



Rebuilding Together

Charleston

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

This form is a **PRE-APPLICATION**, and its purpose is to get on the RTC waitlist. When there is an opening for a formal application, our office will contact you and send an application. If you have any questions on this, please contact our office at 304.343.4663.

Date of Completion _____ / _____ / _____

Name _____ Age _____ Phone _____

Address _____ City _____ Zip Code _____

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				

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? _____

Below I have identified and described the repairs I need to make my home accessible, livable and safe.

- | | |
|---|--|
| <input type="checkbox"/> Accessibility modifications (ramps, grab bars, railings) | <input type="checkbox"/> Gutter/downspout repairs |
| <input type="checkbox"/> Carpentry (interior, exterior) | <input type="checkbox"/> Painting (interior, exterior) |
| <input type="checkbox"/> Energy Efficiency/Weatherization | <input type="checkbox"/> Plumbing (kitchen, bathroom, laundry) |
| <input type="checkbox"/> Floor/Door/Windows (interior, exterior) | <input type="checkbox"/> Wall/ Ceiling repairs |
| <input type="checkbox"/> Please describe other repairs needed: _____ | |

I understand that this is not a formal application and that filling this form out will get me on RTC's waitlist.

Signature _____

Date _____



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