

**REBUILDING TOGETHER ARLINGTON/FAIRFAX/FALLS CHURCH, INC.  
HOMEOWNER APPLICATION FOR HOME REPAIRS**

**SECTION 1 – HOUSEHOLD INFORMATION**

Please identify the homeowners who live at this address. (List non-resident owners in Section 3.)

<u>Name of Homeowner(s)</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Disabled</u>
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
Last Name _____ First Name _____		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: VA Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My/Our home is  Multi-story/Highrise  Duplex  Townhouse/Row House  Single Family Detached  
a (check one):  Mobile Home  Other: \_\_\_\_\_

**Total number of family members living in the home** \_\_\_\_\_

List additional people (except the homeowners listed above) living in the home.

<u>Name (Last, First)</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Disabled</u>
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N

Please check all that apply to individuals in the household. This will help us make reasonable accommodations for individuals 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 fund our programs. You are not required to furnish this information but are encouraged to do so. Demographic data include age, ethnicity, race, and gender.**

I/We am/are (check one):  Hispanic  Non-Hispanic

I/We am/are (check only one):

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Asian & White	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
	<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> Other Multiracial

I am a female head of household (a single female living with dependent children)  Y  N

I or a member of this household is a U.S. Veteran (include deceased spouse if any)?  Y  N

## SECTION 2 – REPAIRS TO BE CONSIDERED

### HEALTH, SAFETY, ACCESSIBILITY

Please check the items needed

#### Fall Safety

- Grab Bars
- Additional handrail on stairs
- Comfort height toilet
- Brighter lighting

#### Moisture & Ventilation

- Bathroom exhaust fan
- Kitchen exhaust fan
- Caulking tub/shower
- Weatherstripping doors
- Gutter/downspout cleaning & repair

#### Security

- Proper door locks
- Visible house numbers

#### Fire Safety

- Smoke detector
- Carbon monoxide detector
- Fire extinguisher
- Dryer duct inspection & repair

#### Accessibility

- Wheelchair ramp
- Entrance walkway repair
- Exterior handrail
- Stair lift

#### Do you have...

- an active roof leak Y N
- an active plumbing leak Y N
- a broken HVAC system Y N
- a broken hot water heater Y N

**Have we worked on your home before?** Y N

### OTHER REPAIRS (Minor electrical & plumbing, general maintenance, and yard work)

Please provide a brief description. RT-AFF Staff will contact you to discuss in more detail.

## SECTION 3 – VERIFICATION OF HOME OWNERSHIP

Rebuilding Together-AFF 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, and (c) all owners agree that Rebuilding Together-AFF can enter and repair the home.

Rebuilding Together-AFF 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 for RT-AFF to work on the home.

- Is your homeowner insurance current? Y N
- Are your property tax payments current? Y N Receive property tax waiver
- Is your mortgage payment current? Y N Mortgage is paid off
- Does at least one owner live at the address given in Section 1? Y N

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

Name: \_\_\_\_\_  
Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Address: \_\_\_\_\_

### SECTION 4 – CERTIFICATION OF INCOME

Please fill in the information requested below and **attach documentation** to verify the income of all family members.

**Rebuilding Together-AFF REQUIRES a copy of the first 2 pages of each family member's most current federal income tax return or other documentation showing their gross annual income, (i.e. most recent W-2; Social Security Form 1099-Benefit Statement; Annuity or Retirement Statement and interest earned statement.) We DO NOT NEED Social Security Numbers and suggest you remove them from all documents.**

Although you are not legally required to provide information on family income your failure to do will result in our inability to determine your eligibility for services.

Name	Unemployed*	TANF**	Wages & Salary	Social Security	Pension/Retirement	Other	Gross Income
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N					
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N					
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N					
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N					

\*Do not include individuals in grades K-12, retired individuals, or those receiving Social Security **Total Family Income:** \_\_\_\_\_

\*\*Temporary Assistance for Needy Families

To qualify for the Rebuilding Together-AFF home repair program you must meet the **income eligibility requirements** in the tables on page 4 of this application.

### SECTION 5 – HOMEOWNER(S) AGREEMENT WITH REBUILDING TOGETHER-AFF

I/we understand that: Rebuilding Together Arlington/Fairfax/Falls Church (RT-AFF) provides home repairs for low-income homeowners; all repairs requested may not be completed; and all repairs will be performed at no cost to the homeowner(s).

I/we certify that: I/we own the property at the address given in Section 1 of this application; have provided full and accurate information on this application; have no present intent to move or offer this home for sale over the next two years. I/we 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.

**Signature(s) of Homeowner(s)**

Signature #1: \_\_\_\_\_

Date: \_\_\_\_\_

Signature #2: \_\_\_\_\_

Date: \_\_\_\_\_

**Preparer Signature**, if other than homeowner: \_\_\_\_\_

Date: \_\_\_\_\_

Name & Relationship to homeowner: \_\_\_\_\_

Phone: \_\_\_\_\_

**Alternate contact** in case we are unable to reach you:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a **social/case worker** that referred you to us? Y N

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Agency/Hospital: \_\_\_\_\_

Email: \_\_\_\_\_

Please note that Rebuilding Together-AFF 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.



## INCOME ELIGIBILITY REQUIREMENTS

Fairfax County	
No. Family Members (Section 1)	Maximum Family Income (Section 4)
1	\$55,750
2	\$63,700
3	\$71,650
4	\$79,600
5	\$86,000
6	\$92,350

Arlington County	
No. Family Members (Section 1)	Maximum Family Income (Section 4)
1	\$68,000
2	\$77,680
3	\$87,360
4	\$97,040
5	\$104,880
6	\$112,640

### APPLICATION CHECKLIST

#### YOUR APPLICATION CANNOT BE PROCESSED WITHOUT PROOF OF INCOME

You must provide legible copies of the following documents:

- Completed, Signed and Dated Application
- First 2 pages of the current filed Federal Income Tax Return for each family member living at home

OR

Any of these documents showing each family member's gross income:

- Most recent W-2
- Social Security Form 1099-Benefit Statement
- Supplemental Security Income Letter **and**
- Annuity or Retirement Statement and Interest Earned Statement

**PLEASE REMOVE YOUR SOCIAL SECURITY NUMBER FROM THE INCOME DOCUMENTS**

**Return your application along with the required documentation to:**

Rebuilding Together Arlington/Fairfax/Falls Church  
10723 Main Street, Suite 135  
Fairfax, VA 22030

#### Questions

Phone: 703-528-1999

Virginia Relay Services: 711

Email: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org)

**(Hablamos español. Háganos saber si prefiere esta solicitud en español.)**

***Rebuilding Together-AFF is a non-profit organization and donations are always greatly appreciated.***

***NON-DISCRIMINATION:*** Rebuilding Together-AFF does not discriminate against any applicant for services because of race, color, religion, sex, sexual orientation, national origin, age, disability, or other basis prohibited by federal or state law. We are committed to providing equal opportunities for all applicants for the programs' services.