



Homeowner Application

Date of application _____

Applicants must meet income guidelines: 1-2 residents adjusted gross income is no more than \$33,000 annually. Add \$3,500 for each additional resident, to come up with the total combined income. You must be the homeowners and the following demographics receive priority:

____ Over 65: ____ Disabled: ____ Veteran:

Section 1: Homeowner Information

Name of Homeowner (Applicant): _____

Address: _____ Home telephone: _____

City: _____ State: _____ Zip: _____ Work telephone: _____

Email address: _____ Mobile telephone: _____

List the names and ages of all people living in the home including renters (attach a separate sheet if more space is needed). Total number of people living in home: _____

| Last Name | First | Date of Birth | *Relation to Owner | Gender | Disabled | **Race optional | Veteran: Please provide branch, date of service. |
|------------------|------------|---------------|--------------------|--------------|---------------------|-----------------|--|
| | | | | M / F | Y / N | | |
| | | | | M / F | Y / N | | |
| | | | | M / F | Y / N | | |
| | | | | M / F | Y / N | | |
| | | | | M / F | Y / N | | |
| *Relation | S = Spouse | C = Child | R = Relative | P = Parent | O = Other | | |
| **Race | W = White | A = Asian | B = Black | H = Hispanic | N = Native American | O = Other | |

Section 2: Personal Statement

Please write a brief explanation of why you feel you should be selected for our program and how it will help you and/or your family. (Use separate paper if needed)

Section 3: Special Needs

Does anyone in the home live with a disability? Please check all that apply and provide name of individual:

- Hearing limitations _____ Sight limitations _____ Uses a wheelchair _____
- Uses a walker, cane, or crutches _____ Mental disability _____ Other _____

Comments: _____



Section 4: Type of repairs to be considered.

The work requested will be considered based on priority, addressing safety and independence.

| | |
|---|---|
| Handy Man Repairs: | Brief description: location in home, use separate paper if needed. |
| Carpentry repairs ex: doors, floors, porches, steps, cabinets, etc. | |
| Electrical repairs: ex: exposed wire, outlets/switches, light fixtures, etc. | |
| Painting/wall repair: interior, exterior | |
| Plumbing repairs: ex: sinks, tubs, showers, faucets, leaking, etc. | |
| General cleaning & yard work: ex: windows, trim trees, drainage landscaping, etc. | |
| Green Housing Repairs: | Brief description: location in home, use separate paper if needed. |
| Energy Efficiency: insulation, furnace, water heaters, windows, etc. | |
| Major appliances, water saving faucets & toilets, caulking, thermostat, etc. | |
| Roofing Repairs: | Brief description: location in home, use separate paper if needed. |
| Major repairs: Total replacement of roof, gutters, soffits, etc. | |
| Minor repairs: Patching of roof, leaking, etc. | |
| Safe at Home: | Brief description: location in home, use separate paper if needed. |
| Major repairs: wheel chair ramps, replace torn carpet/tiles, accessible showers, etc. | |
| Minor repairs: grab bars, handrails, lever door handles, ADA faucets, shower seats, raised toilets, CO2/smoke detectors, etc. | |
| Prioritize repairs: Please List repairs that are most important to you and need immediate attention. | |
| 1. | |
| 2. | |
| 3. | |



Section 5: House Information

Name(s) listed on Property Deed _____

Is this deed in a living or family trust? Yes No Number of year's homeowner has lived at this address: _____

Has the property been cited for any building or health code violations? Yes No (If yes, attach copy of notification.)

Will your home be sold in the next: 1 Year 2 Years 5 Years

Do you have homeowners insurance? Yes No Is your homeowners insurance current? Yes No

Is there a mortgage on this home? Yes No Name of Mortgage Company: _____

Have you missed a mortgage payment over the last 12 months? Yes No If yes, how many? _____

Are you a member of a homeowners association? Yes No Name & Phone: _____

Section 6: Application History

Have you applied to Rebuilding Together in the past? Yes No What Years? _____

Has Rebuilding Together done work at your home in the past? Yes No What Years? _____

How did you hear about Rebuilding Together? TV Radio Flyer Friend Other : _____

Section 7: Income Verification

Please attach a copy of each household member's income tax return or statement of benefits. Information provided must include income of all household members. Please include property tax rebate for homestead tax credit forms.

