

## Repairing homes. *Rebuilding lives.*

Bringing volunteers and communities together to improve the homes and lives of homeowners in need.

651-776-4273

[RebuildingTogether-TwinCities.org](http://RebuildingTogether-TwinCities.org)

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### What We Do

The mission of **Rebuilding Together Twin Cities** is to bring volunteers and communities together to improve the homes and lives of low-income homeowners. This service ensures that these homeowners – particularly older adults, individuals living with a disability, families with children and active and retired members of the armed services – live independently in safe and healthy homes.

An affiliate of the national Rebuilding Together organization, Rebuilding Together Twin Cities has been preserving and revitalizing homes and communities in the metropolitan area since 1997. In the years since its founding, Rebuilding Together Twin Cities has renovated and revitalized 597 homes and 33 nonprofit centers with the help of more than 8,000 volunteers, providing more than \$7 million worth of improvements and bringing hope and renewed pride to neighborhoods throughout the Twin Cities.

We work year round to preserve affordable homeownership, build healthy neighborhoods and ensure that homeowners in need can live independently in safe and healthy homes.

### Accessibility Services:

- **Safe at Home Program** provides volunteer-delivered safety, fall prevention and entrance access modifications for older adults or those living with a disability so that they can continue to live in safety and independence in their own homes.
- **Accessibility Modifications Program** provides larger, contractor-delivered environmental home modifications such as doorway widening and kitchen or bathroom renovations to enable aging-in-place and single-level living.

### Livability Services:

- **Home Repair Program** creates healthier, more livable homes by providing volunteer-delivered repairs including weatherizing, cleaning, installing flooring, patching and painting, siding, landscaping, and almost anything that restores the homeowners' independence, safety and security.
- **Critical Repair Program** provides timely contractor-delivered repair or replacement of essential systems such as HVAC, electrical, plumbing, outer envelope and roofs that are critical to healthy, livable homes.

### Community Services:

- **Nonprofit Facility/Community Beautification** fosters vibrant communities by providing safe and welcoming spaces for communities to gather. Projects include renovation and beautification work for community centers, schools, supportive housing facilities and outdoor community spaces.
- **Real Estate Owned (REO)** transforms donated vacant homes into safe, healthy and affordable housing for qualified homeowners who earn less than 120% of the area median income. Proceeds from the sale of these professionally-rehabilitated homes are invested back into Rebuilding Together programs.

### Homeowner Qualifications

Applicants must own or make mortgage payments on the home for which they are applying, be up-to-date on tax payments, and have homeowners insurance. Applicants must reside in their home and live within our service area. The household income must be at or below 50% of area median income. And, at least one resident in the home must be an older adult (55+), an individual living with a disability, a child under the age of 18 or an active or retired member of the armed services.



# Homeowner Application

Date of application: \_\_\_\_\_

## Section 1: Homeowner Information

Homeowner Name(s) (applicants) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Neighborhood: \_\_\_\_\_ Mobile: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

<p>Please list the name and phone number of a person to contact in case of emergency.          Name: _____          Phone: _____</p> <p>Please list the name and phone number of any social/caseworker used by your family.          Name: _____          Phone: _____</p> <p>Authorized to represent the homeowner?    Y    N</p> <p>How did you hear about Rebuilding Together Twin Cities?          _____</p> <p>Have you applied for our services in the past?    Y    N</p> <p>Has Rebuilding done work on your home?    Y    N</p>	<p>Applicant Date of Birth: _____</p> <p>Applicant's Ethnicity: Hispanic    Not Hispanic</p> <p>Applicant's Race: (Circle one)          White    African American / Black          American Indian or Native Alaskan          Asian    Native Hawaiian / Pacific Islander</p> <p>Other: _____</p> <p>Interpreter Needed?    Y    N    Language: _____</p> <p>Female head of household? Y    N    Single parent: Y    N</p> <p>Is any household member currently serving in the military or a military veteran?          Y    N    Please specify name, branch and status.          _____          _____</p>
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List the names of all the people living in the home including renters. (Attach a separate sheet if more space is needed.)

Total number of people living in the home: \_\_\_\_\_ Number under 6 yrs: \_\_\_\_\_ Number over 55 yrs: \_\_\_\_\_

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

## Section 2: Special Needs

Does anyone in the home live with a disability? Please indicate who in the home is living with a disability:

Physical Disability \_\_\_\_\_ Mental Disability \_\_\_\_\_ Sight limitations \_\_\_\_\_

Hearing limitations \_\_\_\_\_ Mobility limitations \_\_\_\_\_ Respiratory difficulty or Asthma \_\_\_\_\_

Environmental Allergies \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_



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## Section 6: Verification Documents Required

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

Please make a copy of these documents. **DO NOT SEND US YOUR ORIGINAL COPY!!**

**Proof of homeownership-** e.g. deed or property tax receipt; must show the name and address of the applicant.

**Proof of current homeowners insurance-** Document must show homeowner's name, address, and dates of coverage.

**Proof of income-** e.g. most recent income tax receipt for each person over 18 living in the home showing adjusted gross income. For your privacy, please block out any social security numbers. If a resident did not file a return last year and is now working, please provide a statement for all earned income (including social security, disability, or other benefits; pay stubs from employers; etc).

