

Rebuilding Together

Rebuilding Together (RT) is a non-profit organization that provides home repairs and safety modifications for residents in Clay County. Homes will be selected on the basis of greatest need and the ability of RT volunteers to accomplish the needed repairs. If necessary, professional laborers will be used. RT does not work on rental properties. **There is NO application fee required to make application to receive assistance from RT. RT has not authorized any other person or entity to act as its agent for purposes of this applications and any fees or costs associated with this applications paid by the applicant to any such person or entity are not fees or costs charged by RT.**

APPLICATION FOR HOME REPAIRS

(Please Print)

NAME OF APPLICANT(S): _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DAY PHONE: _____ NIGHT PHONE: _____ MARITAL STATUS: _____

ARE YOU THE HOMEOWNER? YES _____ NO _____ IF NO, WHO IS? _____

ADDITIONAL CONTACT PERSON: NAME _____ PHONE: _____

HOW DID YOU HEAR ABOUT RT? _____

HAVE YOU RECEIVED HELP FROM RTL BEFORE? YES _____ NO _____ WHEN? _____

ARE HOME MODIFICATIONS NEEDED TO MAKE THE HOME ACCESSIBLE BASED ON A DISABILITY OF AN OCCUPANT? YES _____ NO _____

IF YES, PLEASE DESCRIBE THE NEED: _____

List the repairs or modifications needed in order to make your home safe, secure, and weatherproof: _____

(use the back of this page if more room is needed)

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? _____ YEARS

HOW LONG DO YOU PLAN TO CONTINUE TO LIVE AT THIS ADDRESS? _____ YEARS

OTHER THAN THIS RESIDENCE, DO YOU OWN ANY OTHER PROPERTY (business, second home, farm, etc.)

YES _____ NO _____ IF YES, WHAT TYPE? _____

HOUSEHOLD INFORMATION

List **ALL** individuals living in the home including homeowners (race is used for reporting purposes only):

<u>Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Race</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

(use the back of this page if more room is needed)

IS ANY RESIDENT OF THE HOME A U.S. ARMED FORCES VETERAN OR CURRENTLY SERVING?

YES _____ NO _____ IF YES, NAME(S) _____

PLEASE INDICATE IF YOU ARE A WIDOW OR WIDOWER OF A VETERAN: YES _____ NO _____

HOUSEHOLD INCOME INFORMATION

Instead of providing income information, I will choose to pay for the total amount of the repair costs.

*Please enter the income information below for ALL residents in the home. For questions or help in completing this section, please call 781-8985.

<u>MONTHLY INCOME:</u>	<u>INCOME #1</u>	<u>INCOME #2</u>	<u>INCOME #3</u>	<u>INCOME #4</u>
<u>TOTAL</u>				
Name of Resident/Age	_____	_____	_____	_____
Salary/Wages	\$ _____	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____	\$ _____
Social Security (spouse)	\$ _____	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____	\$ _____
Pension (spouse)	\$ _____	\$ _____	\$ _____	\$ _____
Dividend/Investment earnings	\$ _____	\$ _____	\$ _____	\$ _____
Veterans	\$ _____	\$ _____	\$ _____	\$ _____
Other income source	\$ _____	\$ _____	\$ _____	\$ _____
		TOTAL	MONTHLY	INCOME
				\$ _____

****In order for your application to be processed, copies of ALL income documentations (as they apply) must be submitted with your application (personal information will be kept confidential), such as:**

- | | |
|---|--|
| _____ Current Payroll Check Stubs (for past three months) | _____ Social Security Statements |
| _____ Most Recent Federal Income Tax Returns | _____ Child Support Statements |
| _____ Pension Statements | _____ Unemployment Statements |
| _____ Disability Statements | _____ Worker's Compensation Statements |
| _____ Any Other Income or Benefit Statements | |

MONTHLY OUT OF POCKET MEDICAL EXPENSES

Prescriptions & Medications	\$ _____
Medical supplies (supplements, briefs, walkers, etc.)	\$ _____
Out of pocket (hospital and physician co-pays)	\$ _____
Insurance premiums	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

STATEMENT OF PARTICIPATION

I certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying. My signature below indicates that the information provided above is accurate and complete. I give RT volunteers my permission to inspect my home for purposes of home selection. I also realize that there is a limited number of homes that will be selected, and that I am not guaranteed of receiving free repairs from RT even though I have applied. I confirm that when RT volunteers are making repairs, any person residing in my home or visiting us at the time will work with the volunteers if they are physically able.

HOMEOWNER LIABILITY WAIVER

As the homeowner(s) of this property, who is (are) requesting assistance with home repairs from RT, I (we) waive any and all rights that I (we) might otherwise have to bring any kind of legal action against RT, RT volunteers, and anyone participating on behalf of RT during the course of any construction, repair, and/or maintenance work or thereafter. I (we) also agree to forever hold harmless the officers, directors, agents, or employees of RT from any and all claims related to the work performed. I (we) acknowledge and agree that in the event that I (we), or any heirs, executors, personal representatives or assigns violates this provision, I (we) will be required to compensate RT for full amount required to defend such claim.

_____/_____
Homeowner Name (Please print) Signature Date _____

_____/_____
Homeowner Name (Please print) 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:

_____/_____
Preparer's Name (Please print) Signature Date _____

Relationship to the homeowner(s): _____ Phone _____

PLEASE RETURN THE COMPLETED APPLICATION TO:
REBUILDING TOGETHER, 2050 PLUMBERS WAY, #150, LIBERTY, MO 64068.
ADDRESS ANY QUESTIONS TO 781-8985.