



**HOMEOWNER APPLICATION: CHURCH HILL
2014 REBUILDING DAY: APRIL 26, 2014
AND SPECIAL PROJECTS**

Must be received by November 1, 2013 for consideration for **April Rebuilding Day**
Mail to: Rebuilding Together of Richmond, **1891C Billingsgate Circle, Richmond, VA 23238**

Name of homeowner(s): _____ Age: _____ Date of Birth: _____

Age: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Work/Cell Phone: _____ Number of years at this address: _____
Email address: _____ Do you regularly check this email? _____
Emergency/Secondary Contact: _____ Phone: _____

Rebuilding Together is an **all-volunteer** effort that relies on community involvement. If your home is selected, friends and family who are present at the home on work day are expected to work with us, including helping and thanking volunteers. Please initial to indicate your agreement:

I understand that I am required to volunteer to the best of my ability, and that adult family or friends on site during the workday will also participate. _____ Initial

If someone other than the homeowner prepares this application, or helps the homeowner fill it out, please complete the following:

Name of person preparing/assisting with application: _____
Relationship to applicant: _____
Address: _____ Phone: _____
Year home was built: _____

Statements of ownership, income and residence

Rebuilding Together will require verification of all information provided on this application at a later date.

1. Home Ownership/Residence

Rebuilding Together services are available only to **full-time resident homeowners**.
The title to this home is held in the following names:

The following persons live in this home (include **name, age and relationship**):

Is homeowner or anyone else living in the home disabled? If so, indicate special needs such as wheelchair, walker, hearing or sight impaired, etc.

Are there **any children age 6 and under** staying/visiting/living at this home on a regular basis (such as for daycare)? _____

Are there any **pregnant females** currently residing here? _____

Are you a **veteran** of the US Armed Forces? ____ Branch _____ Rank _____

Do you **owe city taxes** on your home? _____

Did you have heat in your home last winter? _____

What type of heating source?

Gas _____, Oil _____ Electric _____ Cook Oven _____ Space

Heaters _____.

2. Income Disclosure for **all** residents in your home

Annual Income of homeowner(s): _____

Sources of income: Social Security pension current wages other

Annual Income of others living in the home: _____

Sources of income: Social Security pension current wages other

Desired Repairs

Please check off the kinds of repairs you feel are needed at your home. ***Rebuilding Together Richmond cannot guarantee that specific repairs will be addressed.***

Weatherization

- roofing
- weak/rotting flooring
- gutters/downspouts
- drainage improvements
- insulation
- doors/windows
- mold/moisture issues
- heating system

Safety/Security/Health

- outlets/switches
- plumbing/ hot water tank
- lighting improvements
- stairs/steps (unsafe)
- grab bars/handrails
- ramp
- clutter removal
- deadbolts/locks

General Repairs

- tree removal needed
- pests
- siding/trim repairs
- shed/basement cleanout
- ceiling/wall repairs
- bathroom/kitchen
- appliances (broken)
- other:

Homeowner's Statement of Eligibility

I, _____ have asked Rebuilding Together provide repairs to my home at _____ in Richmond, VA. I understand that Rebuilding Together of Richmond (RTR) is funded by charitable donations and grants to provide assistance to low-income elderly or disabled homeowners who have no other means to afford home repairs. I also understand that RTR is obligated to use its charitable donations only for assistance to eligible homeowners. In addition, I understand that to knowingly submit false information is considered fraud and punishable under law. By signing my name to this statement, I guarantee that I am eligible to receive this assistance, as follows:

1. All the information submitted on my Homeowner Application is complete and correct. _____ *Initial*
2. I am the owner of the home at the above address. _____ *Initial*
3. This same house is my full-time residence. _____ *Initial*
4. I will not sell, rent or transfer ownership of this house for 18 months after completion of repairs. _____ *Initial*
5. I, my spouse, partner and/or any other owners of my home have no other financial resources to afford the services that I have requested. _____ *Initial*
6. I authorize RTR and its representatives to complete paperwork required to obtain building permits necessary to repair my home. _____ *Initial*
7. **I understand that RTR is a neighbor-helping-neighbor organization and I will do everything possible to get my friends and family to help on the workday.** _____ *Initial*
8. I am aware RTR is offering me one day of volunteer labor by their team. Promises cannot be made as to the specific work that will be done. I understand it may not be possible for volunteers to return after the scheduled work day. _____ *Initial*
9. I authorize RTR to verify any information I have provided on this application, and I understand that the City of Richmond's Police Department may screen my address for history of illegal activity. _____ *Initial*
10. I authorize RTR to inquire with other service agencies regarding my eligibility for any services or assistance I've requested from RTR. _____ *Initial*
11. I will take full responsibility for securing valuables located in my house when volunteers are working in my home. I understand Rebuilding Together cannot be held responsible for misplaced or broken items. _____ *Initial*

Signed: _____ Date: _____
 (Homeowner)
 _____ Date: _____
 (Homeowner)