

Intake Date: \_\_\_\_\_\_\_ Intake Person: \_\_\_\_\_\_\_ Year Built: \_\_\_\_\_

Income Level: 30% \_\_\_\_ 50% \_\_\_\_ 80% \_\_\_\_ Over \_\_\_\_

Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: YES\_\_\_\_\_ NO\_\_\_\_\_ Sq Ft:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOMEOWNER APPLICATION**

(PLEASE PRINT)

Dear Applicant,

Thank you for your interest in Rebuilding Together Warner Robins!

Rebuilding Together Warner Robins’ mission is repairing homes, revitalizing communities and rebuilding lives. To our mission, we provide home repairs and modifications for eligible neighbors in partnership with volunteers, businesses, local government agencies and other community partners. Home improvement services are provided at no cost to the homeowner. While we would like to serve all homeowners who express interest in services, please know that we are often limited by our funding sources, eligibility requirements, service areas and capacity to take on new projects. Incomplete applications may be declined.

**Eligibility Requirements [Sample]:**

* You must own your home, and you must have lived in it for 2 years.
* You must own a home in Houston County, Georgia.
* You must intend to remain in your home for at least 2 years.
* You must have a current homeowners insurance policy for the property.
* The total gross income for all residents of your home must be less than the amount shown below to meet Rebuilding Together Warner Robins’ income guidelines.

|  |
| --- |
| **Houston County, GA** |
| **FY 2022 MTSP Income** | **Income Limit** | **1 Person** | **2 Person** | **3 Person** | **4 Person** | **5 Person** | **6 Person** | **7 Person** | **8 Person** |
| **Limit Area** | **Category** |
| **Houston County, GA** | Income Category 50% | $28,850  | $32,950  | $37,050  | $41,150  | $44,450  | $47,750  | $51,050  | $54,350  |
| Income Category 80% | $46,100  | $52,700  | $59,300  | $65,850  | $71,150  | $76,400  | $81,700  | $86,950  |

Please note that ALL household members, including roommates and extended family members, must provide accurate income information for Rebuilding Together Warner Robins to process an application. Applicant households with an annual income of up to 80% of HUD's area median income are eligible. Applicant households with an annual income of up to 50% of HUD's area median income will be prioritized. HUD's area median income guidelines are calculated annually. Most recent guidelines are included below. HUD posts current guidelines at <https://www.huduser.gov/portal/datasetslil.html>.

**Application Process:**

* Complete the homeowner application
* Collect proof of income for EACH resident of the home for the last three months
* Email info@rebuildingtogetherwr.org or mail the application and proof of income to:

Rebuilding Together Warner Robins

110 Oak Grove Road

Warner Robins, Georgia, 31088

Please tell us about yourself in the questionnaire below. Please email or call our office with any questions regarding the application at info@rebuildingtogetherwr.org or (478) 922-0228.

**Rebuilding Together Warner Robins**

**INSTRUCTIONS:** Fill out the application completely, including information for each resident. Enclose income documentation for each resident. Email the application to info@rebuildingtogetherwr.org or mail to our office address at:

 Rebuilding Together Warner Robins

 110 Oak Grove Road

 Warner Robins, Georgia, 31088

**HOMEOWNER INFORMATION**

In which area is your house located? *(circle one)*

Warner Robins Other Parts of Houston County

*Note: If your area is not listed, you are not eligible for services.*

Homeowner #1 First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeowner #1 Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeowner #2 First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeowner #2 Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Many Residents in the Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Put Information Below

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

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Rebuilding Together’s services? *(circle one)*

* Website
* Social media
* Email
* Veterans Service Organization
* Word of mouth
* Healthcare professional
* Case manager
* Housing inspector
* Community agency
* Mailing
* Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD INFORMATION**

*Rebuilding Together uses this information for annual reports to federal agencies providing funding or repairs, and to apply for certain grants. Rebuilding Together does not share specific gender, disability, race and ethnicity or other personal information with outside agencies. The data you choose to provide here will be kept confidential and may only be used only in accordance with applicable laws, executive orders and government regulations, including those which require the information be summarized and reported to the Federal Government for civil rights enforcement purposes. Providing this information below is optional and based on your self-identification. If you prefer not to disclose, please check the appropriate box.*

**HOMEOWNER 1**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to Homeowner** |  |
| **Age** |  |
| **Gender** (Male/Female/Non-binary) |  |
| **Veteran and/or Active Service Member Status** (Yes/No) |  |

1. **Disability Status** *(circle one)*
* Yes
* No
* Prefer not to disclose
1. **Race Disclosure** *(circle one)*
* American Indian or Alaska native
* Black or African American
* White
* Native American or Other Pacific Islander
* Multi-racial
* Other
* Prefer not to disclose
1. **Ethnicity** *(circle one)*
* Hispanic or Latino
* Not Hispanic or Latino
* Prefer not to disclose

