

Thank you for your interest in Rebuilding Together Richmond's home repair program. Attached is a copy of our application, please fill it out to the best of your ability and send it back to us as soon as possible.

Once we receive it, we will process your application. This process takes 4-6 weeks, and once it is completed, you can expect to receive a letter with an update on the status of your application.

Please contact us if you have any questions!

Phone: (804) 447-3841

Email: info@rtrva.org

Rebuilding Together Richmond has requirements for applicants to our program for free home repairs. We do our best to pre-screen homeowners before sending an application, however, please see the chart below:

Eligibility Requirements

- » Must own the home that you live in.
- » Must earn less than 80% of Richmond's area medium income (AMI). **[See chart]**
- » Other locality specific requirements (ex. utilities are current, must have homeowners insurance, etc.).
- » Must live in the service area/targeted community specified.

Targeted Communities

- » **Richmond:** Oak Grove, Bellemeade, Windsor, and Davee Gardens.
- » **Chesterfield:** Matoaca, Ettrick, and Bensley.

Income Requirements	
FAMILY SIZE	INCOME
1	\$56,4500
2	\$65,450
3	\$72,500
4	\$80,550
5	\$87000
6	\$93,000
7	\$99,000
8	\$106,350



REPAIRING HOMES, REVITALIZING COMMUNITIES, REBUILDING LIVES.

THIS PAGE IS FOR YOU TO KEEP



Serving Richmond and the Tri-Cities



Homeowner Application

Print and fill out or fill out electronically.

Mail to: Rebuilding Together of Richmond, 3500 Patterson Ave, Richmond, VA 23221

Email to: 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: _____ Do you regularly check this email? ___Yes___No

Emergency Contact: _____ Phone: _____

Relationship: _____

Year home was built: _____ Number of years at this address: _____

Race (check most applicable):

- | | |
|--|--|
| White | Asian & White |
| Black/African American | Black/African American & White |
| Asian | American Indian/Alaska Native & Black/African American |
| American Indian or Alaska Native | Other Multi Racial |
| Native Hawaiian/Other Pacific Islander | Other _____ |
| American Indian/Alaska Native & White | |

Ethnicity (check 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 check 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
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
Do you have any electrical issues (lights not working, outlets sparking, etc.)?.....	Yes	No
Do you you need a ramp installed so that you can safely and easily get in and out of your house?.....	Yes	No

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

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/County taxes on your home?..... Yes No

Do you have a mortgage?..... Yes No

Do you have homeowner's insurance?..... Yes No

What type of heating source do you have in your home?

_____ Gas

_____ Cook Oven

_____ Oil

_____ Space Seater

_____ Electric

Please 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 \$_____
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 read the following statements thoroughly, and write your initials next to each.

- _____ 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: _____

Signature: _____

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.

Applicant Signature

Date