



357 Marshall Avenue, Suite 2
St. Louis, MO 63119-1839
314.918.9918
fax 314.918.9920
<http://www.rebuildingtogether-stl.org>

Dear Homeowner:

Rebuilding Together-St. Louis is a nonprofit volunteer organization that brings volunteers and communities together to improve the homes and lives of low-income homeowners. Our mission is to assist those who do not have the means or ability to make home repairs themselves, **particularly older adults who are over the age of 60 and individuals with disabilities**. To be eligible the house must be located in the City of St. Louis, St. Louis County, St. Charles, Franklin or Jefferson County, you must own, live in and plan to stay in this house.

Please read this letter carefully, completely fill out and return the application with all the copies of proofs required to be considered for this program. We encourage you to turn your application in promptly, because we begin reviewing houses one year in advance of the work day which is called Rebuilding Day.

Please understand that returning the application or even a visit to your home by someone from Rebuilding Together-St. Louis does not mean you will be accepted into the program. If you are selected, we do expect available, able-bodied homeowners and family members to work alongside volunteers. Our volunteers **only complete one day** of repairs relate to safety, comfort, and independence.

You must provide the following information with your completely filled out application:

- 1. Copy of the most recent U.S. Income Tax Return (if you file taxes), Circuit Breaker Form or other proof of income such as your social security benefit statement for EVERYONE living in your home.**
- 2. Copies of checking and savings bank statements for EVERYONE living in your home.**
- 3. Copy of your latest paid Real Estate Property Tax Bill.**

Not returning or completing necessary information may disqualify you for consideration. If you have any questions, call 314-918-9918 extension 28.

We would like to be able to help everyone who needs our assistance, but resources and volunteers limit us. Unfortunately, many homeowners apply whom we are not able to help. **You will be notified by letter whether or not your home is selected for Rebuilding Day.**

Sincerely,

Jessica Conner
Program Director



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 Saint Louis, MO 63119
 phone: 314.918.9918
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 www.rebuildingtogether-stl.org
 Email: info@rebuildingtogether-stl.org

HOMEOWNER APPLICATION

| | |
|---|----------------------|
| Section A: HOMEOWNER INFORMATION | <u>Date Received</u> |
| Name of Homeowner(s): (Mrs. Ms. Mr.) | |

Address: _____ Home Phone: _____

Cross Street: _____ Cell Phone: _____

City: _____ Zip Code: _____ Work Phone: _____

If in County, please list Municipality: _____ If in City, please list Ward: _____

Contact Person: _____ Phone: _____

Please List **EVERYONE** Living in the House (Including Homeowners). List Additional on Back:

| <u>Name:</u> | <u>Relationship to Owner(s)</u> | <u>Age</u> | <u>Disability (If Any)</u> |
|--------------|---------------------------------|------------|----------------------------|
| | SELF | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please Check All Ethnicities that Apply to Your Family:

- Caucasian African-American Hispanic Native-American Asian Other: _____

Are either you or your spouse a Veteran? Yes No If "Yes" In which branch _____
 Rank: _____ Dates of Service _____

▶ Years You Have Owned This House: _____ Amount of House Payment: \$ _____

▶ Have you applied to Rebuilding Together before? Yes No

▶ Has your house been repaired by Rebuilding Together before? Yes No If "Yes," what year? _____

How did you hear about this program?

- Alderperson Flyer TV Radio/Newspaper Social Worker
 Program Friend/Relative Neighbor Other _____

Section B:

FINANCIAL INFORMATION

To Be Considered for Our Program, You Must Provide Copies of All Documents Listed Below That Apply to You!

