



# Home Repair Program

20\_\_ Homeowner Application

\*\*Applications are considered year round.\*\*

Rebuilding Together Muscatine County is a non-profit, volunteer organization that helps low-income homeowners repair their homes so they may continue to live in warmth, safety and independence. Rebuilding Together serves low-income homeowners who are older adults, living with a disability, or families with children and who may be unable to do the work themselves. **If accepted** into the program, Rebuilding Together provides services at **no cost** to the homeowner. Our volunteers work for approximately eight hours on one day. Rebuilding Together may not be able to make all requested repairs.

**\*To be guaranteed considerations for Spring Rebuilding Day projects, this application must be completed in full and postmarked as soon as possible.** Spring Rebuilding Together projects are always done on the last Saturday in April.

**\*We do however assist homeowners throughout the year.**

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## Section 1: Homeowner Information      Date: \_\_\_\_\_

Name of Homeowner(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Mobile telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_ Number of years at address: \_\_\_\_\_

List the names, ages, and **relationship** to homeowner of **ALL** people living in the home. *Attach another sheet if more space is needed.*

Name/relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name/relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name/relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Have you or has anyone in your household served in the military?       Yes       No

If yes, please indicate who and current status: \_\_\_\_\_

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## Section 2: Special Needs

Is the homeowner or anyone in the home living with a disability?       Yes       No

If yes, indicate the type of disability below (check all that apply, please describe if "other"):

Uses a walker, cane or crutches       Uses a wheelchair       Visual Disability       Hearing disability

Mental disability       Other, please specify: \_\_\_\_\_

Has your home been assessed for lead safety in the past?       Yes       No       I don't know

Is translation needed?       Yes       No      If yes, what language? \_\_\_\_\_

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## Section 3: Application History

- Have you applied to Rebuilding Together in the past?  Yes  No
- Has Rebuilding Together done work at your home in the past?  Yes  No
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## Section 4: Income and Home Expenses

For each person over the age of 18 living in the home please provide the following information. If more space is needed, please attach a separate sheet of paper.

Name	Source of Income	Amount	Frequency (monthly, annually, etc.)

- Are you still making loan payments on your home?  Yes  No
- Are you up to date on your mortgage and property tax payments?  Yes  No
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## Section 5: Media and Publicity

Where did you learn about *Rebuilding Together*?  TV  Radio  Flyer  Friend  Neighbor  
 Neighborhood organization  other \_\_\_\_\_

If Rebuilding Together selects your house to be repaired, we need to have photos taken before, during and after the project is finished. We will also need a picture or two of the family and the crew that works on the home.

May we bring elected officials to visit your home?  
 YES, Visits by elected officials are OK.  NO, I do not want visits by elected officials.

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## Section 6: Homeowner's Agreement

I certify that the information on this application is accurate and that I own the property at the address given on this application. **I have no present intention to move or offer my home for sale for 5 to 7 years. If I sell my home within this time period, I acknowledge that I may have to reimburse Rebuilding Together Muscatine County for the cost of repairs they completed on my home.** I confirm that any physically able persons residing in my home or visiting for the project day will work alongside the Rebuilding Together volunteers. I confirm that except for the conditions listed, my home is a safe place for volunteers.

I understand that the people who may work on my house are unpaid volunteers; that few, if any of them are skilled in the building trades; and that REBUILDING TOGETHER MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING

ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby release Rebuilding Together and all associated with it from any and all liability whatsoever.

\_\_\_\_\_  
SIGNATURE OF HOMEOWNER

\_\_\_\_\_  
DATE

If your application is a more appropriate fit with other, similar programs, may we share it with them?  Yes  No

Complete the following if you are NOT the homeowner, but are assisting the homeowner in completing this application

Your name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_ Is homeowner aware of this application?  Yes  No

## Section 7: Type of work you wish to have considered.

Briefly describe the type of work you would like done on your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of Rebuilding Together. The work done by Rebuilding Together will focus on warmth, safety and independence. Our volunteers work for eight hours primarily on a Rebuilding Day and may not be able to make all repairs.

Do you have any outstanding housing code violations on your property that you cannot address on your own?

Yes  No

### Please Print.

<b>Description of Repairs</b> Please list the repairs in your home that you would like Rebuilding Together volunteers to consider Using the boxes to the right of this list, <u>please indicate your top three (3) priorities.</u>	<b>Indicate Top 3 Priorities Below</b>
<b>Safety &amp; Accessibility Modifications.</b> Installing grab bars, shower seats, wheelchair ramps, Securing or installing stair hand rails, etc.  <b>Would you like to be considered for the Safe at Home Program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Carpentry Repairs.</b> Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair	
<b>Electrical Repairs.</b> List rooms where wall outlets, switches, and light fixtures do not work.	
<b>Plumbing Repairs.</b> Describe sink, tub or toilet leaks, etc.	

**Roofing Repairs.** Identify where roof leaks.

**Painting.** List all interior rooms that require painting and any exterior painting requirements.

**Appliances.** Identify appliances such as stove, refrigerator or hot water heater that do not work or need repair.

**Doors and Windows.** Describe repairs required, including locks, glass, frames, weather-stripping, etc.

**General Cleaning.** Indicate if there is cleaning and/or trash removal required. Identify necessary yard work.

**Other.** Identify other repairs requested but not listed above.

## Section 8: Personal Statement

Please write a brief explanation of why you feel you should be selected and how it will help you.

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# THANK YOU *for your application*

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## Section 9: Checklist

- ┌ Did you complete all nine sections of this application? (***Including the personal statement on page 4?***)
- Did you sign the application (Section 6)
- Do you currently have homeowner's insurance?  Yes    ┌ No

### Required Documents – Please provide copies of the following:

- ┌ **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** – *Must be the policy showing current coverage, and name and address of applicant. A bill or statement showing an escrow payment will not be accepted. If you need to obtain a copy of your policy, please contact your insurance provider.*
- ┌ **Proof of income.** *Please provide the past year's income tax statement For each person over the age of 18 living in the home – only the pages showing Adjusted Gross Income (AGI) is necessary. For your privacy, please block out Any social security numbers. If a resident did not file a tax return last year or Is not working, please provide statements for all income earned (including social security; disability or other benefits; payment stubs from employers, etc.) or proof of current student status.*

**Please MAIL complete application form along with income verification, proof of home ownership and proof of homeowners insurance to:**

Rebuilding Together Muscatine County  
1424 B Houser Street  
Muscatine, Iowa 52761

Questions? Call 563-260-3143