

REBUILDING TOGETHER ARLINGTON/FAIRFAX/FALLS CHURCH

HOMEOWNER APPLICATION FOR HOME REPAIRS 2016

SECTION 1 – HOUSEHOLD INFORMATION

Please identify the homeowners who live at this address. (List non-resident owners in Section 4.)

_____ Male Female Disabled? Yes No
(Name of Homeowner #1) (Date of Birth)

_____ Male Female Disabled? Yes No
(Name of Homeowner #2) (Date of Birth)

Address:

City, State, Zip:

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Total number of people living in the home _____.

List the name and ages of all people (except the homeowners listed above) living in the home.

Name: _____ Date of Birth: _____ Male Female Disabled? Yes No

Name: _____ Date of Birth: _____ Male Female Disabled? Yes No

Name: _____ Date of Birth: _____ Male Female Disabled? Yes No

Name: _____ Date of Birth: _____ Male Female Disabled? Yes No

Please check all that apply to individuals in the household. This information will help Rebuilding Together make reasonable accommodations for individuals in the household with disabilities and be used to identify repairs that may improve safety and accessibility.

- Hearing impaired Visually impaired Wheelchair user Uses a walker/cane
 Other health/mobility concerns that we should be aware of: _____

Demographic information collected is not used to discriminate or deny services to any segment of the population. The demographic information is requested by local county/city governments who are recipients of CDBG funding. You are not required to furnish this information, but are encouraged to do so. Demographic data include age, ethnicity race, and gender.

I am (please check one): Hispanic Non-Hispanic

I am (please check only one)

- American Indian/Alaskan Native
 American Indian/Alaskan Native & White
 American Indian/Alaskan Native & Black/African American
 Asian
 Asian & White

- Black/African American
 Black/African American & White
 Middle Eastern
 Native Hawaiian/Pacific Islander
 White
 Other Multiracial

I am a female head of household (a single female living with dependent children) Yes No

I or a member of this household is a U.S. Veteran (include deceased spouse if any)? Yes No

SECTION 2 - THE HOUSE

I learned about Rebuilding Together from:

Property Tax Waiver Flyer Newspaper Friend/Neighbor Other: _____

My house is located in (please check one):

Arlington County (VA) Fairfax County (VA) City of Fairfax (VA) City of Falls Church (VA)

My home is a: condo/apartment duplex townhouse/row house single family house other

I live in a community with a homeowners association Yes No _____
Name of Association

The house was built in _____ (year). I/we have lived here since _____ (year).

My trash is collected by: _____ On _____ day of the week.

SECTION 3 – TYPE OF REPAIRS TO BE CONSIDERED

Below I have identified and described the repairs I need to make my home accessible, livable and safe. I understand that Rebuilding Together will consider most types of repairs, but that a final decision is at their discretion, depending on time, financial resources, and the availability of volunteers with the required skills.

Accessibility modifications (ramp, grab bars, railings)

Gutter/downspout/fascia/soffit repairs

Carpentry

Painting

Energy Efficiency/Weatherization

Plumbing

Floor/Door/Windows

Wall/ceiling repairs

Please describe other repairs needed:

SECTION 4 - VERIFICATION OF HOME OWNERSHIP

Rebuilding Together will consider repairing a home if: (a) the home is owned by an individual or by multiple family members, (b) at least one of the owners resides in the home, (c) all owners agree that Rebuilding Together can enter and repair the home, and (d) the owners certify that the home will not be sold for at least 2 years after the repairs are completed.

Rebuilding Together will not repair a home that is scheduled to be sold, is under contract for sale, or is a rental property. Homeowners insurance must be current in order to RT-AFF to work on the home.

Is your home owned by more than one person? YES NO

Does at least one owner live at the address given in Section 1? YES NO

Please list the names and addresses of any owners who do not reside at the address in Section 1:

(1) _____

(2) _____

Is your homeowner insurance payment current? YES NO

Are your property tax payments current? YES NO I receive property tax waiver

Is your mortgage payment current? YES NO The mortgage is paid off

SECTION 5 -CERTIFICATION OF INCOME

Please fill in the information requested below and **attach documentation** to verify the income of all household members. Rebuilding Together does not want your social security number and suggests that you remove your social security number from all documents.

