



Office: 713-659-2511
Fax: 713-650-0871
Post Office Box 15315
Houston, TX 77220
www.rebuildinghouston.org

Dear _____ ,

Date: _____

Thank you for requesting an application from Rebuilding Together Houston (RTH) for essential repairs to your home. We appreciate this opportunity to be of service to you. RTH is not a government agency, but rather a nonprofit organization providing home repairs since 1982 to qualifying, low-income homeowners. Funding for these repairs, provided at no cost to you, comes through the generosity of corporations, foundations, congregations, individual donors and public funding agencies. Through these funds and the value of volunteer labor, RTH deployed nearly \$100M in home repairs to homeowners in Houston and Harris County during its first thirty-two years of operations.

We use the services of certified local contractors for critical interior work and thousands of caring community volunteers for exterior repairs, such as wood replacement, caulking and painting. These dedicated volunteers give freely of their time and energy to help better our community. Financial resources vary on a yearly and monthly basis, which impacts the amount of service that can be provided to homeowners each year. Still, on average, of late RTH has been able to help one homeowner every calendar day. If you qualify, we hope to be able to help you as soon as possible.

To be eligible for RTH administered home repairs you **must**:

- Be age 62+, OR be disabled; OR have served in the military OR be the spouse/widower of a veteran;
- Be living on a low or very low income (as defined by a percentage of Average Median Income for the Greater Houston area);
- Reside in a one story home;
- Be the owner of the home in which you live (a single family dwelling within Harris County);
- Be current on property taxes or have an official payment agreement with Harris County Tax Office for delinquent property taxes.

If you meet the above qualifications, you must provide copies of each of the following documents (DO NOT SEND THE ORIGINALS):

1. Age verification: Current Driver's License or Texas ID.
2. Income Verification for every person in your household. For example: Social Security Award letter, AND/OR all paycheck stubs from last month's wages, AND/OR retirement, AND/OR Veterans Affairs letter, AND/OR child support documents, etc. (Send copies of any and all if applicable.)
3. Last year's income tax return: first two pages of the 1040. (If Applicable)
4. Proof of Home Ownership: Recorded real property Warranty Deed or Deed of Trust (stamped with file number and Harris County seal with your name and lot/block description).
5. Proof of Military Service: DD214. (If Applicable).
6. Proof of Disability Benefits. (If Applicable)
7. Completed Application.

This information is kept strictly confidential and will be used only to verify eligibility. **Please send copies only.** If you have questions or need assistance in completing this request, please contact us at (713) 659-2511.

Sincerely,
Your Rebuilding Together Houston Team



Office: 713-659-2511
 Fax: 713-650-0871
 Post Office Box 15315
 Houston, TX 77220
 www.rebuildinghouston.org

Application for Services

There is no application fee required to receive assistance from Rebuilding Together Houston. Rebuilding Together Houston has not authorized any other person or entity to act as its agent for purposes of this application. Any fees or costs associated with this application paid by the applicant to any such person or entity are not fees or costs charged by Rebuilding Together Houston. **Applicant represents that they currently occupy their house and agrees, as a condition for assistance, to reside in the home for a period that may be specified by RTH funding organizations.**

Homeowner Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Neighborhood: _____ Length of time at this address: _____ Phone number: _____

Alternate Phone Number: _____ Email: _____

Ethnicity (Check one): American Indian or Alaska Native Asian and Pacific Islander Hispanic or Latino
 White or Anglo American African American or Black Other _____.

Are you a widow/er (Check one)? Yes No Number of people in Household: _____

Spouse's Name: _____ Date of Birth: _____

Ethnicity (Check one): American Indian or Alaska Native Asian and Pacific Islander Hispanic or Latino
 White or Anglo American African American or Black Other _____.

Are you long-term disabled and receiving disability benefits (Check one)? Yes No

Do you use a (Check one) Cane Walker or Wheelchair?

Are there any children under the age of six in the home more than three days a week? (Check one)? Yes No

Did you serve in the Military (Check one)? Yes No

Did your spouse serve in the military? Yes No

Branch of Service: _____

Branch of Service: _____

Years of Service: _____

Years of Service: _____

Rank (at discharge) if known: _____

Rank (at discharge) if known: _____

Is anyone (normally) in your household now serving in the military (Check one)? Yes No

Branch of Service: _____

Have you applied to RTH before (Check one)? Yes No If so, what year? _____

How did you hear about Rebuilding Together Houston? _____

Give the following information about **Each** household member (including children):

Name	Sex	Ethnicity	Birth Date	Gross Monthly Income	Source of Income
<i>Self</i>	M / F				
	M / F				
	M / F				
	M / F				

Do you have a Reverse Mortgage on your home? Yes No Combined Monthly Household Income: _____

Information provided in this application is true and correct to the best of my knowledge and ability. Furthermore, I understand that RTH will utilize this application solely for determination of my qualification to receive services. No release of this information to third parties can be made without my express written permission unless required by law.

