# 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.) Name of Homeowner(s) Date of Birth Disabled Gender $\square$ M $\square$ F First Name Last Name $\square$ M $\square$ F $\square$ Y $\square$ N First Name Last Name Address: \_\_\_\_\_ State: VA Zip Code: City: Work Phone: \_\_\_\_\_ Home Phone: Email: Cell Phone: My/Our home is Multi-story/Highrise ☐ Duplex ☐ Townhouse/Row House ☐ Single Family Detached ☐ Mobile Home a (check one): Other: Total number of family members living in the home \_\_\_\_\_ List additional people (except the homeowners listed above) living in the home. Name (Last, First) Relationship Date of Birth Gender Disabled $\square$ M $\square$ F $\square$ Y $\square$ N $\square$ M $\square$ F $\square$ M $\square$ F $\square$ M $\square$ F $\square$ Y $\square$ 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. ☐ Wheelchair user ☐ Uses a walker/cane ☐ Hearing impaired ☐ Visually impaired ☐ 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): ☐ American Indian/Alaskan Native Asian ☐ Asian & White ☐ American Indian/Alaskan Native & ☐ Native Hawaiian/Pacific Islander ☐ Black/African American White ☐ White ☐ American Indian/Alaskan Native & ☐ Black/African American & White ☐ Other Multiracial Black/African American I am a female head of household (a single female living with dependent children) $\square$ Y $\square$ N A member of this household has served in the U.S. Military (include deceased spouse)? $\square$ Y $\square$ N

Section 2 – Repairs To Be Considered					
HEALTH, SAFETY, ACCESSIBILITY	Please check the	e items need	ded		
Fall Safety	Fire Safety				
☐ Grab Bars	☐ Smoke detec	ctor			
Additional handrail on stairs	Carbon mon	oxide detec	tor		
☐ Comfort height toilet	Fire extingui	sher			
☐ Brighter lighting	Dryer duct in	nspection &	repair		
Moisture & Ventilation	Accessibility				
☐ Bathroom exhaust fan	☐ Wheelchair	ramp			
☐ Kitchen exhaust fan	☐ Entrance wa	lkway repai	r		
☐ Caulking tub/shower	Exterior han	drail			
☐ Weatherstripping doors	Stair lift				
☐ Gutter/downspout cleaning & repair	Do you have				
Security	- an active r	oof leak		□Y □N	
☐ Proper door locks	- an active p	olumbing lea	k	□Y □N	
☐ Visible house numbers	- a broken h	ot water he	ater	□Y □N	
	Have we worked	d on your ho	ome 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 family members, (b) at least one of the owners re Together-AFF can enter and repair the home.  Rebuilding Together-AFF will not repair a home the rental property. Homeowners insurance must be	esides in the home	e, and (c) all o be sold, is	owners agree that under contract for	Rebuilding	
Is your homeowner insurance current?		$\square$ Y $\square$ N			
Are your property tax payments current?		$\square$ Y $\square$ N	☐Receive prope	rty tax waiver	
Is your mortgage payment current?		$\square$ Y $\square$ N	☐Mortgage is pa	id off	
Does at least one owner live at the address given	in Section 1?	$\square$ Y $\square$ N			
Please list the names and addresses of any owners who do not reside at the address in Section 1:					
Name:	Address:				
Name:	Address:				

#### Section 4 – Certification of Income

Please fill in the information requested below and <u>attach documentation</u> 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.

Nama		TABIE**	Wages &	Social	Pension/	Oth an	Gross
Name	Unemployed*		Salary	Security	Retirement	Other	Income
	□Y □N	□Y □N					
	□Y □N	□Y □N					
	□Y □N	□Y □N					
	□Y □N	□Y □N					
*Do not include individuals in grades **Temporary Assistance for Needy F		ials, or thos	e receiving S	ocial Security	Total Fami	ly Income:	
To qualify for the Rebuilding T	ogether-AFF home	e repair p	rogram yo	u must mee	et the <u>income</u>	e eligibility	
<u>requirements</u> in the tables on	page 4 of this app	lication.					
Section 5	– Homeowner(s)	AGREEM	ENT WITH	REBUILDIN	G TOGETHER-	AFF	
I/we understand that: Rebuild income homeowners; all repathe the homeowner(s).	0 0	•	•	•		•	
I/we certify that: I/we own the and accurate information on t next two years. I/we authorize necessary to secure the assist.	his application; ha the disclosure of	ve no pre	esent inten e informati	t to move o ion to only	or offer this h	ome for sal	e over the
Signature(s) of Homeowner(s	)						
Signature #1:					Date	e:	
Signature #2:					Date	e:	
Preparer Signature, if other th	nan homeowner:				Date	e:	

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

Agency/Hospital: Email:

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Email:

 $\square$ Y  $\square$ N

Name & Relationship to homeowner:

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

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

Name:

Relationship:

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

Name:



Phone:

Fairfax County 2024				
No. Family	Maximum			
Members	Family			
(Section 1)	Income			
	(Section 4)			
1	\$68,500			
2	\$78,250			
3	\$88,050			
4	\$97,800			
5	\$105,650			
6	\$113,450			

<b>Arlington County 2024</b>				
No. Family	Maximum			
Members	Family			
(Section 1)	Income			
	(Section 4)			
1	\$86,650			
2	\$99,000			
3	\$111,400			
4	\$123,750			
5	\$133,650			
6	\$143,550			

#### **APPLICATION CHECKLIST**

**INCOME ELIGIBILITY REQUIREMENTS** 

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

	You must provide	legible of	copies of th	e following	documents:
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	C'		A 1' 1 '
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

OR send via email to info@rebuildingtogether-aff.org

# **Questions**

Phone: 703-528-1999
Virginia Relay Services: 711
Email: 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.