Rebuilding Together REQUIRES that we have a copy of each family member's most current income tax return or other documentation of their gross annual income. Examples of documentation required include the most recent W-2; Social Security Form 1099-Benefit Statement; Annuity or Retirement Statement and interest earned statement.

Rebuilding Together serves low-income households. The information requested will be used to determine the household annual gross income. Although you are not legally required to provide information on household income your failure to do will result in our inability to determine your eligibility for services.

Name	Wages & Salary	Social Security Income (do not provide your SSN)	Pension/ Retirement	Other Interest Rental Income Alimony	TOTAL GROSS INCOME

You must also certify your income to be eligible for the home repair services provided by Rebuilding Together's volunteer programs. Please check the one box below that best describes the size of your household and the total gross income of all family members living in the home and sign the statement below.

- My household is 1 person and... My income is not more than \$49,150
- Our household is 2 people and... Our total income is not more than \$56,150
- Our household is 3 people and... Our total income is not more than \$63,150
- Our household is 4 people and... Our total income is not more than \$70,150
- Our household is 5 people and... Our total income is not more than \$75,800
- Our household is 6 people and... Our total income is not more than \$81,400

I understand that the information I provided above must be complete and accurate to comply with Federal regulations. _____
(Homeowner's Signature)

Please list the name of any member of your household who is **unemployed**: (Do not include individuals in grades K-12, retired individuals, or those receiving Social Security.) _____

Does anyone in your household receive **TANF**? (Temporary Assistance to Needy Families) Yes No

SECTION 6 – HOMEOWNER(S) AGREEMENT WITH REBUILDING TOGETHER

I/we understand that:

- Rebuilding Together Arlington/Fairfax/Falls Church provides volunteer home repairs for low-income homeowners who are unable to do the work themselves.
- Typically all work will be performed by a mix of skilled, semi-skilled & novice volunteers. All repairs requested may not be completed.
- All repairs will be performed at no cost to me.
- Typically all work done by Rebuilding Together Arlington/Fairfax/Falls Church volunteers is done in one day. The number of volunteers and the amount of time will vary.
- Rebuilding Together Arlington/Fairfax/Falls Church will neither warranty nor guarantee the materials or the workmanship of the repairs to be performed.

- I/we own the property at the address given in Section 1 of this application.
- I/we have provided full and accurate information regarding the income of all family members living in the home, as documented in Sections 1 and 5.
- I/we have no present intent to move or offer this home for sale over the next two years.
- My/our homeowner insurance policy is current.
- I/we understand that I/we, all family members and visitors at the home will work alongside the volunteers to the best of each person's ability. Lack of participation from those able to work alongside the volunteers may result in the termination of the work project.
- I/We hereby release Rebuilding Together Arlington/Fairfax/Falls Church and all individuals, sponsors, and suppliers associated with this project from any and all liability associated with the repairs performed on my home.
- I authorize the disclosure of the above information to only those persons or agencies as necessary to secure the assistance for which this application is submitted.

Homeowner #1 Signature

Date

Homeowner # 2 Signature

Date

Preparer Signature if other than homeowner

Date

Relationship to the homeowner: _____ Phone: _____

SECTION 7 - EMERGENCY CONTACT(S)

Please identify a person we may contact in case of an emergency during the workday:

Name: _____ Phone: _____

Relationship: _____

SECTION 8 – SOCIAL/CASE WORKER

Please identify if you have a social/case worker that has referred you to Rebuilding Together-AFF.

Name: _____ Phone: _____

Agency/Hospital: _____

Please note that Rebuilding Together receives funding from Arlington Community Development Block Grant Programs and Fairfax County Consolidated Community Funding Pool.

We will make reasonable accommodations for individuals with disabilities upon request.

**PLEASE RETURN COMPLETED APPLICATION TO:
Rebuilding Together ♦ 10723 Main Street ♦ Suite 135 ♦ Fairfax, VA 22030**

**Questions: Call (703) 528-1999 ♦ info@rebuildingtogether-aff.org
Virginia Relay Service: 711**