



P.O. Box 14274
 Cleveland, Ohio 44114-0274
 (216) 556-3265

**HOMEOWNER
 APPLICATION**

Rebuilding Together Cleveland's Rebuilding Day is an annual effort to repair homes owned by low-income, elderly and disabled members of our community. With the help of volunteers, all work is completed in ONE day. Priority is given to those homeowners who cannot physically or financially maintain their home themselves and do not have available able-bodied family members who can maintain the home.

All information is necessary for our evaluation and selection process, and remains strictly confidential. The Board of Rebuilding Together, at its sole discretion, reserves the right to make exceptions to the selection criteria and services provided.

Instructions:

Please complete this form and return it to the neighborhood center or organization where you received the application or send it directly to **Rebuilding Together Cleveland, P.O. Box 14274, Cleveland, Ohio 44114**. All information is necessary for our evaluation and selection process, and remains strictly confidential. The Board of Rebuilding Together, at its sole discretion, reserves the right to make exceptions to the selection criteria and services provided. Please print clearly.

Eligibility Criteria:

- ❖ Elderly, disabled and low-income (HUD income guidelines)
- ❖ Disclosure of ALL household income, from all parties living in home.
- ❖ Owner must occupy home. No rental units.
- ❖ Single-family structure in good condition. No multiple family units.
- ❖ Homes must be located within a five-mile radius of downtown Cleveland.

HUD Income Guidelines:

	1 person	2 people	3 people	4 people	5 people
30% of Median Income	13,050	14,900	16,800	18,650	20,150
Very Low Income	21,750	24,850	27,950	31,050	33,550
Low Income	34,800	39,750	44,750	49,700	53,700

I. Homeowner Information: (Please print clearly)

Name: _____ Sex: _____ Age: _____

Address: _____ Zip: _____

Please list street that intersects with your street: _____

Home Phone (_____) _____ Cell Phone (_____) _____

If no phone, who can we contact (name/ph #)? _____

E-mail Address: _____

Do you own your home? ___ Yes ___ No Is your house for sale? _____

In what neighborhood/ward # is your home located? _____

Is the homeowner (check all that apply): ___ Elderly ___ Disabled ___ Low Income

In the space below, list **ALL** the people living in your home:

Name	Relationship	Age

Are you/others who live with you disabled? ___ Yes ___ No If yes, please tell us who and what type of disability:

Were you/others who live with you, in the military? ___ Yes ___ No If yes, please tell us who, when and type of military service?

Do you own other real estate? ___ Yes ___ No If yes, where? _____

How long have you lived in this home? _____ Is your home being foreclosed? ___ Yes ___ No

Do you have any immediate plans to sell your home? ___ Yes ___ No

II. Income Sources & Monthly Expenses:

Please tell us the source of your monthly income and that of others living in your home. (Proof of home ownership and income is required for your home to be selected for repair.)

Income Source	Your Monthly Amount	Spouse or Others' Monthly Amount
Employment	\$	\$
Social Security/Disability	\$	\$
Pension/retirement	\$	\$
Child Support/Alimony	\$	\$
Savings/Investments	\$	\$
Public Assistance	\$	\$
SSI	\$	\$
Other	\$	\$

Please explain "Other" income here: _____

Household Expense	Monthly Amount	Household Expense	Monthly Amount
Mortgage Payment	\$	Car Payment	\$
Medical Payments	\$	Cable/Satellite TV Payment	\$
Telephone Payment	\$	Gas/Electric Payment	\$
Cell Phone Payment	\$	Water Payment	\$
Insurance Payments	\$	Property Tax	\$
Trash	\$	Other monthly payments	\$

Please explain "other monthly payments": _____

III. Home Information

My house is: ___ one story ___ two-story ___ other (explain) _____

The exterior is: ___ aluminum siding ___ brick ___ wood ___ other: _____

My home needs the following repairs:

