

Repairing homes, revitalizing communities, rebuilding lives.

(980) 236-0979 🕒

 $in fo @ rebuilding together clt.org \ \ lodot$ 

rebuildingtogetherclt.org

## **Application for Home Repairs**

Street Address: 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?					
Phone: Email: Marital Status: Marital Status: Type of House:   Single Family   Manufactured   Condo   Multi-Family					
Type of House: ☐ Single Family ☐ Manufactured ☐ Condo ☐ Multi-Family					
Do you own the home in need of repair? $\square$ Yes $\square$ No $\square$ 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? $\square$ Yes $\square$ No					
Number of years you have owned the home: Number of people living in your home:					
How did you <u>first</u> 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? $\square$ Yes $\square$ No $\square$ Do you own any pets? $\square$ Yes $\square$ No	0				
Is anyone residing in the home a military veteran or widow/er of a military veteran? $\Box$ Yes $\Box$ 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 Relation to Sex Birth Social Race Hispanic Disabled E member Homeowner Date Sec. # (Y/N) (Y/N)	Employment Status				
Self Set. # (1714)	Status				

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 mor	nthly income for all household members	\$

## **House Information**

In what year was your home built?	what year was your home built? How many stories? How many bedrooms?				
ow many bathrooms? Water source: 🗆 Public 🗆 Well Type of sewer system: 🗆 Public 🗀 Septic					
Are utility bills current? ☐ Yes ☐ No	f 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:				
☐ Appliances (list below)	☐ Heating/Air Conditioning	☐ Plumbing			
☐ Door repair	☐ Interior wall repair	☐ Roof repair			
☐ Electrical	☐ Insulation	☐ Sewage/septic repair			
☐ Exterior wall repair	☐ Lighting	☐ Stairs & Landings			
☐ Floor repair	☐ Mold/Mildew	☐ Weatherization			
☐ Grab bars	☐ Pest control	☐ Window repair			
☐ 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.					

## **REQUIRED DOCUMENTATION**

Your application will not be processed without this information attached.

Please submit copies, not original documents.

Proof of <u>all</u> income for everyone living in the home. Anyone 18 years and older who does not have income must complete a **Zero Income Affidavit**. Contact the RTGC office at 980-236-0979 for clarification on which documents are required for your household's circumstances.

☐ Current homeowner's insurance	, 400.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0				
Annli	cant and Household Mombors' Affirmation	and Signature			
Applicant and Household Members' Affirmation and Signature					
failure to report all income, or dechalting services without notice. I u to other agencies which may provi assistance will be provided. I agree application. I consent to the disclo	sehold has been reported, and I am not prepention on this application in any way, may renderstand this information may be used for de assistance. I understand that submittal or to promptly provide RTGC with any additionsure of information for the purpose of incomprogram assistance. I agree to provide any descriptions.	esult in RTGC denying me services, or statistical reporting and may be furnished f this application does not guarantee that nal information needed to process my ne verification related to making a			
purpose of obtaining assistance. I	roperty of Rebuilding Together of Greater Cl hereby consent to and authorize Rebuilding operty for the purpose of determining the ne	Together of Greater Charlotte, after giving			
household members present du	services, I agree to allow photographs and ing rebuilding activities. I further agree to all media publication— <u>without</u> using my full	ow these to be used for record-			
Applicant Signature	Printed Name	Date			
Co-Applicant Signature	Printed Name	 Date			