of energy bills? Yes No

Name of energy/utility company: _____

Do you have homeowners insurance? Yes No Is your homeowners insurance current? Yes No

Is there a mortgage on this home? Yes No Name of mortgage company _____

Have you missed a mortgage payment over the last 12 months? Yes No If yes, how many? _____

Are you a member of a homeowners association? Yes No

Name and telephone number for association: _____

Section 5: Type of repairs to be considered.

The work requested will be considered based on priority, addressing safety, warmth and independence.

Type of Repair	Repair needed	Brief description/location in home (use separate paper if needed)
Carpentry repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type and where: (ex: doors, floors, porches, steps, cabinets, etc.)
Electrical repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Exposed wire. Where: <input type="checkbox"/> Outlets/Switches don't work. Where:
Plumbing repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Leaking. Where:
Energy Efficiency: insulation, caulking, furnace, thermostat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Windows <input type="checkbox"/> Broken <input type="checkbox"/> Need replacement How many?
Painting/wall repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior List locations:
Roofing repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Leaking. Where: <input type="checkbox"/> Gutters/soffits
Appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No	
General cleaning & Yard work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Safe at Home & Accessibility: Grab bars, wheelchair ramps, handrails, shower seats, security	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		
Other		

Please list the repairs that are most important to you and that you feel need immediate attention.

1. _____

2. _____

3. _____

Section 6: Personal Statement

Please write a brief explanation of why you feel you should be selected for the Home Repair program and how it will help you and/or your family (use separate paper if needed.)

Section 7: Income Verification

Please fill in the chart below and provide documentation to verify this information. A copy of each household member's income tax return or statement of benefits is **REQUIRED**. Information provided below must include annual income of all household members.

Name	Wages/Salary (or unemplymnt benefits)	Social Security	Disability Benefit	Other (Pension, child support)	Gross Adjusted Income ANNUAL (Monthly x 12)
Totals					

Please list special circumstances regarding expenses within your household such as home health care, hospital costs, medication expenses, etc.: _____

Please list the name of any member of your household who is unemployed (Do not include individuals in grades K-12, retired individuals, or those receiving Social Security): _____

Are there any renters residing in your home? Yes No If yes, how many? _____

How much rent is paid to you on a monthly basis? \$ _____

Section 8: Verification Documents Required

All applications MUST include copies of these REQUIRED documents to be considered for program services.*

- Proof of homeownership** – such as the deed or property tax receipt; must show the name and address of the applicant.
- Proof of current homeowner's insurance** - showing Homeowner's name, address and dates of coverage.
- Proof of income** - such as most recent income tax statement for each person over the age of 18 living in the home - showing Adjusted Gross Income is all that's necessary. For your privacy, please block out any social security numbers. If a resident did not file a return last year or is now working, please provide a statement for all earned income (including social security, disability or other benefits; payment stubs from employers, etc.) or proof of student status.
- Energy Efficiency repair requests ONLY.** Copies of energy bills for the home from the past 12 months.

Please mail ALL documents with completed application to ensure prompt consideration:

1050 SE 33rd Ave. T: 651-776-4273
 Minneapolis, MN 55414 F: 612-767-8578
 RebuildingTogether-TwinCities.org 578

**The final decisions on all home repair requests are based on Rebuilding Together Twin Cities Home Repair Program resources and will be made at the discretion of the organization. Please allow 4-6 months for processing and final decisions from date of completed application receipt. Once eligibility is determined, the Homeowner will be contacted directly by the Rebuilding Together Twin Cities Program Manager to schedule a follow-up appointment to preview the site and determine further consideration of repairs. At that time, the Homeowner will receive additional information regarding the program services and schedules. Please contact the Home Repair Program Manager with additional questions at 651-776-4273.*

Section 9: Homeowner Agreement

Rebuilding Together Twin Cities provides home repairs for income-eligible homeowners who are unable to do the work themselves. You, as the Homeowner(s) understand and affirm the following (please initial next to each item):

- _____ Homeowner(s) will not be charged for the work performed on the home.
- _____ It is Homeowners' intention to remain in the home, barring catastrophic illness or death, for a minimum of (5) five years after completion of repair work performed
- _____ Homeowner(s) will be responsible for reimbursing the cost of supplies and labor to Rebuilding Together Twin Cities if Homeowner(s) sells, rents or accepts a contract for sale of the home while work is being completed by Rebuilding Together Twin Cities or within (5) five years after such work is completed.
- _____ The labor will be performed by skilled & unskilled volunteers.
- _____ None of the work done is warranted or guaranteed.
- _____ The work to be done will be that previously discussed with Homeowner(s) by a representative of the Rebuilding Together Twin Cities volunteer work crew and Homeowner(s) understand that there is no guarantee as to the amount of work which Rebuilding Together Twin Cities may complete.
- _____ In consideration of the work to be performed free of charge by the volunteers organized by Rebuilding Together Twin Cities for the benefit of the Homeowner(s) and home, and in light of the aims and purposes of the community service provided by Rebuilding Together Twin Cities in organizing this home repair and renovation program, Homeowner(s) agree to release and hold Rebuilding Together Twin Cities, its officers and directors, employees, agents and volunteers harmless from any cause of action, claim or suit arising from such work.
- _____ Homeowner(s) does not object to photographs of the volunteers, their home or themselves taken while work is being performed at their home. Homeowner(s) furthermore give permission for media and sponsors to use their name, photo image, and any verbal and written comments made in conjunction with the rehabilitation of their home to promote the work of Rebuilding Together Twin Cities to help others live in safety, warmth and independence.
- _____ Homeowner(s) is required to be ON SITE during all scheduled project work days. Homeowner(s) and any able-bodied family member will work alongside the volunteer group to make necessary repairs to the home.
- _____ Homeowner(s) understand that if Homeowner(s), any family member or visitor to the home disrupts the work of the volunteers, refuses to help or leave the site during the workday, Rebuilding Together Twin Cities will not perform or complete repairs on the home.
- _____ Homeowner(s) are aware that Rebuilding Together Twin Cities may need to remove, discard or relocate objects within the home to enable the individual and/or family members to remain living in a safe, sanitary and healthy environment.
- _____ Homeowner(s) understand that if the volunteers are placed in an unsafe work environment that Rebuilding Together Twin Cities will not perform or complete the repairs on the home.
- _____ Homeowner(s) allow Rebuilding Together Twin Cities to check the validity of the personal information they have provided to the program that is required to establish their eligibility for this service.

Homeowner(s) do swear that my total household income, including all members residing within my home is \$ _____.

Homeowner(s) certifies that the information on this application is accurate and that Homeowner(s) owns the property at the address given on this application. Homeowner(s) hereby releases Rebuilding Together Twin Cities and all associated with it from any and all liability whatsoever.

Homeowner(s) Signature _____ Date _____

Homeowner(s) Signature _____ Date _____

Preparer Signature* _____ Date _____

** If you are not the homeowner, but are assisting the homeowner(s) in completing this application, then please provide the following information in addition to your signature:*

Relationship to the homeowner: _____ Phone: _____

Print Name: _____ Email: _____