MINOR HOME REPAIR APPLICATION
COMPLETELY CONFIDENTIAL

NAME: _____ _____
Last First Middle Date of Birth

ADDRESS: _____ _____
Street Home Telephone #

_____ _____
City/Township/Village ZIP Code Cell Phone #

Length of time in present home: _____ HOME & LOT OWNED BY: _____
(Note: must be single family home & not a condo or mobile) *Name as it appears on deed to property*

Please fill out information for ALL persons living in home:

Name	Relationship	Age	Type of Income	Monthly Income Amount	Disabled (Y/N)	Veteran (Y/N)

Repairs Needed

If your home is selected for rehab work, there will never be a charge for our service. Our goal is to make your house as safe and secure as possible. Should your home be selected, what are your minor home repair needs?

Important – Read Carefully Before Signing

I/We hereby certify that the foregoing information is true and complete to the best of my/our knowledge, and inquiries may be made to verify the statements made herein. I/We further certify that the property address contained herein is my/our principal place of residency and I/We authorize RTOC volunteers access to the property to make the requested minor repairs. I/We also understand that any information received will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive minor repairs. In consideration of the work to be performed free of charge by the volunteers organized by Rebuilding Together Oakland County for the benefit of the Homeowner(s) and home and in light of the aims and purposes of the community service provided by Rebuilding Together Oakland County in organizing this home repair and renovation program, Homeowner(s) agree to release and hold Rebuilding Together Oakland County, its officers and directors, employees, sponsors and volunteers harmless from any cause of action, claim or suit arising from such work, including any claims for personal injury to Homeowner or any family members. I consent to the unrestricted use of my image and that of my family members, in connection with the Project, by Rebuilding Together Oakland County or any person authorized by Rebuilding Together Oakland County, including, but not limited to, any photographs, audio or video recordings, interviews, videotapes, motion pictures or the use of my name in connection with television, radio or print media.

_____ _____
Signature of Applicant Date Signature of Co-Applicant Date

TO BE COMPLETED BY RTOC STAFF/VOLUNTEER		**Project Number: _____**	
1.Income Verification	Type(s) of Income:	TOTAL Monthly Income:	☐ Document(s) Scanned
2.Mortgage Verification (if applicable)	Mortgage Statement Up to Date ☐ **YES**		☐ Document(s) Scanned
3.Homeowners Insurance Verification	Homeowners Insurance Current **OR** Included in Mortgage ☐ **YES**		☐ Document(s) Scanned
4.Tax Payment Verification	Taxes Paid Up to Date ☐ **YES**		☐ Document(s) Scanned