 Applicant's Signature

 Date of Signature



Office: 713-659-2511
Fax: 713-650-0871
Post Office Box 15315
Houston, TX 77220
www.rebuildinghouston.org

HOME INFORMATION SURVEY:

Homeowner Name: _____ Phone Number: _____
Address: _____

EXTERIOR

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Mobile Home (Trailer), Duplex or Apartment | <input type="checkbox"/> Frame House | <input type="checkbox"/> One Story Home |
| <input type="checkbox"/> Brick House | <input type="checkbox"/> Wood Siding | <input type="checkbox"/> Two Story Home |
| | <input type="checkbox"/> Vinyl Siding | |
| | <input type="checkbox"/> Other _____ | |

Please describe any problems with the exterior of your home? (Examples: Holes in the frame of the house, roof damage, etc.)

INTERIOR

Please describe any problems with the interior of your home? (Example: Holes/ cracks in the floors, soft spots in floor, leveling, etc.)

ELECTRICAL/PLUMBING

Please describe any problems with the plumbing/electrical in your home? (Example: outlets malfunction, leaking faucets or bathtubs, etc.)

Safe + Sound Services

Homeowner Application

Rebuilding Together Houston's Safe +Sound Services program utilizes the skills of caring volunteers to provide safety modifications for elderly adults and people with disabilities. The scope of services provided under this program includes additions of hand rails, transition ramps, grab bars, smoke and carbon monoxide detectors, shower and bath modifications, and improved lighting and air quality. The modifications are designed to help homeowners remain as independent and safe as possible as they reach their older years.

Rebuilding Together Houston staff and volunteers will contact the applicants to schedule inspections and workdays. Qualified homeowners will not be asked to pay for assistance from Rebuilding Together Houston.

Homeowner Information

Name: _____ Date Today: _____

Address (Street, City, Zip): _____

Phone Number: _____ Email: _____

Date of Birth: _____ Gender: Male Female

Alternate Contact + Phone Number:

Ethnicity (Circle one): American Indian / Alaska Native Asian / Pacific Islander

Black / African American Hispanic or Latino

White or Anglo America Two or more ethnicities

Income Status

Do you living on a low or very low income (as defined by a percentage of Average Median

Income for the Greater Houston area)? Yes No

Monthly Social Security Income: _____ Monthly pension: _____

Other Income: _____

Military Service:

Did you serve in the U.S. military? Yes No

Branch of Service: _____ Years of Service: _____ Rank: _____

Did your spouse serve in the U.S. military? Yes No

Branch of Service: _____ Years of Service: _____ Rank: _____

Is/has anyone in your household now serving/has served in the military? Yes No

Branch of Service: _____ Years of Service: _____ Rank: _____

Household Information:

Number of adults (18 years +) live with the homeowner? 0 1 - 2 3 - 4 5 - 6 7+

Number of children (0 - 17 years old) live with the homeowner? 0 1 - 2 3 - 4 5 - 6 7+

Name of Current household members	AGE	Relationship

Physical Status (Circle one):

Are you long-term disabled and/or receiving disability benefits? Yes No

Please circle the physical aids you use for mobility: Cane Walker Wheelchair

Currently, how satisfied is the homeowner with the quality of life regarding the following?

(1=Not Satisfied, 3=Satisfied, 5=Very Satisfied)

Safety inside the home:	1	2	3	4	5
Health inside the home:	1	2	3	4	5
Confidence moving around the home:	1	2	3	4	5
Comfort within the home:	1	2	3	4	5

Currently, how safe does the homeowner rate the following categories in their home?

(1=Not Safe, 3=Safe, 5=Very Safe)

Fire safety:	1	2	3	4	5
Falling/tripping/slipping safety:	1	2	3	4	5
Electrical safety:	1	2	3	4	5
Air Quality:	1	2	3	4	5

Other Issues: _____

Regarding health/injury related incidents, how many times **within the last 6 months has each of the following occurred by the homeowner. Please circle one:**

Doctor visits:	1	2	3	4	5
Emergency room visits:	1	2	3	4	5
Falls:	1	2	3	4	5
Slips:	1	2	3	4	5
Trips:	1	2	3	4	5

Other issues: _____

Please explain: _____

The information provided in this application is true and correct to the best of my knowledge and ability. Furthermore, I understand that RTH will utilize this application solely for determination of my qualification to receive services. No release of this information to third parties can be made without my express written permission unless required by law. Rebuilding Together Houston has not authorized any other person or entity to act as its agent for purposes of this application.

Applicant Signature

Today's Date

Inspector's Signature

Inspection Date