**HOMEOWNER 2/RESIDENT**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to Homeowner** |  |
| **Age** |  |
| **Gender** (Male/Female/Non-binary) |  |
| **Veteran and/or Active Service Member Status** (Yes/No) |  |

1. **Disability Status** *(circle one)*
* Yes
* No
* Prefer not to disclose
1. **Race Disclosure** *(circle one)*
* American Indian or Alaska native
* Black or African American
* White
* Native American or Other Pacific Islander
* Multi-racial
* Other
* Prefer not to disclose
1. **Ethnicity** *(circle one)*
* Hispanic or Latino
* Not Hispanic or Latino
* Prefer not to disclose

**RESIDENT**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to Homeowner** |  |
| **Age** |  |
| **Gender** (Male/Female/Non-binary) |  |
| **Veteran and/or Active Service Member Status** (Yes/No) |  |

1. **Disability Status** *(circle one)*
* Yes
* No
* Prefer not to disclose
1. **Race Disclosure** *(circle one)*
* American Indian or Alaska native
* Black or African American
* White
* Native American or Other Pacific Islander
* Multi-racial
* Other
* Prefer not to disclose
1. **Ethnicity** *(circle one)*
* Hispanic or Latino
* Not Hispanic or Latino
* Prefer not to disclose

**RESIDENT**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to Homeowner** |  |
| **Age** |  |
| **Gender** (Male/Female/Non-binary) |  |
| **Veteran and/or Active Service Member Status** (Yes/No) |  |

1. **Disability Status** *(circle one)*
* Yes
* No
* Prefer not to disclose
1. **Race Disclosure** *(circle one)*
* American Indian or Alaska native
* Black or African American
* White
* Native American or Other Pacific Islander
* Multi-racial
* Other
* Prefer not to disclose
1. **Ethnicity** *(circle one)*
* Hispanic or Latino
* Not Hispanic or Latino
* Prefer not to disclose

**RESIDENT**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to Homeowner** |  |
| **Age** |  |
| **Gender** (Male/Female/Non-binary) |  |
| **Veteran and/or Active Service Member Status** (Yes/No) |  |

1. **Disability Status** *(circle one)*
* Yes
* No
* Prefer not to disclose
1. **Race Disclosure** *(circle one)*
* American Indian or Alaska native
* Black or African American
* White
* Native American or Other Pacific Islander
* Multi-racial
* Other
* Prefer not to disclose
1. **Ethnicity** *(circle one)*
* Hispanic or Latino
* Not Hispanic or Latino
* Prefer not to disclose

**RESIDENT**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to Homeowner** |  |
| **Age** |  |
| **Gender** (Male/Female/Non-binary) |  |
| **Veteran and/or Active Service Member Status** (Yes/No) |  |

1. **Disability Status** *(circle one)*
* Yes
* No
* Prefer not to disclose
1. **Race Disclosure** *(circle one)*
* American Indian or Alaska native
* Black or African American
* White
* Native American or Other Pacific Islander
* Multi-racial
* Other
* Prefer not to disclose
1. **Ethnicity** *(circle one)*
* Hispanic or Latino
* Not Hispanic or Latino
* Prefer not to disclose

**Are there any hearing, vision or speech issues that we may need to consider when interacting with residents in the home?**

* Yes
* No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does someone in the home have a chronic or long-term health condition that affects ability to breath, reach, bend, walk climb stairs or step over a tub or curb?**

* Yes
* No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL ANNUAL HOUSEHOLD INCOME and ASSETS

(Wages, Pensions, Social Security, Rental Income, Bank Accounts (Checking and Savings), And All Other Assets And Income)

(If you have an increase or decrease in income please notify us immediately)

VERIFICATION OF INCOME – 1040 TAX RETURN or

BANK STATEMENT (for 3 months) CHECKING and SAVINGS

\*\*\*\*MUST BE ATTACHED TO THIS FORM\*\*\*\*

|  |
| --- |
| **INCOME AND EXPENSES** |
| Your application must include the total gross income (amount before taxes) from **EACH** resident in the home. Income includes any and all regularly occurring wages from work, Social Security benefits, Child Support payments received, business income, Unemployment benefits, etc. |
|  | **Homeowner** | **Homeowner/****Resident** | **Resident** | **Resident** | **Resident** | **Resident** |
| **Monthly Income** |  |  |  |  |  |  |
| **Monthly Source** |  |  |  |  |  |  |
| **TOTAL MONTHLY INCOME** | **TOTAL MONTHLY EXPENSES** |
| Salary (monthly total before taxes) | $ | Mortgage payment/taxes |   $ |
| Social Security/Disability | $ | Home insurance |   $ |
| Social Security/Disability | $ | Utilities (Gas and Electric) |   $ |
| Pension/Retirement | $ | Water/Sewer Services |   $ |
| Pension/Retirement |   $ | Telephone |   $ |
| Child Support/Alimony | $ | Cable/internet |   $ |
| Other: |   $ | Medical |   $ |
| **TOTAL MONTHLY INCOME:** |   $ | **TOTAL MONTHLY EXPENSES:** |   $ |
| Are there any special circumstances regarding the amount of expenses within your household that we need to be made aware of, such as home health care, hospital costs, medication expenses, etc.?  |

