



Richmond

Serving Richmond and the Tri-Cities



## Homeowner Application

Mail to: Rebuilding Together of Richmond, 406 W Franklin St. Suite B Richmond, VA 23220

Email to: [info@rebuildingtogetherrichmond.org](mailto:info@rebuildingtogetherrichmond.org) Questions? Call (804) 447-3841

### Homeowner Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Do you regularly check this email? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Year home was built: \_\_\_\_\_ Number of years at this address: \_\_\_\_\_

### Race (circle the most applicable):

1. White
2. Black/African American
3. Asian
4. American Indian or Alaska Native
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaska Native & White
7. Asian & White
8. Black/African American & White

9. American Indian/Alaska Native & Black/African American

10. Other Multi Racial

11. Other \_\_\_\_\_

**Ethnicity (circle the most applicable):**

Hispanic

Non-Hispanic

**How did you hear about Rebuilding Together Richmond?**

Letter in the mail \_\_\_\_\_ Flier on my door \_\_\_\_\_ Online/website \_\_\_\_\_

Referral (please list) \_\_\_\_\_

Other (please list) \_\_\_\_\_

*If you are filling out this application for the homeowner, please complete the following:*

Name of person preparing/assisting with application: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Desired Repairs:**

Rebuilding Together Richmond has multiple home repair programs that we may be able to serve you through. The more information we have about the repairs needed at your house, the better we'll be able to serve you. We cannot guarantee that specific repairs will be addressed. Answers to these questions will **not** limit your ability to be served through any program, please answer honestly and to the best of your ability.

Please circle yes or no for each question.

**Weatherization:**

Does your roof leak?            Yes            No

Do you have any plumbing leaks or issues?    Yes            No

Does your heating system work? Yes No

Does your water heater work? Yes No

**Safety:**

Do your steps/staircases have sturdy handrails? Yes No

Do you have grab bars in your bathroom, if needed? Yes No N/A

Do you have a fire extinguisher? Yes No

Do you have working smoke detectors? Yes No

Do you have working carbon monoxide detectors? Yes No N/A

Do you have any electrical issues (lights not working, outlets sparking, etc.)? Yes No

Do you need a ramp installed so that you can safely and easily get in and out of your house? Yes No

**Statements of Ownership, Income, and Residence:**

Rebuilding Together services are available only to full-time resident homeowners.

The title to this home is held in the following name(s):

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Please list everyone living in the home (include name, age, gender, and relationship to the homeowner):

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Is anyone living in the home disabled? List name and any special needs (wheelchair, etc.)

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Are there any children age 6 and under living/staying at this home on a regular basis (ie grandchildren staying in home after school, etc.)?      Yes              No

Are there any veterans of the US Armed Forces currently residing in the home?

Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Do you owe City taxes on your home?    Yes                              No

Do you have a mortgage?    Yes                              No

Do you have homeowners insurance?    Yes                              No

What type of heating source do you have in your home? Gas \_\_\_\_\_  
 Oil \_\_\_\_\_ Electric \_\_\_\_\_ Cook oven \_\_\_\_\_ Space heater \_\_\_\_\_

**Pleas list the income and assets for all residents, including the homeowner, living in the home.** If a member of the household has zero income, list their income as zero. We will require documentation for all income and asset information provided.

1. Do you have a savings account? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please list the current balance \$\_\_\_\_\_

Name	Age & relationship to homeowner	Monthly income	Source (job, SSI, disability, etc.)
		\$	
		\$	
		\$	
		\$	

2. Do you have a checking account? Yes \_\_\_\_ No \_\_\_\_ If yes, please list the average balance \$ \_\_\_\_\_
3. Do you have cash held elsewhere such as safe deposit boxes, homes, etc.? Yes \_\_\_\_ No \_\_\_\_ If yes, please list amount \$ \_\_\_\_\_
4. Do you have an individual retirement and Keogh accounts (even if withdrawal would result in penalty): Yes \_\_\_\_ No \_\_\_\_ If yes, please list amount \$ \_\_\_\_\_
5. Do you have a retirement and pension fund: Yes \_\_\_\_ No \_\_\_\_ If yes, please list amount \$ \_\_\_\_\_
6. Do you have stocks, bonds, Treasury bills, certificates of deposit and money market accounts: Yes \_\_\_\_ No \_\_\_\_ If yes, please list amount \$ \_\_\_\_\_

Total amount of all assets listed above (lines 1-4): \$ \_\_\_\_\_

**Homeowner's Statement of Eligibility:**

I, \_\_\_\_\_ have asked Rebuilding Together Richmond (RTR) to provide repairs to my home at \_\_\_\_\_ . I understand that RTR's services are funded in part by Community Development Block Grants to provide assistance to low-income homeowners who have no other means to afford home repairs. In addition, I understand that to knowingly submit false information is considered fraud and punishable under law. By signing my name and initialing these statements, I am certifying my eligibility to receive assistance from RTR, as follows:

**Please write your initials after each statement.**

All the information submitted on my homeowner application is complete and correct. \_\_\_\_\_

I am the owner of the home at the above address, and this house is my full-time residence. \_\_\_\_\_

I understand that RTR will not require payment for any repair services nor place a lien on my property. \_\_\_\_\_

If my residence is involved with the regulations concerning lead based paint, it is my understanding that I will be informed of the process and outcome. I agree to sign all

applicable forms related to lead testing, final reports, etc. and allow access to my home for testing. \_\_\_\_\_

I will not sell, rent or transfer ownership of this house for 18 months after completion of repairs. \_\_\_\_\_

I, and/or any other owners of my home have no other financial resources to afford the requested repairs. \_\_\_\_\_

I authorize RTR and its representatives to complete paperwork required to obtain building permits necessary to repair my home. \_\_\_\_\_

I understand that RTR cannot make promises as to the specific work that will be done. \_\_\_\_\_

I authorize RTR to verify any information I have provided on this application, and I understand that the local Police Department may screen my address for history of illegal activity. \_\_\_\_\_

I will take full responsibility for securing valuables located in my house while work is being completed, and I understand RTR cannot be held responsible for misplaced or broken items. \_\_\_\_\_

I understand that if my home is accepted into an RTR program that utilizes volunteers, friends and family are asked to **not** be present while work is being completed. Refusal to comply will jeopardize my eligibility for RTR's services. \_\_\_\_\_

Print Name: \_\_\_\_\_ Signed:  
\_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT FOR RELEASE OF CONFIDENTIAL**  
**INFORMATION**

I, \_\_\_\_\_ do hereby authorize Rebuilding Together Richmond to disclose the information I have provided in my application to representatives from the organizations listed below for the purpose of identifying additional services provided by one of these organizations for which my family or I might qualify.

**I AM AUTHORIZING THE RELEASE OF MY INFORMATION TO THE FOLLOWING ORGANIZATIONS:**

- Bon Secours Health System
- Children’s Hospital of Richmond
- Family Lifeline
- GHHI Richmond Learning Network
- Green & Healthy Homes Initiative
- Project:HOMES
- Richmond Regional Energy Alliance
- VCU Medical College of VA
- Viridiant

By this release, I am not giving permission for the receiver of this information to re-disclose this information to any other third party. I understand that my records are protected under state and federal confidentiality regulations and cannot be disclosed without written consent unless otherwise provided for in the regulations. I understand that I may revoke this consent at any time and that this consent expires automatically one year from the date below. I understand that this information may be transmitted via email.

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**Applicant Signature**

**Date**