



Repairing homes, revitalizing communities, rebuilding lives.

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Application for Home Repairs

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____

City: _____ County: _____ Zip Code: _____

Phone: _____ Email: _____ Marital Status: _____

Type of House: Single Family Manufactured Condo Multi-Family

Do you own the home in need of repair? Yes No Do you live in the home in need of repair? Yes No

Do you or any member of your household own any other real estate? Yes No

Number of years you have owned the home: _____ Number of people living in your home: _____

How did you first learn about RTGC? _____

May we contact other agencies (private, nonprofit, state, federal, etc.) on your behalf? Yes No

Have you previously applied for assistance from RTGC? Yes No Do you own any pets? Yes No

Is anyone residing in the home a military veteran or widow/er of a military veteran? Yes No

Name of veteran: _____ Branch of Service: _____

Employment Status: Full-Time Part-Time Unemployed Retired Disabled

Occupation(s) or previous occupation(s): _____

Please complete for ALL household members including yourself.

Full name of household member	Relation to Homeowner	Sex	Birth Date	Social Sec. #	Race	Hispanic (Y/N)	Disabled (Y/N)	Employment Status
	Self							

Please complete the following income information for ALL household members. Include all wages, Social Security, Disability, veteran benefits, pensions, child support, alimony, unemployment, etc.

Full name of household member	Source of Income (Salary, Social Security, SSI, Disability, etc.)	Monthly Earnings
		\$
		\$
		\$
Total monthly income for all household members		\$

House Information

In what year was your home built? _____ How many stories? _____ How many bedrooms? _____

How many bathrooms? _____ Water source: Public Well Type of sewer system: Public Septic

Are utility bills current? Yes No If no, which are behind? _____

Do you have a mortgage on your home? Yes No Is your mortgage current? Yes No N/A

Are your property taxes current? Yes No Do you have homeowner's insurance? Yes No

Please check the repairs needed to make your home **safe and healthy**:

- | | | |
|---|---|---|
| <input type="checkbox"/> Appliances (list below) | <input type="checkbox"/> Heating/Air Conditioning | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Door repair | <input type="checkbox"/> Interior wall repair | <input type="checkbox"/> Roof repair |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Insulation | <input type="checkbox"/> Sewage/septic repair |
| <input type="checkbox"/> Exterior wall repair | <input type="checkbox"/> Lighting | <input type="checkbox"/> Stairs & Landings |
| <input type="checkbox"/> Floor repair | <input type="checkbox"/> Mold/Mildew | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> Grab bars | <input type="checkbox"/> Pest control | <input type="checkbox"/> Window repair |
| <input type="checkbox"/> Other (please specify) _____ | | |

Personal Statement

Must be completed. Please use the back of this sheet if necessary.

For us to fully understand, please tell us about the condition of your home.

Please tell us the circumstance that led you to apply for home repair assistance, and how you hope repairs will improve your current living situation.
