



**Safe at Home  
Homeowner Application**

Rebuilding Together Twin Cities (RTTC) 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’s Safe at Home Program provides home safety or accessibility modifications for low-income homeowners who are older adults or are living with a disability and who are faced with the prospect of losing their independence as the result of needing a home safety or accessibility modification they are unable to address. **If accepted** into the program, Rebuilding Together provides services at **no cost** to the homeowner. Our volunteers typically work for approximately four hours on one day. Rebuilding Together may not be able to make all requested repairs or modifications.

To be considered for a Safe at Home program, this application must be completed in full, including all requested documents. Applications are accepted on an on-going basis throughout the year and may be faxed to 612-767-8576 or mailed to:

Rebuilding Together Twin Cities  
Safe at Home Application  
2633 4<sup>th</sup> Street SE  
Minneapolis, MN 55414

Safety and accessibility modifications may include:

-Grab bars -Raised toilet seats -Shower stools -Handheld shower nozzle	-Install/Reinforce railings -Remove trip hazards -Reorganize cabinets	-Door and window locks -Smoke & Carbon monoxide detectors -Doorbell
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Questions about the Safe at Home program or this application may be directed to the Safe at Home Coordinator at 651-776-4273.

**Section 1. Homeowner and Household Information**

Name of Homeowner:			Age:	
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Address:		City:	State:	Zip:
Neighborhood:			Years at Address:	
Primary Phone:		Secondary Phone:		
Email Address:				



## Section 4: 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 get on and off of your toilet with ease?	Y	N

Stairs and Hallways		
Is it dark in hallways or stairwells?	Y	N
Can you navigate steps easily?	Y	N
Are there securely mounted handrails in your stairwells?	Y	N

General		
Are there loose rugs, clutter or other trip hazards in the home?	Y	N
Do you have difficulty reaching for commonly used items?	Y	N
Are you able to grip handles to open doors, cabinets or faucets with ease?	Y	N
Have you stopped doing any daily activities because you're afraid of falling?	Y	N
Do you have difficulty getting in and out of your home?	Y	N

How many working smoke detectors do you have in your home?		
How many working carbon monoxide detectors do you have in your home?		
Do you have a working doorbell?	Y	N
Do you have working locks on all your doors and windows?	Y	N

Of the safety devices and tasks listed on page one, please list the four you believe are most needed:	

## Section 5: Referrals and Publicity

Where did you hear about Rebuilding Together Twin Cities?	
<input type="checkbox"/> TV	<input type="checkbox"/> Friend/Neighbor:
<input type="checkbox"/> Radio	<input type="checkbox"/> Neighborhood Organization:
<input type="checkbox"/> Flyer	<input type="checkbox"/> Health/Social Service Organization:
<input type="checkbox"/> Other (please list referral source):	

If Rebuilding Together selects your home to be repaired, would you be willing to have your picture taken or be interviewed by media reporters?	
<input type="checkbox"/> YES, photos and interviews are OK	<input type="checkbox"/> NO, I do not want photos or interviews

If your application is a more appropriate fit with other, similar programs, may we share it with them?	Y	N
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## Section 6: Homeowner's Agreement

<p>I certify that the information on this application is accurate and that I own the property at the address given on this application. <b>I have no present intention to move or offer my home for sale for several years.</b> 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.</p> <p>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, EXPRESSED 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.</p>	
Signature of Homeowner:	Date:

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 the homeowner aware of this application?	Y      N

<b>Remember to sign the application (Section 6) and include:</b>
<input type="checkbox"/> Proof of homeownership - Such as deed or property tax receipt; must show name and address of applicant.
<input type="checkbox"/> Proof of homeowner's insurance - Must be the policy showing current coverage, and name and address of applicant. A bill or statement showing an escrow payment will not be accepted. If you need to obtain a copy of your policy, please contact your insurance provider.
<input type="checkbox"/> Statement(s) verifying income - A Tax Return Statement for each adult. (Only the page showing Adjusted Gross Income (AGI) is necessary. For your privacy, please block out any social security numbers.) If you have not filed tax returns in the past year, please attach all income statements for every adult, including social security, disability or other benefits, payment stubs from employer, etc., or proof of current student status.