

Homeowner Application

Rebuilding Together's Safe at Home Program provides home safety or accessibility modifications for low-income homeowners who are older adults or are living with a disability. Often, they are faced with the prospect of losing their independence as the result of needing a home safety or accessibility modification that they are unable to address. Rebuilding Together provides these services at no cost to qualified homeowners whose household income is at or below 50% of median area income. Our volunteers typically work for **approximately four hours on one day**. Rebuilding Together may not be able to make all requested repairs or modifications.

Did You Know?

- #1** Falls are the leading cause of injury among older adults in Minnesota.
- 1/3** More than 1/3 of older adults fall each year in the United States.
- 1/2** For people over the age of 65, more than half of all falls happen at home.
- 4hrs** Most safety and accessibility modifications can be completed by our volunteers in less than 4 hours.

Testimonials

“Thank you so much for your help...I can finally take a good shower without the fear of falling. I hope you can help other older people like me feel safe at home.”

- Sandy, 68, St. Paul

“Because of the handrails that were installed outside of my mother's home, I'm confident she will be able to get in and out of the house with ease for many more years.”

- Jenn, 34, Minneapolis

For Questions Call:

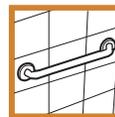
651.776.4273

Mail Complete Application to:

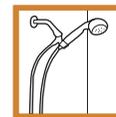
1050 SE 33rd Ave. Minneapolis, MN 55414

Safe At Home Task List

Bathroom



Grab Bars



Handheld Shower Nozzle



Raised Toilet Seat



Non-Slip Bath Treads



Shower Chair

Stairs and Hallways



No Slip Stair Treads



Install/Reinforce Indoor and Outdoor Railings

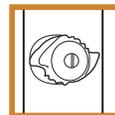
General Accessibility



Remove Trip Hazards



Reorganize Cabinets



Great Grips

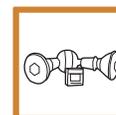


Install Lever Door Handles (Primary Interior Doors)

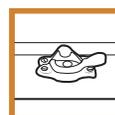
Fire Safety and Security



Install/Replace Doorbell



Outdoor Motion Light



Window and Door Locks



Smoke and Carbon Monoxide Detectors



Homeowner Application

Section 1: Homeowner Information

Name of Homeowner:			Age:	
Name of Homeowner:			Age:	
Address:		City:	State:	Zip:
Neighborhood:		Female Head of Household?		Y N
Primary Phone:		Secondary Phone:		
Email Address:				

List the names and ages of **all** people living in the home. (Including the applicant)

Name	Age	Ethnicity	M or F	Disability	Relationship
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	

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

Is an interpreter needed? _____ If yes, Please specify language _____

Have you applied to Rebuilding Together in the past? Y N

Has your home been selected for repairs in the past? Y N

How did you hear about Rebuilding Together? _____

Section 2: Special Needs

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

<input type="checkbox"/> Uses a walker, cane or crutches	<input type="checkbox"/> Sight Limitations
<input type="checkbox"/> Uses a wheel chair	<input type="checkbox"/> Hearing Limitations
<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Other (please describe):

Section 3: Safety and Accessibility Assessment

Bathroom		
• Can you get in and out of your shower or bathtub with ease?	Y	N
• Are you able to stand or sit in your shower safely?	Y	N
• Are you able to get on and off of your toilet with ease?	Y	N
Stairs and Hallways		
• Can you navigate steps easily?	Y	N
• Are there securely mounted handrails in your stairwells?	Y	N
General Accessibility		
• Are your living areas free of any trip hazards, loose rugs, or clutter?	Y	N
• Are you able to reach commonly used items easily?	Y	N
• Are you able to grip handles to open doors or faucets with ease?	Y	N
• Are you able to complete daily activities without the fear of falling?	Y	N
• Can you easily get in and out of your home?	Y	N
Fire Safety and Security		
• Do you have a working doorbell?	Y	N
• Do you have working locks on all your doors and windows?	Y	N
• How many working Smoke Detectors do you have?		_____
• How many working Carbon Monoxide Detectors do you have?		_____

Of the safety devices and tasks listed below, please list the four you believe are most needed:

1. _____ 2. _____
 3. _____ 4. _____

Bathroom	Stairs and Hallways	General Accessibility	Fire Safety and Security
- Grab Bars - Raised Toilet Seats - Shower Stools - Handheld Shower Nozzle - Install Non-slip Bath Treads	- Install/Reinforce Railings - Install Non-slip Stair Treads	- Reorganize Cabinets - Remove Trip Hazards - Install Great Grips - Install Lever Door Handles (Primary Interior Doors)	- Outdoor Motion Light - Doorbell - Door and Window Locks - Smoke & Carbon Monoxide Detectors

Section 4: House Information

Name(s) listed on the Property Deed _____

Is the deed in a living or family trust? Y N How long have you lived here? _____

Do you have homeowners insurance? Y N Is it current? Y N

Is there a mortgage on the home? Y N Name of Mortgage Company _____

Are you a member of a homeowners association? Y N

Name and telephone number for association: _____

Section 5: Income Verification

Please list all income types for each member of the household age 18 and older. Attach another sheet if necessary.

Name	Income Type	Amount	Annual Gross Adjusted Income (Monthly x 12)

Section 6: Verification Documents Required

Remember to include the following:

<input type="checkbox"/> Proof of Homeownership - Such as deed or property tax receipt; must show name and address of applicant.
<input type="checkbox"/> Proof of Homeowner's Insurance - Must be the policy showing current coverage, and name and address of applicant. A bill or statement showing an escrow payment will not be accepted. If you need to obtain a copy of your policy, please contact your insurance provider.
<input type="checkbox"/> Statement(s) Verifying Income - A Tax Return Statement for each adult. (Only the page showing Adjusted Gross Income (AGI) is necessary. For your privacy, please block out any social security numbers.) If you have not filed tax returns in the past year, please attach all income statements for every adult, including social security, disability or other benefits, payment stubs from employer, etc., or proof of current student status.

Section 7: Homeowner Agreement

Please list the contact information for any <i>referring agency</i> that assisted with this application.		
Name:	Primary Phone:	E-mail Address:
Is this person authorized to represent the homeowner?		Y N

Please list the name and telephone number of a person to contact in an <i>emergency</i> .	
Name:	Primary Phone:

<p>I certify that the information on this application is accurate and that I own the property at the address given. I have no present intention to move or offer my home for sale for two years. I confirm that any physically able persons residing in my home or visiting for the project day will work alongside the Rebuilding Together volunteers. I confirm that except for the conditions listed, my home is a safe place for volunteers. If volunteers are placed in an unsafe environment, Rebuilding Together reserves the right to remove volunteers at our discretion.</p> <p>I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that REBUILDING TOGETHER MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby release Rebuilding Together and all associated with it from any and all liability whatsoever.</p>	
Signature of Homeowner:	Date:

Please mail completed application *with all verification documents* to the address below:

Rebuilding Together Twin Cities
 Safe at Home Application
 1050 SE 33rd Ave.
 Minneapolis, MN 55414

Or, FAX materials to 612-767-8578

