**Homeowner Application & Referral Form**

**PRINT & MAIL:** Rebuilding Together, c/o Molly Devanney

448 Tolland Turnpike, Manchester CT 06042.

**FILL OUT & EMAIL:** rebuildmanchester@gmail.com

For information, please call 860-647-3167**.**

**| Part One |**

**\*To fill our form digitally, click the grey box next to question and begin typing.**

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| **Name of Homeowner(s):**  |
| **Address:** | **Phone:** |
| **Is Homeowner: Elderly:** **[ ]  Disabled:** **[ ]  Veteran:** **[ ]**  |
| **Approximate monthly household income:** |
| **Pertinent information concerning family situation (including names, number and age of all people residing in the home):** |
| **General Condition of the house and description of work to be done (please be specific):** |
| **How will the homeowner and family members be able to assist in the repair of their house?**  |
| **Is this a referral? Yes** **[ ]  No** **[ ]**  | **If so, is the homeowner aware of this referral? Yes [ ]  No [ ]**  |
| **Name of person submitting this referral:**  |
| **Agency:**  | **Date:**  | **Phone:** |

**\*Priority is giving to fixed or moderate-to-lower income, elderly or disabled people who cannot do the repairs or improvements themselves and have no able-bodied family members who might do the work. Recipients are asked to welcome volunteers into their homes and share this “neighborhood helping neighbor” program.**

**Race and Ethnicity Questionnaire**

Please indicate the totals by race and ethnicity for all persons in your household.

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|   | Race | Ethnicity |
| American Indian or Alaska Native |       |       |
| American Indian or Alaska Native and Black or African American |       |       |
| American Indian or Alaska Native and White |       |       |
| Asian |       |       |
| Asian and White |       |       |
| Black or African American |       |       |
| Black or African American and White |       |       |
| Native Hawaiian or Other Pacific Islander |       |       |
| White |       |       |
| **TOTAL** |       |       |
| **From the total in the RACE column, how many are Hispanic or Latino?**  |       |  |

**| Part Two |**

**About Us**

Rebuilding Together of Manchester is a registered nonprofit organization that assists low-income Manchester homeowners, specifically the elderly, disabled, and families with children, with critical home maintenance and repairs that they are unable to manage on their own due to physical and/or financial limitations.  Rebuilding Together's goal is to ensure these homeowners continue to live in comfort, warmth and safety in their own homes.

**Our Programs**

We operate our services year-round through programs that match individual volunteers, small teams, or large groups to address as many repairs and home improvements as we have the technical expertise and financial resources to complete. We are able to consider most repair requests and offer emergency repairs if funds are available.

**Basic Criteria**

To be considered for our programs, homeowners must meet the following criteria:

* **You must be the legal property owner and the home must be located in Manchester, CT**
* **You must currently have lived in the home for 5 years and plan to remain living in the home for at least the next 5 years**
* **You must be low-income and reasonably unable to complete the work on your own**
* **You must be up to date on your taxes, mortgage, and sewer and water bill**

**Required Documents: Please attach copies of the following verification documents to your application.**

* Income Verification—Acceptable verification includes your most recent tax return and copies of benefits or other income statements (Ex. Social Security, pay stubs, unemployment, pension, etc.)
* Asset Verification—Acceptable verification includes balances of checking and savings accounts, annuity amounts, and proof of other real estate if applicable. (Ex. Bank statements, annuity documents, deeds, etc.)

\*There is no fee required to apply to receive assistance from Rebuilding Together. Rebuilding Together has not authorized any other person or entity to act as its agent for purposes of this application and any fees or costs associated with this application paid by the applicant to any person or entity are not fees or costs charged by Rebuilding Together.

Please mail your completed application and materials to:

**Rebuilding Together Manchester, 448 Tolland Turnpike, Manchester, CT 06042**

Application Submission and Processing

* Once your application is received, we will review it to ensure you meet our basic criteria for service.
* We will contact you if we have any questions or require additional documentation.
* Please note: incomplete applications, including missing supporting documentation **will** delay processing.

