

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

Received: \_\_\_\_\_



**Rebuilding Together Fredericksburg**  
PO Box 41280 Fredericksburg, VA 22404  
[www.rebuildingtogetherfbg.org](http://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					
<b>Total Household Income</b>					

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:

<b><u>INCOME SOURCE</u></b>	<b><u>NAME</u></b>	<b><u>AMOUNT</u></b>	<b><u>HOW OFTEN (weekly, monthly, yearly)</u></b>
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