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## Section 7: Homeowner Agreement

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I certify that the information in this application is accurate and that I own the property at the address provided. I have no present intention to move from my home or offer my home for sale within the next 2-5 years depending on the program I am applying for. 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.

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 the organization from any and all liability whatsoever.

Please check this box if you are comfortable with Rebuilding Together Twin Cities referring your name, address, and phone number to partner organizations.

Signature of homeowner: \_\_\_\_\_ Date: \_\_\_\_\_

\*The final decisions on all program requests are based on individual program resources. Some programs are funded and run more regularly than others. 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 Rebuilding Together to schedule an initial assessment to determine further consideration of repairs.

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

Rebuilding Together Twin Cities  
1050 SE 33<sup>rd</sup> Ave  
Minneapolis MN 55414

Or fax materials to: 612-767-8578

If you have any questions while filling out the application please call 651-776-4273.



**Home Repair Application Insert**

**Name:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

Our **Home Repair Program** provides renovation work for homeowners in need, including weatherizing, plumbing, electrical repairs, cleaning, re-carpeting, patching and painting, siding, landscaping and almost anything that restores the homeowner's independence, safety and security. Following a screen for homeowner eligibility, the selected projects are scheduled, financial and volunteer resources are assigned, and projects completed with a couple of workdays. We work on multiple work sites and homes at the same time. Please complete the home health assessment and type of repairs to be considered as well, as the general homeowner application.

**Section 1: Home Health Assessment**

Does anyone in the home smoke?	Y	N
Do visitors ever smoke in your home?	Y	N
Are there extension cords used inside the home?	Y	N
Is there any condensation visible or water/moisture problems/concerns?	Y	N
Are there any visible mold or musty odor problems?	Y	N
Are chemicals, pesticides, cleaning supplies, etc. stored within easy reach of children? (e.g. below the sink)	Y	N
Do you have a problem concern with pests in the home?	Y	N
Has anyone in the house been scalded (burned) by water in the past 12 months?	Y	N
Has anyone been diagnosed by a health professional with asthma?	Y	N
Has a child been injured in the home in the past 12 months?	Y	N
Have your children been tested for lead?	Y	N
Has the home been tested for radon? If so results _____ pCi/L	Y	N
Does the bathroom have a working exhaust fan?	Y	N
Is there any water damage or water stains?	Y	N
Is there any chipping or peeling paint?	Y	N
Is there any bulging or buckling in the floors?	Y	N
Has there been any renovation/repair activity in the past year?	Y	N



**Home Repair Application Insert**

**Name:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**Section 2: Types of repairs to be considered**

<b>Type of Repair</b>	<b>Specific Repair</b> Circle any repairs that may be needed in your home.	<b>Details</b> Please write a short description including location of the repairs needed.
<b>Safe at Home</b> To qualify for this program someone in the home must be living with a disability or over the age of 55.	Wheelchair Ramp – Grab Bar – Handrails – Shower Seats – Motion Lights – Smoke Detectors – Carbon monoxide Detector – Non-slip shower treads – Interior lever door handles – Other	
<b>Wall Repair/ Painting</b>	Holes in an interior wall of any size – Interior Painting – Exterior Painting – Small holes in exterior of home – Other	Please list if interior walls are plaster or sheetrock and location in home.
<b>Flooring</b>	Existing flooring peeling up or has holes in it – Existing flooring only subfloor – Existing flooring carpet and needs to be replaced with a hard surface floor – Other	
<b>General cleaning and Yard work</b>	General yard work – Landscaping – Cleaning out garage or attic – Other	
<b>Carpentry</b>	Interior doors – Porches – Steps – Cabinets – Other	
<b>HVAC</b>	Heating system – Hot water heater – Cooling system – Other	Please specify what type of heating or cooling system you have.
<b>Electrical</b>	Outlets not grounded – House old and needs to be rewired – Not to code – Other	
<b>Plumbing</b>	Leaks – Not to code – Faucet not working – Other	
<b>Envelope</b>	Roof – Leaks – Ice Dams – Gutters – Soffits – Siding – Windows – Exteriors doors – Other	
<b>Other</b>	Other	