



Dear Homeowner:

Rebuilding Together Oakland County is a non-profit volunteer organization that is affiliated with a national organization called *Rebuilding Together*. Our mission in our Oakland County communities we serve is to provide free home repairs to low-income homeowners, especially elderly, disabled, military veterans, and families with children who often have no place to turn when they need help. Most of our work is done on the last Saturday in April.

Condos or mobile homes do not qualify. You must own and live in a single family home. Besides being low-income, your mortgage, taxes, and insurance must be up to date.

If you have received a copy of this application and feel you would qualify for our assistance in repairing your home to a safe and warm environment, please complete the attached form and mail it with the required documentation to the address noted below. If you need assistance in filling out this application, please call 248-432-6551 and leave a message.

Documentation required with this application:

____ Photocopied documentation of total household income verification for everyone living in the household who is 18 or over. Include filed income tax forms, pay stubs, social security statements, Pension or disability statements and any other sources of income statements.

____ If making a mortgage payment, then include a copy of your current mortgage statement.

____ If home insurance is not paid by your mortgage company, then include a copy of your homeowner's insurance "declaration page".

____ If a veteran, please include a copy of your discharge paper.

Once we review your application, you will be contacted by one of our representatives to advise if you may qualify for our program. However, a follow up home visit must be scheduled to complete the evaluation. **Rest assured that the information you provide us will be held in the strictest confidence.**

Homeowner applications are being accepted for *Rebuilding Together Oakland County* projects that would be held after our National Rebuild Day Saturday, April 29th.

RTOC Homeowner Application Processing

31700 West 12 Mile Road – Suite #201

Farmington Hills, MI 48334

Revised 9-5-17



Applicant

HOMEOWNER APPLICATION
COMPLETELY CONFIDENTIAL
If you need assistance in filling out this application,
please call 248-482-8061 and leave a message.

HOMEOWNER INFORMATION

Date _____

Homeowner 1 Name: _____ Date of Birth: _____

Married _____ Widowed _____ Single _____ Male _____ Female _____

Disabled? Yes _____ No _____ If yes, please describe nature of disability: _____

Homeowner 2 Name: _____ Date of Birth: _____

Disabled? Yes _____ No _____ Male _____ Female _____

If yes, please describe nature of disability: _____

PROPERTY INFORMATION

Address: _____ City _____ Zip Code: _____

Do you live in the home? Yes _____ No _____ Number of years in home: _____

Home Phone Number: _____ Cell Phone Number: _____

Do you plan to sell your home within the next 2 years? _____

(Note: must be single family home & not a condo or mobile) Name as it appears on deed to property

HOUSEHOLD INFORMATION

Total number of people living in the home: _____

List the following information for all people living in the home (attach a list if more space is needed):

Name	Age	Gender	Disabled: Y/N	Ethnicity (optional)

Are any adults in the home employed: ___ Y ___ N Total number of adults receiving income: _____
 Do you have any past due property taxes? ___ Y ___ N If so, how much? _____
 Do you have homeowners insurance? ___ Y ___ N
 Who can we call if we cannot reach you? Name: _____
 Relationship: _____ Phone Number: _____

SOCIAL SERVICES

Do you have a social worker? ___ Y ___ N If yes, social worker's name: _____
 Social worker's agency: _____ Social worker's phone number: _____
Are you a Veteran: ___ Y ___ N **Are you a spouse of a Veteran:** ___ Y ___ N

VERIFIATION OF GROSS INCOME

Must include total gross income from ALL persons living in the home. Please send proof of income such as a Social Security award letter, pay stub or pension information.

MONTHLY INCOME INFORMATION

MONTHLY EXPENSE INFORMATION

Salary	\$	Mortgage payment	\$
Social Security/Disability	\$	Property Taxes & Ins	\$
Social Security/Disability	\$	Gas & Electric	\$
Child Support/Alimony	\$	Water Bill	\$
Rental Income	\$	Telephone	\$
Other	\$	Cable/Satellite TV	\$
Other	\$	Medical	\$
TOTAL INCOME:	\$	TOTAL EXPENSES:	\$

What is the highest amount you have paid in one month this past year for your gas & electric bill?

What is the highest amount you have paid in one month this past year for your water bill?

Have you ever applied for this program before? ___ Yes ___ No If yes, when? _____
 Have you received home repair from your county or city before? ___ Yes ___ No If yes, when? _____
 How did you hear about us? _____

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 for rehab and repairs, what are the **FIVE MOST IMPORTANT** repairs you need at your home?

1.

2.

3.

4.

5.

What, if any, are five more repairs you need at your home?

6.

7.

8.

9.

10.

Do you have any additional information/remarks regarding your repair needs that would be helpful for us to consider?

	YES	NO	REMARKS
Are all household residents physically able to move throughout, enter, and exit the house?			
Is there a working smoke / CO2 detector present on every level?			
Is there a working fire extinguisher in the kitchen?			
Does your home have circuit breakers in the electrical panel box?			
Are all household residents physically able to use the toilet, shower or tub?			
Do you need any handrails or grab-bars to be installed or repaired?			
Have you had any falls in the last six months due to tripping hazards?			
Are there plumbing problems?			
Are there rodents or pests in the house?			
Are there water leaks into the home?			
Is the house number readily visible from the street day and night?			

Have you applied for assistance from any other local agencies (Habitat, Oakland County Home Improvement Program)? If so, please indicate below which agencies and when you applied.

Is there any additional information about yourself that would be important for us to consider while evaluating your request? _____

IMPORTANT – READ CAREFULLY AND INITIAL ALL FIELDS:

Applicant’s Statement:

____ I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief.

____ I certify that I do not have the financial means (savings, investments, etc) to perform the repairs for which I am applying.

____ This application shall remain the property of Rebuilding Together Oakland County, to which it is submitted for the purpose of obtaining assistance.

____ I hereby consent and authorize Rebuilding Together Oakland County, after providing me reasonable notice, to enter the property for the purpose of determining the need and scope of the repair(s) specified above.

____ 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.

____ I understand that any information received by Rebuilding Together will be kept strictly confidential and will only be used in determining my eligibility for this program.

____ I understand that an application and request for services is not a guarantee that services will be provided.

Homeowner 1 Signature

Date

Homeowner 2 Signature

Date

If this form is prepared by someone other than the homeowner, or if assistance is being provided, please complete the following:

Is the homeowner aware of this application? _____

Name of person preparing or assisting with application: _____

Agency: _____ Phone #: _____

To qualify for a Fall 2017 Home Repair Project, you must mail this application with **DOCUMENTS REQUESTED** to the following address by June 30, 2017. If received after that, we will place your application on file for consideration for our April 2018 Rebuild Day.

**RTOC Homeowner Application Processing
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Farmington Hills, MI**