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|  **HOMEOWNER CONTACT INFORMATION** | *MISSION: Together we transform the lives of low-income Manchester homeowners by improving the safety and health of their homes and revitalizing our community.* |
| First Name |       | Last Name |       |
| Address |       | City, Zip |       |
| Primary Phone |       | Secondary Phone |       |
| Email Address |       | How did you hear about us? |       |
| Alternate Contact Name/Relationship |       | Alternate Contact Phone |       |

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| **HOMEOWNER BACKGROUND AND HISTORY** |
| Name |       | Date of Birth |       | Age |       |
| Has anyone in the home served in the military? | [ ]  YES [ ]  NO | Dates of Service |       | Branch |       |
| Is anyone in the home disabled? | [ ]  YES [ ]  NO | Who in the household? |       |
| Please describe any disabilities or limitations |       |
| Do you intend to live in your home the next 3 years? | [ ]  YES [ ]  NO | If not, please explain |       |
| Have you ever applied to Rebuilding Together Manchester or *Christmas in April* (our former name)? | [ ]  YES [ ]  NO | When? |       |
| Has our organization ever done work on your home? | [ ]  YES [ ]  NO | When? |       |

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| **HOUSEHOLD MEMBERS** | ***Please list everyone who lives in the house, including children, temporary residents, and renters*** |
| Name | Relationship | Age |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

* *Please continue on additional sheet, as needed, in order to include all individuals who reside or stay in the home*

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| **HOUSEHOLD INCOME INFORMATION** | ***We may require more financial documentation.*** |
| **Name** | **Monthly****Wages/Salary** | **Monthly Benefits\*** | **Other Monthly Income\*\*** | **Annual Income** |
|       | $      | $      | $      | $      |
|       | $      | $      | $      | $      |
|       | $      | $      | $      | $      |
| \*Benefits include pensions, Social Security, SSI/other disability benefits, unemployment, etc.\*\*Please include any rental income within the last 12 months and any other sources of income |
| Are there any special circumstances regarding income or expenses within your household? e.g. temporary or seasonal employment, healthcare expenses, etc. that we should be aware of? Please explain below. |
|       |

* *Please attach additional sheets, as needed, in order to include all income earners*

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| **PROPERTY INFORMATION** |  |
| Do you have current homeowner’s insurance? | [ ]  YES [ ]  NO | Year Home was Purchased |       |
| Do you have a mortgage? | [ ]  YES [ ]  NO | Monthly Mortgage Payment |       |
| Are you behind on any mortgage, tax, or water payments? | [ ]  YES [ ]  NO | Do you receive any utility assistance/reductions? | [ ]  YES [ ]  NO |
| What type of heating system does the home have? (gas, electric, oil) |       |

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| **REPAIRS AND ASSISTANCE NEEDED** | ***Many non-structural repairs can be considered based on available resources.*** |
| Please provide a brief description of the work needed including:* interior and exterior repairs
* plumbing and electrical issues
* safety improvements
* security improvements including doors, windows, and locks
* accessibility alterations including handrails and grab bars
* yardwork
* clutter removal
* painting
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| **HOMEOWNER DISCLOSURE AGREEMENT** |
| Directions: *Please* ***read and initial every line*** *next to all statements below. Your signature is required to complete your application. Please call our office if you have any questions.* |

      I understand that Rebuilding Together programs are a free service to homeowners in need and (initial) I certify that  I do not have the financial means to pay for the repairs for which I am applying.      I understand that acceptance into RT programs is not guaranteed and subject to available funding and volunteers. Additionally, RT cannot guarantee that all the requested work will be done.      I understand that I may be asked to provide additional documentation. I authorize RT to verify any information, including conducting a personal or criminal background check, for any applicant or other adult living in the home.      I understand that RT retains the right to decline my application or end the project at any point during the program process. I understand that my application may be terminated due to misrepresentation of facts at any point in the process, detection or suspicion of illegal activities at my residence, or failure to fit the requirements and constraints of the program at the time of application.       I understand that any able-bodied member of my household age 12 and up will be expected to assist volunteers to the best of their ability during the project workday.      I certify that any alcohol, drugs, and firearms or weapons are securely put away and will remain so during any visits or work performed by RT representatives or volunteers.      I give permission for trusted RT representatives to inspect my home for purposes of selection and/or repair, and look at all rooms/spaces in my home. If my home is selected, I also give permission to trusted RT volunteers to complete the work at my home.      I consent to unrestricted use by RT and authorized persons of any photographs, interviews, audio, or video recordings of my home and household in connection with the project if my home is selected. I grant RT all rights, title, and interest in any and all said interviews, photographs and recordings, including publication, royalties, or other benefits derived from such recordings.       Reporters and/or photographers may come to my property during the time that RT volunteers are working on my home to take photographs and/or interview volunteers and/or members of my household. \*Other options of this clause are available upon homeowner request.My signature below indicates that all information provided in this application including is accurate and complete. I have read the application instructions and understand the application process. I understand all clauses in the disclosure above.\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Applicant’s Signature Date* |

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