

Rebuilding Together - Fredericksburg
P. O. Box 41280
Fredericksburg, Virginia 22404

Received: _____



Rebuilding Together Fredericksburg
PO Box 41280 Fredericksburg, VA 22404
www.rebuildingtogetherfbg.org
540-373-9807

General Intake and Application Form for Home Repair

Dear Homeowner:

Rebuilding Together serving Fredericksburg, Stafford and Spotsylvania is an organization in which volunteers fix up homes for local residents who are unable to do the work themselves. Most volunteers are unskilled. Repairs are done safely and in compliance with code restrictions, but are not performed by professional. Our biggest concerns are with the **safety, security and weatherproofing** of a home. If your home is chosen for rehab work, all repairs will be completed free of charge. However, we want you as a partner in this process. We ask that you and/or any able-bodied members of your household participate alongside volunteers in repairs to the best of your ability. Please understand that we receive many applications and are working to fill the need with limited resources.

****Please note: Questions about military status are optional and will not negatively affect your application.****

Please print all information clearly. Applications may be submitted through mail, hand delivery or phone. If you need help filling out an application, please contact our staff.

Name: _____ Date: _____

Best Time to be reached? _____ Hm Phone (_____) _____

Cell (_____) _____ Other (_____) _____

Email: _____ Best way to be reached: _____

Physical Address _____
(Street)

(City) _____ (State) _____ (Zip Code) _____

Mailing Address: _____
(PO Box)

(City) _____ (State) _____ (Zip Code) _____

Ethnicity: White ____ African American ____ Native American ____ Hispanic ____ Asian ____
Middle Eastern ____ Other _____

Emergency Contact: _____

How did you hear about us? Friend ____ Newspaper/Radio ____ Mail ____ TV ____ Internet ____

Other _____

Referred by: (Agency) _____

Contact Person _____ Phone (_____) _____

Please circle: Have you applied with RT before? Yes ___ No ___ Has RT ever visited your home? Yes ___ No ___

Explain why you are unable to complete repairs on your own? _____

HOUSEHOLD INFORMATION

Age of home or Year built (preferred): _____

Do you **own** ___ or **rent** ___ your home? Do you **own** ___ or **rent** ___ the land?

Name on Deed: _____ Phone (_____) _____

Address (if different): _____
 (Street) (PO Box)

(City) (State) (Zip Code)
 Do you plan to sell your home within the next year? _____ 2 yrs? _____ 5 yrs? _____ Other _____

Is this home your **current** residence? Yes No Is this home your **only** residence? Yes No

Applicant has lived at this residence for ___ yrs and ___ months. Do you own other property? Yes No

If yes, what is the other property used for? _____

Are any family members (deceased or living) currently serving or have served in the military? _____

Number of Veterans in the household: _____ Yrs. of service: _____

Number of household members with disabilities: _____ Please explain all disabilities or special needs:

Hearing Impaired Sight Impaired Wheelchair bound Use a walker

Mentally Challenged Other _____

Please complete the following for all member of the household. Indicate disabled household members with an asterisk (*) next to the member's number. Please list ALL income sources (Employer, Social Security, AFDC, VA Benefits, Disability, Child support, Pensions, Medicare, Medicaid, etc.) **Attach additional sheets for further explanation of any item if needed.**

	Names of ALL Household Members	Relationship	DOB	Income Source	Gross Monthly Income
1		Applicant			
2					
3					
4					
5					
Total Household Income					

Amount of Monthly Mortgage Payments: \$ _____ Average Utility Bills: \$ _____

Do you have homeowner's insurance? Yes No Company: _____

Are any able-bodied household members willing to assist in repairs? Yes No

List all members willing to assist: _____

If you are unable to assist in repairs, please explain why: _____

Have you or any household members been convicted of a crime in the past 5 years? Yes No

If so, please explain: _____

HOME REPAIR INFORMATION

Type of home (check one): House Mobile Home Other _____

Type of house (check one): Timber Frame Concrete block Brick Other _____

Total number of rooms in house: Bedrooms _____ Bathrooms _____ Sq Ft. _____

Electrical service provider: _____ Account # _____

Water supply to house (check one): None City Water Well Cistern Spring

Does your wastewater go to (check one): City Sewer Septic Gray water Other

Central Air: Yes No **Central Heat:** Yes No

Type of Heat: Electric Natural Gas Propane Oil Kerosene Wood

REPAIRS NEEDED: We concentrate on work needed to make your home safe, secure and weatherproof.

Area to be repaired: **Brief description of work to be done:** (Attach additional sheets if needed)

Foundation _____

Siding _____

Floors/Flooring _____

Insulate/Weatherization _____

Exterior/Interior Walls _____

Roof/Ceiling _____

Windows/Doors _____

Bathroom _____

Electrical _____

Plumbing _____

Porch/Steps/Ramp _____

Grab bars/handrail _____

ADA accessibility _____

Safety _____

Energy _____

Appliances/water heater _____

Other _____

Income Verification

Please list all of your income sources for all members of your household below and indicate if amounts are for weekly, biweekly, monthly, or annual payments:

<u>INCOME SOURCE</u>	<u>NAME</u>	<u>AMOUNT</u>	<u>HOW OFTEN (weekly, monthly, yearly)</u>
Social Security	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
S.S.I.	_____	\$ _____	_____
	_____	\$ _____	_____
Annuities	_____	\$ _____	_____
	_____	\$ _____	_____
Pensions	_____	\$ _____	_____
	_____	\$ _____	_____
Gross Wages	_____	\$ _____	_____
	_____	\$ _____	_____
Other, Specify:	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Copies of documents such as an Employer Pay Slip, a document from Social Security that shows the monthly or annual amount received, W-2 Form, or 1099 Form must be attached which verifies the amount of income listed above. Please include your most recent financial information.

HOMEOWNER DISCLOSURE AGREEMENT (Signature is required here to complete the application)

_____ *initial* My signature indicates that all of the above statements and information provided are accurate complete.

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

_____ *initial* I understand that I may be asked to provide documentation as proof of my answers. I authorize investigation and verification of all information provided, including a personal background check, as may be necessary for my involvement with Rebuilding Together.

_____ *initial* I have read the information provided by RT representatives and volunteers to inspect my home for purposes of home selection and/or repair.

_____ *initial* 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 at my home.

_____ *initial* I understand that there is no cost to the homeowner for these repairs.

_____ *initial* I understand that I am expected to participate with volunteers at my home to the best of my ability, and that adult family members or friends on site during workdays will also participate.

_____ *initial* I give Rebuilding Together-Fredericksburg permission to share this document with other providers, or non-profit organizations who might be able to assist with this application.

Applicant Name (print)

Applicant Signature

Date

A site team any call to schedule an inspection of your home and get more details of work requirements. You will be notified by phone or mail whether or not you are selected.

****If this form has been prepared by someone other than the homeowners, or if assistance has been given to the homeowner, please complete the following:**

Name of preparer: _____ Relationship: _____

Agency: _____ Phone (_____) _____

Email: _____

Is the homeowner aware of this application? Yes No