



Home Repair Program Homeowner Application

Applications are considered year round.

Rebuilding Together Twin Cities is a non-profit, volunteer organization that helps low-income homeowners repair their homes so they may continue to live in warmth, safety and independence. Rebuilding Together serves low-income homeowners who are older adults, living with a disability, or families with children and who may be unable to do the work themselves. **If accepted** into the program, Rebuilding Together provides services at **no cost** to the homeowner. Our volunteers work for approximately eight hours on one day. Rebuilding Together may not be able to make all requested repairs.

***To be guaranteed consideration for SPRING Rebuilding Day projects, this application must be completed in full and postmarked by Nov. 15.**

***To be guaranteed consideration for FALL Rebuilding Day projects, this application must be completed in full and postmarked by March 15.**

Section 1: Homeowner Information

Name of Homeowner(s): _____ Age(s): _____

Address: _____ City: _____ Zip: _____

Home telephone: _____ Mobile telephone: _____
Please include area code.

Work telephone: _____ Number of years at address: _____

Name of Neighborhood: _____

List the names, ages **and relationship** to homeowner of **ALL** people living in the home. *Attach another sheet if more space is needed.*

Name/relationship: _____ Age: _____

Name/relationship: _____ Age: _____

Name/relationship: _____ Age: _____

Have you or has anyone in your household served in the military? Yes No

Section 2: Special Needs

Is the homeowner or anyone in the home living with a disability? Yes No

If yes, indicate the type of disability below (check all that apply, please describe if "other"):

Uses a walker, cane or crutches Uses a wheelchair Visual Disability Hearing disability

Mental disability Other, please specify: _____

Has your home been assessed for lead safety in the past? Yes No I don't know

Is translation needed? Yes No If yes, what language? _____

Section 3: Application History

Have you applied to Rebuilding Together in the past? Yes No What year(s)? _____

Has Rebuilding Together done work at your home in the past? Yes No What year(s)? _____

Section 4: Income and Home Expenses

For each person over the age of 18 living in the home please provide the following information. If more space is needed, please attach a separate sheet of paper.

Name	Source of Income	Amount	Frequency (monthly, annually, etc.)

Are you still making loan payments on your home? Yes No

Are you up to date on your mortgage and property tax payments? Yes No

Section 5: Media and Publicity

Where did you learn about Rebuilding Together? TV Radio Flyer Friend Neighbor
 Neighborhood organization Other _____

If Rebuilding Together selects your house to be repaired, would you be willing to have your picture taken or be interviewed by media reporters? YES, Interviews and photographs are OK. NO, I do not want interviews or photographs.

May we bring elected officials to visit your home?
 YES, Visits by elected officials are OK. NO, I do not want visits by elected officials.

Section 6: Homeowner's Agreement

I certify that the information on this application is accurate and that I own the property at the address given on this application. **I have no present intention to move or offer my home for sale for several years.** 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.

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, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE.** I hereby release Rebuilding Together and all associated with it from any and all liability whatsoever.

SIGNATURE OF HOMEOWNER

DATE

If your application is a more appropriate fit with other, similar programs, may we share it with them? Yes No

Complete the following if you are NOT the homeowner, but are assisting the homeowner in completing this application.

Your name: _____ Relationship: _____

Daytime telephone number: _____ Is homeowner aware of this application? Yes No

Section 7: Type of work you wish to have considered.

Briefly describe the type of work you would like done on your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of Rebuilding Together. The work done by Rebuilding Together will focus on warmth, safety and independence. Our volunteers work for eight hours primarily on a Rebuilding Day and may not be able to make all repairs.

Do you have any outstanding housing code violations on your property that you cannot address on your own? Yes No

Please print.

Description of Repairs

Please list the repairs in your home that you would like Rebuilding Together volunteers to make

Safety & Accessibility Modifications. installing grab bars, shower seats, wheelchair ramps, securing or installing stair hand rails, etc.

Would you like to be considered for the Safe at Home Program? Yes No

Carpentry Repairs. Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair.

Electrical Repairs. List rooms where wall outlets, switches and light fixtures do not work.

Plumbing Repairs. Describe sink, tub or toilet leaks, etc.

Roofing Repairs. Identify where roof leaks.

Painting. List all interior rooms that require painting and any exterior painting requirements.

Appliances. Identify appliances such as stove, refrigerator or hot water heater that do not work or need repair.

Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc.

General Cleaning. Indicate if there is cleaning and/or trash removal required. Identify if yard work is necessary.

Other. Identify other repairs requested but not listed above.
