

Rebuilding Together Liberty

Rebuilding Together Liberty (RTL) is a non-profit organization that provides home repairs for low-income residents in Liberty. Homes will be selected on the basis of greatest need and the ability of RTL volunteers to accomplish the needed repairs. If necessary, professional laborers will be used.

APPLICATION FOR HOME REPAIRS

(Please Print)

NAME OF HOMEOWNER(S): _____

ADDRESS: _____

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

ADDITIONAL CONTACT PERSON: NAME _____ PHONE: _____

HOW DID YOU HEAR ABOUT RTL? _____

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 needed in order to make your home safe, secure, and weatherproof: _____

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

PROOF OF HOMEOWNERSHIP

RTL does not make repairs on rental properties. Proof of homeownership (attach copy of one):

_____ Real estate tax receipt from most recent year _____ Warranty deed _____ Other

Current Homeowner's Insurance Company: _____

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 (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) _____

HOUSEHOLD INCOME INFORMATION

*The income information below pertains to **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	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Social Security (spouse)	_____	_____	_____	_____
Pension	_____	_____	_____	_____
Pension (spouse)	_____	_____	_____	_____
Dividend/Investment earnings	_____	_____	_____	_____
Veterans	_____	_____	_____	_____
Other income source	_____	_____	_____	_____
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, such as (personal information will be kept confidential):**

- | | |
|---|--|
| _____ 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 RTL 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 RTL even though I have applied. I confirm that when RTL 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 RTL, I (we) waive any and all rights that I (we) might otherwise have to bring any kind of legal action against RTL, RTL volunteers, and anyone participating on behalf of RTL 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 RTL 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 RTL for full amount required to defend such claim.

_____/_____
Homeowner Name (Please print) Signature Date

_____/_____
Homeowner Name (Please print) Signature Date

_____/_____
Preparer's 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:

Relationship to the homeowner(s): _____ Phone _____

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