



Charleston

PO Box 2691
Charleston, WV 25330
T: (304)343-4663
info@rtwv.org
www.rtwv.org

Dear Homeowner,

Thank you for your interest in Rebuilding Together Charleston (RTC). Our mission is to cooperatively transform the lives of low-income homeowners by improving the health and safety of their homes and revitalizing their communities. Rebuilding Together Charleston construction team, along with volunteers and skilled professionals help homeowners with a variety of home repairs. These include carpentry, minor plumbing, minor electrical, flooring, and safety modifications such as grab bars and handrails, ramps, etc.

The first step for homeowners is to complete the attached application. After we receive your completed application, and you have met the criteria, you will receive written confirmation from our office that we have received your application, and an appointment will be made by a representative of RTC to visit your home. Rebuilding Together Charleston staff will conduct a "whole house" evaluation to determine its condition. **There is no standard timeline on this process, due to the high demand for home repair services, it can take several months before any decisions are made on your behalf. Rebuilding Together Charleston is not an emergency service organization;** applications are received and reviewed on a first come-first served basis and handled as funding comes in. All application projects must go through board approval. **This process might take months or over a year.**

Eligibility, you must meet the following criteria:

- ✓ Your home must be owner-occupied for the past three years.
- ✓ Your home must be in Kanawha or Putnam counties.
- ✓ Your total household income must fall at or below 50% of the Federal Poverty Guidelines. *All residents in the home must disclose income.*
- ✓ You must own your home.

Please complete the attached application and return it with your proof of income and home ownership. Again, thank you for your interest in Rebuilding Together Charleston.

Rebuilding Together Charleston
PO Box 2691
Charleston, WV 25330

If you have any questions, please contact the office at (304) 343 – 4663 or email us at info@rtwv.org

Date of Application ____ / ____ / ____

SECTION 1 – HOUSEHOLD INFORMATION

Name	Age	Phone
Address	City	Zip Code
Email _____		

INFORMATION ABOUT ALL HOUSEHOLD RESIDENTS

Please list below all people residing in the home including the homeowner.

(Demographic information collected is not used to discriminate or deny services to any segment of the population. The demographic information is requested by local county/city governments who are recipients of CDBG funding. You are not required to furnish this information but are encouraged to do so. Demographic data include age, ethnicity race, and gender.)

Name	Relationship	Birthdate	Sex	Disabled Y/N	Type of disability
	Homeowner				

I am (please check only one)

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> White |
| <input type="checkbox"/> Other Multiracial | |

Is anyone in the home **US Veteran / Active Duty** (include deceased spouse if any)? Yes No

Have you ever applied to or received services from Rebuilding Together? Yes No When? _____

SECTION 2 – CERTIFICATION OF INCOME

Please fill in the information requested below and **attach documentation** to verify the income of all household members. Rebuilding Together does not want your social security number and suggests that you remove your social security number from all documents.

Rebuilding Together REQUIRES that we have a copy of each family member’s most current income tax return or other documentation of their gross annual income. Rebuilding Together serves low-income households. The information requested will be used to determine the household annual gross income. Although you are not legally required to provide information on household income, your failure to do will result in our inability to determine your eligibility for services.

Name	Wages & Salary	Social Security Income (<u>do not provide your SSN</u>)	Pension/ Retirement	Other	TOTAL GROSS INCOME

You must certify your income to be eligible for the home repair services provided by Rebuilding Together’s volunteer programs. Your income must not be more than 50% of the Federal Poverty Guidelines. Please check the one box below that best describes the size of your household and the total gross income of all the people living in the home and sign the statement below.

- My household is 1 person and... My income is not more than \$27,100/33,450
- Our household is 2 people and... Our total income is not more than \$30,950/38,200
- Our household is 3 people and... Our total income is not more than \$34,800/43,000
- Our household is 4 people and... Our total income is not more than \$38,650/47,750
- Our household is 5 people and... Our total income is not more than \$41,750/51,600
- Our household is 6 people and... Our total income is not more than \$44,850/55,400

I understand that the information I provided above must be complete and accurate to comply with Federal regulations. _____ (Homeowner’s Signature)

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.) _____

SECTION 3 - THE HOUSE

I learned about Rebuilding Together from:

Newspaper Friend/Neighbor Social Worker Other: _____

My home is a:

Single Family House Manufactured/Mobile Home

The house was built in _____ (year). I/we have lived here since _____ (year).

My trash is collected by: _____ on _____ day of the week.

SECTION 4 - VERIFICATION OF HOME OWNERSHIP

Rebuilding Together will consider repairing a home if: (a) the home is owned by an individual or by multiple family members, (b) at least one of the owners resides in the home, (c) all owners agree that Rebuilding Together can enter and repair the home, and (d) the owners certify that the home will not be sold for at least 2 years after the repairs are completed.

Rebuilding Together will not repair a home that is scheduled to be sold, is under contract for sale, or is a rental property.

Is your home owned by more than one person? Yes No

Does at least one owner live at the address given in Section 1? Yes No

Please list the names and addresses of any owners who do not reside at the address in Section 1:

1. _____

2. _____

Is your homeowner insurance payment current? Yes No

Are your property tax payments current? Yes No I receive property tax waiver

Is your mortgage payment current? Yes No The mortgage is paid off

Note: It is okay to not have homeowner insurance

SECTION 5 – TYPE OF REPAIRS TO BE CONSIDERED

Below I have identified and described the repairs I need to make my home accessible, livable and safe. I understand that Rebuilding Together will consider most types of repairs, but that a final decision is at their discretion, depending on time, financial resources, and the availability of volunteers with the required skills.

Please describe repairs needed:

SECTION 6 – HOMEOWNER(S) AGREEMENT WITH REBUILDING TOGETHER

I/we understand that:

- Rebuilding Together Charleston provides volunteer home repairs for low-income homeowners who are unable to do the work themselves.
- Typically, all work will be performed by a mix of skilled, semi-skilled & novice volunteers. All repairs requested may not be completed.
- All repairs will be performed at no cost to me.
- Rebuilding Together Charleston will neither warranty nor guarantee the materials or the workmanship of the repairs to be performed.
- I/we own the property at the address given in Section 1 of this application.
- I/we have provided full and accurate information regarding the income of all family members living in the home, as documented in Sections 1 and 2.
- I/we have no present intent to move or offer this home for sale over the next two years.
- I/we understand that I/we, all family members and visitors at the home will work alongside the volunteers to the best of each person's ability. Lack of participation from those able to work alongside the volunteers may result in the termination of the work project.
- I/We hereby release Rebuilding Together Charleston and all individuals, sponsors, and suppliers associated with this project from any and all liability associated with the repairs performed on my home.
- 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.

Homeowner #1 Signature _____ **Date** _____

Homeowner #2 Signature _____ **Date** _____