- ___ Power-Washing ___ Garage Painted ___ Weed/trim Yard
- ___ Scraping ___ Minor Gutter Repair ___ Trim Branches
- ___ House Painted ___ Caulking ___ Energy Efficient Light Bulbs
- ___ Trim Painted ___ Fence Repair ___ Water Heater Insulation Wrap

_____ Landscaping

_____ Other exterior minor repair

Explain "other exterior minor repair": _____

Do you have family, friends or neighbors who can help with repair work? ___ Yes ___ No

Will you accept standard colors of paint for house and trim? ___ Yes ___ No

Do you have any ladders or lawn tools that we can use on event day? ___ Yes ___ No

Personal notes:

Please tell us in your own words why you want assistance from **Rebuilding Together Cleveland** and what it would mean to you if your house were selected to be repaired:

Additional Information

Have you previously applied to Rebuilding Together Cleveland? ___ Yes ___ No

How did you learn about Rebuilding Together? ___ Newspaper ___ TV ___ CDC

___ Friend ___ Neighbor ___ Church ___ Other (Please list) _____

Ethnicity: ___ White ___ Black/African American ___ Native American ___ Hispanic

___ Asian ___ Native Hawaiian or other Pacific Islander

Please read and initial the items below indicating that you agree:

___ All of the above statements and information provided are accurate and complete.

___ I certify that I do not have the financial means to perform the repairs for which I am applying.

___ I will provide documentation to prove the correctness of my answers in this application. I authorize RTC to independently investigate and verify all or any of the information that I have provided in this application, as well.

___ I have read the information provided by RTC and understand the purpose of the Rebuilding Day program and the criteria used in selecting homes for repair.

___ I give permission for RTC representatives and volunteers to inspect my home for purposes of home selection and/or repair.

___ I understand that if my home is selected, all work will be done by volunteers (skilled and unskilled). Most volunteers are not professionals. They may not be able to complete all repairs to my home.

___ I understand that there is no cost to me for these repairs.

___ I understand that, if my home is selected, on event day, I and all able-bodied members of my household will be expected to cooperate, to the best of our ability, with the with volunteers working at my home.

___ I agree to allow one or more portable toilets to be placed on my premises for use by the volunteers on event day

Someone from Rebuilding Together Cleveland will contact you before coming out to look at your home. Pictures will be taken of your home to help Rebuilding Together Cleveland to decide whether your home will be one of those selected for repair on event day. Due to limited funding, all eligible homeowners will not necessarily be selected for assistance. Able-bodied family members or visitors in your home on event day will be asked to assist the volunteers.

Signature page:

I certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying. I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. This application shall remain the property of Rebuilding Together Cleveland, to whom it is submitted for the purpose of obtaining assistance.

I hereby consent to and authorize Rebuilding Together Cleveland, and its volunteer officers, employees and contractors after giving reasonable advance notice, to enter onto my 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 necessary to secure the assistance for which this application is submitted.

Note: If the name on the house title is different than the name of the homeowner/applicant please explain: _____

Signature of Homeowner _____ Date _____
(Required)

Signature of Homeowner _____ Date _____
(Required if more than one homeowner)

If this form has been completed by someone other than the homeowner, please sign below, indicate your relationship, and contact information:

Signature of preparer: _____ Date _____
(Required only if someone other than homeowner filled in this application)

Relationship: _____ Phone number: _____

Information provided on this application is confidential and, except-necessary to secure the assistance for which this application has been submitted, will not be shared with others outside of Rebuilding Together Cleveland.

All applicants will be notified by mail whether or not their house is selected.

Incomplete applications will not be considered. Please answer every question.

Applicants need to meet with representatives of Rebuilding Together Cleveland in their home for inspection purposes. If a viewing of the home cannot be arranged, the application will be rejected as incomplete.

For office use only:
Date application Received: _____
Scope level of house: _____ Light _____ Medium _____ Heavy
House Sponsor _____
Volunteer Groups _____
House Captain _____