



HOMEOWNER APPLICATION
2010 REBUILDING DAY: APRIL 24, 2010

Due: November 1, 2009

Mail to: Rebuilding Together Richmond, P.O. Box 8508, Richmond, VA 23226

Name of homeowner(s): _____

Age: _____ Date of Birth: _____

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Address: _____ City: _____ Zip: _____

Phone: _____ Work/Cell Phone: _____ Number of years at this address: _____

Emergency/Secondary Contact: _____ Phone: _____

Rebuilding Together is an **all-volunteer** effort that relies on community involvement. If your home is selected, friends and family ages 14 and older are expected to work with us, including helping and thanking volunteers. Please initial to indicate your agreement:

I understand that I am required to volunteer to the best of my ability, and that adult family or friends on site during the workday will also participate. _____ Initial

Please list the names and phone numbers of family members, church or other social organization members and/or friends who may be willing to help. **Lack of friends or family to help will not disqualify you.**

If someone other than the homeowner prepares this application, or helps the homeowner fill it out, please complete the following:

Name of person preparing/assisting with application: _____

Relationship to applicant: _____

Address: _____ Phone: _____

About Roofs

Does your roof need repair? _____ Is it currently leaking? _____

Statements of ownership, income and residence

Rebuilding Together will require verification of all information provided on this application at a later date.

1. Home Ownership/Residence

Rebuilding Together services are available only to **full-time resident homeowners**.

The title to this home is held in the following names:

The following persons live in this home (include name, age and relationship):

Is homeowner or anyone else living in the home disabled? If so, indicate special needs such as wheelchair, walker, hearing or sight impaired, etc.

Are you a veteran of the US Armed Forces? ____ Branch _____ Rank _____

Do you owe city taxes on your home? _____

Do you have any current building code violations? _____

2. Income Disclosure for all residents in your home

Annual Income of homeowner(s): _____

Sources of income: Social Security pension current wages other

Annual Income of others living in the home: _____

Sources of income: Social Security pension current wages other

Desired Repairs – Warm, Safe and Dry

Please list repairs you would like to have in order to keep your home warm, safe and dry. This list will tell us what repairs are most important to you. ***Rebuilding Together Richmond cannot guarantee that every item will be addressed.*** (examples: roof leaks, poor lighting, trip hazards, electrical problems, gutter repairs, weatherization, broken appliances)

Repairs inside the home: _____

Repairs outside the home: _____

Desired Repairs – Quality of Life

Please list repairs that you feel will improve your quality of life. This list will tell us what repairs you feel are most important. **Rebuilding Together Richmond cannot guarantee that every item will be addressed.** (examples: powerwashing, painting, fence/gate repairs, organization helps such as shelving/storage containers, repairs to storage shed, pest control)

Repairs inside the home: _____

Repairs outside the home: _____

Safety Concerns

This information will assist Rebuilding Together with identification of homeowners who may benefit from our Home Modification services.

1. Do you get in and out of the tub/shower with ease? Yes / No
If No, indicate whether you have a shower curtain or shower door.
2. Do you see your way to the bathroom easily? Yes / No
3. Do you get on and off the toilet with ease? Yes / No
4. Do you have medical equipment (tub seat or special toilet seat) in your bathroom? Yes / No
5. Do you have working smoke and carbon monoxide detectors in your home? Yes / No
6. Do you have handrails on your porches and stairways? Yes/ No
If so, are the handrails secure? Yes / No
7. Do you have grab bars in your shower/tub? Yes / No
8. Do you heat or cook with gas? Yes/ No
If so, do you have a working carbon monoxide detector? Yes/ No
9. Have you had a joint replacement? Yes / No
10. Do you walk with a cane, walker or use a wheelchair? Yes / No

Homeowner's Statement of Eligibility

I, _____ have asked Rebuilding Together provide repairs to my home at _____ in Richmond, VA. I understand that Rebuilding Together Richmond is funded by charitable donations and grants to provide assistance to low-income elderly or disabled homeowners who have no other means to afford home repairs. I also understand that Rebuilding Together Richmond is obligated to use its charitable donations only for assistance to eligible homeowners. In addition, I understand that to knowingly submit false information is considered fraud and punishable under law. By signing my name to this statement, I guarantee that I am eligible to receive this assistance, as follows:

1. All the information submitted on my Homeowner Application is complete and correct. _____ *Initial*
2. I am the owner of the home at the above address. _____ *Initial*
3. This same house is my full-time residence. _____ *Initial*
4. I will not sell, rent or transfer ownership of this house for 18 months after completion of repairs. _____ *Initial*
5. I, my spouse, partner and/or any other owners of my home have no other financial resources to afford the services that I have requested. _____ *Initial*
6. I authorize Rebuilding Together and its representatives to complete paperwork required to obtain building permits necessary to repair my home. _____ *Initial*
7. **I understand that Rebuilding Together Richmond is a neighbor-helping-neighbor organization and I will do everything possible to get my friends and family to help on the workday.** _____ *Initial*
8. I am aware Rebuilding Together Richmond is a one day volunteer program. Promises cannot be made as to the specific work that will be done. I understand it may not be possible for volunteers to return after the April 24th work day. _____ *Initial*
9. I authorize Rebuilding Together Richmond to verify any information I have provided on this application, and I understand that the City of Richmond's Police Department may screen my address for history of illegal activity. _____ *Initial*
10. I will take full responsibility for securing valuables located in my house when volunteers are working in my home. I understand Rebuilding Together cannot be held responsible for misplaced or broken items. _____ *Initial*

Signed: _____ Date: _____
 (Homeowner)

 _____ Date: _____
 (Homeowner)

RT Internal use only

Date Received: _____ Date Acknowledged: _____