



HOMEOWNER APPLICATION
2012 REBUILDING DAY: APRIL 28, 2012

Due: November 1, 2011

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

Name of homeowner(s): _____

Age: _____ Date of Birth: _____

Age: _____ Date of Birth: _____

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

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: _____

Year home was built: _____

Have you received assistance from ElderHomes? _____ **When?** _____

If so, what did they do for you? _____

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 there **any children age 6 and under** staying/visiting/living at this home on a regular basis (such as for daycare)? _____

Are there any **pregnant females** currently residing here? _____

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

Do you **owe city taxes** on your home? _____

Did you have heat in your home last winter? _____

What type of heating source?

Gas _____, Oil _____ Electric _____ Cook Oven _____ Space

Heaters _____.

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

Please check off the list of repairs you feel are needed at your home. **Rebuilding Together Richmond cannot guarantee that every item will be addressed.**

- | | | |
|--|---|--|
| <input type="checkbox"/> roofing (has leaks) | <input type="checkbox"/> outlets/switches | <input type="checkbox"/> deadbolts/locks |
| <input type="checkbox"/> roofing (old) | <input type="checkbox"/> plumbing | <input type="checkbox"/> stairs/steps (unsafe) |
| <input type="checkbox"/> gutters/downspouts | <input type="checkbox"/> hot water tank | <input type="checkbox"/> pests |
| <input type="checkbox"/> drainage improvements | <input type="checkbox"/> heating system | <input type="checkbox"/> mold/moisture issues |
| <input type="checkbox"/> insulation | <input type="checkbox"/> flooring | <input type="checkbox"/> ceiling/wall repairs |
| <input type="checkbox"/> doors/windows | <input type="checkbox"/> bathroom sink, toilet, tub | <input type="checkbox"/> grab bars |
| <input type="checkbox"/> lighting improvements | <input type="checkbox"/> kitchen cabinets | <input type="checkbox"/> other: |
| <input type="checkbox"/> handrails | <input type="checkbox"/> appliances (old/broken) | <input type="checkbox"/> other: |

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 28th 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: _____