



Safe at Home Application

Date of application: _____

Section 1: Applicant Information

Homeowner Name(s) (applicants) _____ Home Phone: _____

Address: _____ Neighborhood: _____ Mobile: _____

City: _____ Zip: _____ Email: _____

<p>Please list the name and phone number of any social/caseworker used by your family.</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Authorized to represent the homeowner? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>How did you hear about Rebuilding Together? _____</p> <p>Have you applied for services in the past? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has Rebuilding worked on your home?</p> <p>Is any household member currently serving in the military or a military veteran? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please specify name, branch and status. _____ _____</p>	<p>Applicant Date of Birth: _____</p> <p>Applicant's Ethnicity: Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/></p> <p>Applicant's Race:</p> <p><input type="checkbox"/> White <input type="checkbox"/> African American / Black</p> <p><input type="checkbox"/> American Indian or Native Alaskan</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander</p> <p><input type="checkbox"/> Other: _____</p> <p>Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Language: _____</p> <p>Female head of household? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Single parent? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Total number of people living in the home: _____</p> <p>Number of people under 6 yrs old: _____</p> <p>Number of people over 55 yrs old: _____</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.)

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

To Qualify for Safe at Home Assistance:

- Applicant must own and reside in their home and be up-to-date with mortgage and tax payments.
- Applicant must plan to remain in their home for at least two years.
- Applicant must live within the state of Minnesota.
- To qualify for our cost-free services, applicant must have a household income that is at or below 50% of the area median income for the county where they live, as determined by HUD. (Please contact us for more information).
- Applicant must have at least one household member who is an older adult (55+) or is living with a disability.



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Section 2: House Information

Name(s) listed on the Property Deed: _____

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

Are you a member of a homeowners association? Yes No Name and number for association: _____

Housing type? (e.g. Single family, duplex, etc.) _____

Section 3: Income Verification

Please fill in the chart below and provide documentation to verify this information.

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

Section 4: Personal Statement

Please write a brief explanation of why you should be selected for Rebuilding Together's program and how it will help you and your family. (Use separate paper if needed)

Section 5: 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: 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 maneuver your current showerhead to fit your needs? Y N
- Are you able to get on and off your toilet with ease? Y N

Stairs and Hallways

- Can you navigate steps easily? Y N
- Are there securely mounted handrails in your stairway? Y N
- Are there securely mounted handrails on any exterior stairs? Y N

General Accessibility

- Are your living areas free of loose rugs? Y N
- Are you able to reach commonly used items easily? Y N
- Are you able to grip your interior doorknobs? Y N

Accessibility Ramp

- Do you use a power scooter, wheelchair, or walker? Y N
- Do you have difficulty getting into 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? 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 in your home:

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

Bathroom	Stairs and Hallways	General Accessibility	Fire Safety and Security
- Grab bars - Toilet Safety Rail - Shower Stool - Handheld Shower Nozzle - Non-slip Bath Treads	- Install/ Reinforce Railings - Install Non-slip Stair Treads	- Install Lever Door handles (Interior doors only) - Furniture Risers - Bed Assist Bar - Grabber - Nightlight	- Outdoor motion light - Doorbell - Door Locks - Smoke and Carbon Monoxide Detectors - Fire Extinguisher



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Section 7: Verification Documents Required

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 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.

Section 8: Homeowner Agreement

I understand that the people who may work on my house are unpaid volunteers; 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 33rd 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.