Do you qualify for **homestead tax credit** or **property tax rebate**? Yes No

Please list special circumstances regarding expenses within your household such as home health care, hospital costs, medication expenses, etc.: _____

Please list the name of any member of your household who is unemployed (Do not include individuals in grades K-12, retired individuals, or those receiving Social Security): _____

Are there any **renters residing in your home**? Yes No If yes, how many? _____

Approximate Household income? \$ _____

Section 8: Verification Documents Required

- All applications MUST include copies of these REQUIRED documents to be considered for program services. *
- Proof of homeownership** – such as the deed or property tax receipt; must show the name and address of the applicant.
 - Proof of current homeowner's insurance** - showing Homeowner's name, address and dates of coverage.
 - Proof of income** - such as most recent income tax statement for each person over the age of 18 living in the home - showing Adjusted Gross Income is all that's necessary. For your privacy, please block out any social security numbers. If a resident did not file a return last year or is now working, please provide a statement for all earned income (including social security, disability or other benefits; payment stubs from employers, etc.) or proof of student status.
 - Green Housing repairs requests ONLY.** Copies of energy bills for the home from the past 12 months.

Please mail ALL documents with completed application to ensure prompt consideration:
Rebuilding Together Fargo Moorhead Area 700 Main Ave Ste 10, Fargo, ND 58102

**The final decisions on all home repair requests are based on Rebuilding Together Fargo Moorhead Area resources and will be made at the discretion of the organization. Please allow 4-6 months for processing and final decisions from date of completed application receipt. Once eligibility is determined, the Homeowner will be contacted directly by Rebuilding Together FMA staff to schedule a follow-up appointment to preview the site and determine further consideration of repairs. At that time, the Homeowner will receive additional information regarding the program services and schedules. Please contact the RTFMA office with additional questions at (701) 356-RTFM (7836).*

Rebuild



Rebuilding Together Fargo Moorhead Area (RTFMA) provides home repairs for income-eligible homeowners who are unable to do the work themselves. You, as the Homeowner(s) understand and affirm the following (please initial next to each item):

- _____ Homeowner(s) will not be charged for the work performed on the home.
- _____ It is Homeowners' intention to remain in the home, barring catastrophic illness or death, for a minimum of (3) three years after completion of repair work performed.
- _____ Homeowner(s) will be responsible for reimbursing the cost of supplies and labor to RTFMA if Homeowner(s) sells, rents or accepts a contract for sale of the home while work is being completed by RTFMA or within (3) three years after such work is completed.
- _____ Skilled & unskilled volunteers will perform the labor and none of the work done is warranted or guaranteed.
- _____ A representative of RTFMA will discuss the work to be done with the Homeowner(s). Also Homeowner(s) understand that there is no guarantee to the amount of work that RTFMA may complete.
- _____ In consideration of the work to be performed by the volunteers organized by RTFMA, for the benefit of the Homeowner(s) and in light of the aims and purposes of the community service provided by RTFMA Homeowner(s) agree to release and hold RTFMA, its officers and directors, employees, agents and volunteers harmless from any cause of action, claim or suit arising from such work.
- _____ Homeowner(s) do not object to photographs of the volunteers, their homes or themselves taken while work is being performed at their home. Homeowner(s) furthermore give permission for media and sponsors to use their name, photo image and any verbal and written comments made in conjunction with the rehabilitation of their home to promote the work of RTFMA to help others live in safety, warmth and independence.
- _____ Homeowner(s) is/are required to be ON SITE during all scheduled project workdays. Homeowner(s) and any able-bodied family member will work alongside the volunteer group to make necessary repairs to the home.
- _____ Homeowner(s) understand that if Homeowner(s), any family member or visitor to the home disrupts the work of the volunteers, refuses to help or leave the site during the workday, RTFMA will not perform or complete repairs on the home.
- _____ Homeowner(s) are aware that RTFMA may need to remove, discard or relocate objects within the home to enable the individual and/or family members to remain living in a safe, sanitary and healthy environment.
- _____ Homeowner(s) understand that if the volunteers are placed in an unsafe work environment that RTFMA will not perform or complete the repairs on the home.
- _____ Homeowner(s) allow RTFMA to check the validity of the personal information they have provided to the program that is required to establish their eligibility for this service.

Homeowner(s) do swear that the total household income, including all members residing within the home is \$_____.

Homeowner(s) certifies that all information on this application is accurate and that the Homeowner(s) owns the property at the address given on the application. Homeowner(s) hereby releases RTFMA and all associated with it from any and all liability whatsoever.

Homeowner Signature _____ Date _____

Homeowner Signature _____ Date _____

Preparer Signature* _____ Date _____

** If you are not the homeowner, but are assisting the homeowner(s) in completing this application, then please provide the following information in addition to your signature:*

Print Name _____ Relationship to homeowner: _____

Phone: _____ Email: _____

