



Home Repair Application

Date of application: _____

Section 1: Contact Information

Homeowner/Applicant Name #1: *(As listed on property deed.)* _____

Preferred phone #: _____ Email: _____

If the homeowner received assistance in completing this application, please complete this section:

Name of person assisting in completion of application: _____

Relationship to homeowner: _____

Phone: _____ Email: _____

Section 2: Property Information

Address of property: _____ Year Built: _____

City: _____ County: _____ Zip: _____

Is this a single-family house? Yes No Number of years homeowner has lived at this address: _____

Is there a mortgage on the house? Yes No Are you a member of a homeowners association? Yes No

Name & phone number for homeowners association: _____

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

Section 3: Income & Verification Documents

Information provided below MUST include annual income of all household members and a copy of each household member's income tax return or statement of benefits is REQUIRED to accompany this form. Please include income from all sources, including but not limited to: Wages/salary, Social Security or Disability Benefits, Pension, Child Support, Rent, etc. Use separate sheet if necessary.

Total Annual Household Income: _____

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

Please **make a COPY** of these documents. **DO NOT SENT US YOUR ORIGINALS!!**

- Proof of homeownership** - e.g. deed or property tax receipt; must show name and address of the applicant.
- Proof of income (monthly income from ALL sources)** - e.g. most recent income tax return 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.).

Send Materials to:

If you have any questions while filling out the application, please call: 651-776-4273. Please return the completed application with ALL required documents via one of these methods:

Mail: Rebuilding Together Twin Cities, 1050 SE 33rd Ave., Suite 200, Minneapolis, MN 55414

Fax: 612-767-8578 **Email:** Homeowners@RebuildingTogether-TwinCities.org

Section 4: Household Demographics

Please list the names of *all the people living in the home* including renters. Attach a separate sheet if more space is needed.

Name	Relationship to Homeowner(s)	Date of Birth MM/DD/YYYY	Special Needs	Single Parent	Gender	Race/Ethnicity	Military Service	Disability
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Active <input type="checkbox"/> Retired	<input type="checkbox"/> Mental <input type="checkbox"/> Physical
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Active <input type="checkbox"/> Retired	<input type="checkbox"/> Mental <input type="checkbox"/> Physical
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Active <input type="checkbox"/> Retired	<input type="checkbox"/> Mental <input type="checkbox"/> Physical
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Active <input type="checkbox"/> Retired	<input type="checkbox"/> Mental <input type="checkbox"/> Physical
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Active <input type="checkbox"/> Retired	<input type="checkbox"/> Mental <input type="checkbox"/> Physical
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Active <input type="checkbox"/> Retired	<input type="checkbox"/> Mental <input type="checkbox"/> Physical

Hearing Limitations: _____ Do you need TTY? Yes No

Section 5: Personal Statement

Please provide any additional information that will help us understand your situation. Use additional sheet if necessary.

Section 6: Issues with Your Home

1. Are there any outlets, switches or lights that do not work? .. . Yes No
2. Do all of the faucets and drains work? .. . Yes No
3. Do you have hot water? .. . Yes No
4. Do you have any broken or leaky doors? .. . Yes No
5. Do you have any broken or leaky windows? .. . Yes No
6. Does your furnace work? .. . Yes No
7. If you have air conditioning, does it work? .. . Yes No
8. Do you see any water leaks on your ceilings? .. . Yes No
9. Is your roof missing any shingles? .. . Yes No
10. Are there issues with any floor covering that needs repair/replacement? .. . Yes No
11. Are there any interior walls that need to be fixed/painted? .. . Yes No
12. Does any of your siding need to be fixed/replaced? .. . Yes No
13. Do you need a ramp or other handicapped accessible improvements? .. . Yes No
14. Do you need grab bars or other fall-prevention help? .. . Yes No