|  |
| --- |
| **PROPERTY INFORMATION** |
|  Type of Home:  | * Single family
* Multi-family
* Condo
* Manufactured home
 | Do you have a current homeowners insurance policy?  | * Yes
* No
 |
|  Year that the home was built: | Year that the home was purchased: |
| Was this home impacted by a natural disaster? | * Yes
* No
 | If yes, please list the natural disaster and year: |

|  |
| --- |
| **HOME IMPROVEMENT NEEDS** |
| *Home System* | *Good Condition / Needs Repairs / Needs to be replaced* | *Please Describe* |
| Roof |   |   |
| Gutters and downspouts |   |   |
| Exterior doors |   |   |
| Exterior lights |   |   |
| Doorbell |   |   |
| Fences or gates |   |   |
| Steps (inside or out) |   |   |
| Windows |   |   |
| Walls |   |   |
| Floors |   |   |
| Heating/Air Conditioning (HVAC) system |   |   |
| Water heater |   |   |
| Appliances |   |   |
| Sinks, tubs, toilets or other plumbing |   |   |
| Interior lights, outlets, or switches  |   |   |
| Accessibility features (e.g., wheelchair ramp, grab bars, widened doorways) |   |   |
| Other repair needs: |   |   |

***WARNING!!*** *It is a Federal crime punishable by fine and/or imprisonment, to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code, Section 1014.*

***IMPORTANT – READ CAREFULLY and SIGN AT THE BOTTOM:***

By signing below, I certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying. I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. This application shall remain the property of Rebuilding Together Affiliate, to which it is submitted for the purpose of obtaining assistance. I hereby consent to and authorize Rebuilding Together Affiliate, after providing me reasonable notice, to enter the property for the purpose of determining the need and scope of the repair(s) specified above. I authorize the disclosure of the above information to only those persons or agencies as necessary to secure the assistance for which this application is submitted. I understand that the submission of this application and any subsequent home assessments do not guarantee any repairs will be completed and any repairs to be completed will be dependent upon the funding available.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Homeowner 1 Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Homeowner 2 Signature Date

**ADDITIONAL APPLICATION QUESTIONS TO CONSIDER**

|  |
| --- |
| **PROPERTY INFORMATION** |
| Do you own other/rental property?If yes, please describe: | * Yes
* No
 |
| Have you missed a mortgage payment in the last 12 months?If yes, how many have you missed? | * Yes
* No
 |
| Are there any existing liens on your property? | * Yes
* No
 | Are your property tax payments current? | * Yes
* No
 |
| Have you been cited by the city for any violations?    | * Yes
* No
 | Do you plan to sell the home in the next 5 years?  | * Yes
* No
 |

|  |
| --- |
| **SOCIAL SERVICES** |
| Do you have a social worker/Case Manager? | * Yes
* No
 | Social worker/Case Manager’s name: |
| Social worker/Case Manager’s agency: | Social worker/Case Manager’s phone number: |
| Have you received any home improvement assistance from Rebuilding Together?  If yes, please describe:  | * Yes
* No
 |
| Have you received any home improvement assistance from any other organization?Please describe:  | * Yes
* No
 |
| Do you currently have an application with another organization for home improvement assistance?      | * Yes
* No
 |

**DEFINITIONS**

**Disability**: According to the Centers for Disease Control and Prevention, a disability is any condition of the body or mind (impairment) that makes it more difficult for a person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). Types of disabilities may include that affect a person's vision, movement, thinking, remembering, learning, communicating, hearing, mental health or social relationships.

**Race**: These categories are determined by the federal government, Department of Housing and Urban Development, definitions are as follows:

* American Indian or Alaska native -  A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
* Asian- a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent
* Black or African American - a person having origins in any of the Black racial groups of Africa
* Native Hawaiian or Other Pacific Islander- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
* White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
* Multiracial: A person who identifies with two or more of the above race/ethnicity categories.
* Hispanic or Latino- A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture regardless of race.

**Rebuilding Together Warner Robins**

**110 Oak Grove Road**

**Warner Robins, Georgia 31088**

**If you need more information, please call (478) 922-0228**