

APPLICATION FOR ASSISTANCE

Rebuilding Together*Charles County is a local chapter of Rebuilding Together, a national volunteer organization that, in partnership with the community, rehabilitates the houses of low-income homeowners, particularly the elderly and disabled, so that they may live in warmth, safety and independence. We also provide help through work on community facilities.

This application is being provided for you if you need assistance with home repairs. We ask that if you do not need assistance and know of someone that does, then please pass this along to that person.

A. RESIDENT INFORMATION

1. List names, ages and disabilities of all persons residing in the home

Note: Homeowner's name must be on the deed and must currently reside in home to be eligible. Also, any disabled person under the age of 62 must verify their disability with a note from their physician.

Name	Age	Relationship	Disability
1.			
2.			
3.			
4.			
5.			

Address: _____ City _____, MD Zip _____

Mailing Address (if different from Street Address) _____

City _____ State _____ Zip _____

Homeowner's Telephone Number: _____

Directions: Provide detailed road directions-and landmarks-to your home from Rt. 301

Please list anyone in household who is a Veteran or currently serving in the Military?

Please check ethnicity (Rebuilding Together does not discriminate based on race or gender):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White/ Caucasian	African American	American Indian	Alaskan Native	Hispanic	Middle Eastern	Asian/Pacific Islander	Other

Do You have homeowners insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your homeowner's insurance current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your property tax payments current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you requested your insurance company to make any of the repairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your mortgage current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many years have you lived in this home?	
Date the home was built.	

B. INCOME INFORMATION

Rebuilding Together serves homeowners who live on a limited income and own their own home, with a special focus on the elderly and disabled. For this reason, we must ask you to certify the total household income for all the people who live within your home and property ownership.

Verification of Income					
Please fill in the chart below and provide documentation to verify this information. Rebuilding Together REQUIRES that we have a copy of each family members income tax return in addition to this documentation. Information provided below must include income of all household members.					
Name	Wages Salary \$\$	Social Security \$\$	Disability \$\$	Other \$\$ (e.g. Pension) \$\$	Gross Annual Income \$\$
#1					
#2					
#3					
#4					
#5					

Have you ever received rehabilitation assistance (for example: winterization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so from whom?
Have you received assistance from Christmas in April in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What year?

Please give us information about yourself that will be helpful in evaluating your application.

<input type="checkbox"/> Widowed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other Please explain (i.e. single parent, family member disabled)
<input type="checkbox"/> Disabled	<input type="checkbox"/> Unable to work	

C. HOUSE INFORMATION

Please provide your average utility bill information and average monthly prescription expenses.					
Electric	Gas/Propane	Oil	Water & Sewer	Prescriptions	Other

What repairs do you feel are needed at your house that Rebuilding Together could handle? Check areas that apply and provide a brief description of the problem.

Type of Repair	Brief Description	
Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interior/ Exterior Painting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Carpentry Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Floor Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wheelchair Ramp, Grab Bars, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Indoor/ Outdoor Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trash Removal/ Yard Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Weather Stripping	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Window/Door Repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Steps, Porch, Accessibility Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Please Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

What is your category of residence? Please select your choice.

<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Double Wide	<input type="checkbox"/> Townhouse	<input type="checkbox"/> single family	<input type="checkbox"/> Duplex	<input type="checkbox"/> Triplex	<input type="checkbox"/> Quad
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D. SIGNATURE and RELEASE of INFORMATION

ALL PROPERTY OWNERS MUST SIGN:

I/we certify that all information in this form is accurate and truthful.

Signature of Homeowner Date

Signature of Homeowner Date

If you are selected by the Rebuilding Together program, would you be willing to allow your name and picture to be used in electronic media, including but not limited to web pages, television, promotional video, or social media such as Facebook or Twitter for the sole purpose of promoting Rebuilding Together

Yes No

If you are selected for the Rebuilding Together Program, are there any members of your family or friends that will help work on your home? Yes No

If someone other than the homeowner prepares or helps prepare this form, please complete the following:

a. Have you explained this application to the homeowner? Yes No

b. Name of person preparing, assisting, or referring this application:

Name

Daytime Phone Number

Agency or Relationship to Applicant

Signature Date

Applicant ('s) Please read and initial the statements below:

_____ I/we confirm that any persons residing in the home or visiting for the project day, the last Saturday in April, who are physically able will work alongside volunteers.

_____ I/we own the property at the address given, can produce mortgage payment book, deed, property tax receipt, or other documents as proof of ownership on the day my home is previewed.

_____ I/we personally reside in my home full time.

_____ Should the house be sold or transferred within a year after being repaired by Rebuilding Together, I/we understand that Rebuilding Together may bill me for these services.

_____ I/we authorize Rebuilding Together to obtain information necessary to process this application.

_____ I/we understand that this is a one day event and all work I requested may not be able to get done.

_____ Rebuilding Together * Charles County provides volunteer home repairs for limited income homeowners who are unable to do the work themselves.

- All work is done for *free* by volunteers and will be skilled, semi-skilled & unskilled
- They may not be able to complete all the repairs required within the home
- All able bodied family members or visitors will work alongside of the volunteers

REQUIREMENT INFORMATION

ENTRY - House Selection person(s) and House Captains must be granted access to the home to determine homeowner's needs and prepare material listings.

ONE-DAY EVENT - All homeowners, who are selected, must fully understand that this is a one-day event and not all work that they need to have done can be accomplished in one day. Rebuilding Together will determine the methods and materials to be used to perform the work.

HEALTH AND SAFETY - Rebuilding Together will not expose volunteer workers to unsafe or unsanitary conditions that may cause disease or injury.

STRUCTURAL - Rebuilding Together can only make minimal repairs to dwellings. The existing foundation and walls must be in sound shape.

ELIGIBILITY - The home to be repaired must be owned and occupied by the homeowner and the homeowner must be handicapped, disabled, or 62 years of age.

ITEMS to be returned with the application: (Please send copies)

COMPLETED APPLICATION

Proof of Income (copy of 2 years tax returns or letter from IRS stating I do not need to file; copy of Social Security awards letter)

Disability Letter (anyone under the age of 62)