Financial Information Document Check List

- Yes, I Have Provided: PROOF OF INCOME FOR EVERYONE LIVING IN THE HOME**
This includes last year's U.S. Individual Income Tax Form 1040, and **MOST RECENT** statements from Form 1099 Social Security Benefits, Pension, SSI, Circuit Breaker Form, Welfare Determination Letter, Veteran's Benefits, TANF Benefits, Employment Payroll Stubs, Unemployment Benefits, Food Stamp Benefits, Interest/Dividends or any other benefits/income someone in the home is receiving.
- Yes, I Have Provided: MOST RECENT ASSETS OF EVERYONE LIVING IN THE HOME**
Assets include copies of Checking/Savings Accounts, Certificates of Deposit, Mutual Funds and Stocks.
- Yes, I Have Provided: COPY OF MY LATEST PAID REAL ESTATE TAX**

Please list **TOTAL MONTHLY** amount **BEFORE DEDUCTIONS** of all household members

| NAME: | | | | |
|---------------------|----|----|----|----|
| Wages/Employment | \$ | \$ | \$ | \$ |
| Social Security | \$ | \$ | \$ | \$ |
| SSI | \$ | \$ | \$ | \$ |
| Food Stamp Benefits | \$ | \$ | \$ | \$ |
| Pension Annuities | \$ | \$ | \$ | \$ |
| Rental Income | \$ | \$ | \$ | \$ |
| Unemployment | \$ | \$ | \$ | \$ |
| Other _____ | \$ | \$ | \$ | \$ |
| <i>Gross Total</i> | \$ | \$ | \$ | \$ |

List the amount of **EACH PERSON'S ASSETS**. If you do not have a certain asset, write "N/A."

| NAME: | | | | |
|----------------------------|----|----|----|----|
| Checking Account | \$ | \$ | \$ | \$ |
| Savings Account | \$ | \$ | \$ | \$ |
| COD | \$ | \$ | \$ | \$ |
| IRA, Mutual Fund or Stocks | \$ | \$ | \$ | \$ |

For Office Use Only HUD Amt. _____ **TOTAL Income** _____ **RE Paid** _____

Section C: HOUSE INFORMATION

Check All Repairs Needed in Your Home:

Exterior Painting A/C
 Interior Painting Heating
 Yard Work Tuckpointing
 Door(s) Electrical
 Wall(s) Plumbing
 Window(s) Guttering
 Floor(s)

1.) How will these repairs help you? _____

Check All That Apply to Your Home:

One Story Brick
 Two Story Basement
 Over Two Stories Flat Roof
 Wood Frame Pitched Roof
 Siding Shingled Roof

2.) Explain why you or your family have not made the repairs? _____

Rebuilding Day is a ONE DAY event. Please list the three most important repairs needed.

1.) _____

2.) _____

3.) _____

Does Your Roof Leak? Yes No

If "Yes" what is the age of your roof? _____

If "Yes" where does it leak? _____

Section D: HOMEOWNER AGREEMENT

Do you understand volunteers will be working on your home only *ONE DAY*? Yes No

If your home is selected, we do expect able-bodied family and friends present to help. I Agree.

General Release Form

I/we hereby authorize Rebuilding Together-St. Louis or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income (including IRS returns), credit, residency and banking information from all persons, companies, or firms holding or having access to such information. Rebuilding Together-St. Louis or its designated agents have the option to release this information for the purposes of volunteer education. This authorization, shown as original signature or photocopy, hereby gives Rebuilding Together-St. Louis the right to request all information it can or could obtain from any person, company or firm on any matter referred to above. I/we agree to have no claim for defamation, violation of privacy, or otherwise, against any person or firm or corporation by reason of any statement or information released by them to the Rebuilding Together-St. Louis for the purposes of the program. The term of this authorization shall commence on the date of signature(s) and be in force for a period of two (2) years.

My signature below indicates that the information provided herein is accurate and complete. I have read the information provided by Rebuilding Together-St. Louis and have a basic understanding of the program and its process. I give Rebuilding Together-St. Louis with volunteers my permission to inspect my home for purposes of house selection and/or repair. I would like my information shared with other agencies who might be able to help me.

Signature of Applicant: _____ **Date:** _____

Signature of Co-Applicant: _____ **Date:** _____