



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

Dear Homeowner,

Rebuilding Together-St. Louis is a non profit 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 homeowners who are over the age of 60, a US Military Veteran or individuals with disabilities.** You must currently own, live in and plan to stay in your home. Residents located in the City of St. Louis, St. Louis County, St. Charles, Franklin or Jefferson Counties are welcome to apply.

The attached application **MUST** be signed by the homeowner(s), completed and turned in with all proof of income documents that apply to you and those who live in your home.

Application checklist (please provide those items that apply to you and those who live with you):

All Benefit Letters should be dated within the last two (2) months.

- | | |
|------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Social Security benefit letter | <input type="checkbox"/> Previous Year Income Tax Form 1040 |
| <input type="checkbox"/> Disability benefit letter | <input type="checkbox"/> Circuit Breaker Form |
| <input type="checkbox"/> SSI benefit letter | <input type="checkbox"/> TANF benefits letter |
| <input type="checkbox"/> Pension/Annuity benefit letter | <input type="checkbox"/> Unemployment benefit letter |
| <input type="checkbox"/> Veteran benefit letter | <input type="checkbox"/> Recently paid Property Tax Bill |
| <input type="checkbox"/> Child Support benefit letter | <input type="checkbox"/> 2 Most Recent Payroll Stubs |
| <input type="checkbox"/> Food Stamp award letter | <input type="checkbox"/> 2 Most Recent bank statements |
| <input type="checkbox"/> Copy of Valid State ID or License | <input type="checkbox"/> Rental Income Verification |
| <input type="checkbox"/> Signed Application | <input type="checkbox"/> Interest/Dividends statements |

Please understand 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 for home repairs we do expect available, able-bodied homeowners and family members to work alongside our volunteers. Rebuilding Day is a **one day only** event to help improve your safety, comfort and independence. Since repairs are completed in one day not all requested repairs will be able to be completed.

We would like to help everyone who needs assistance, but funding resources and volunteers dictate how many homeowners we can assist. Unfortunately not everyone who applies to our program will be able get assistance.

Incomplete applications and those returned without the required documents listed above, will disqualify you for consideration for free home repairs. You will be notified by letter in late **March** whether or not your home has been selected for Rebuilding Day.

If you have any questions, call 314-918-9918, extension 28 and leave a detailed message.

Sincerely,

Jessica Conner
Program Director



Homeowner Application

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Office use - Date Received

SECTION A HOMEOWNER INFORMATION

Please Print Clearly

Name(s) of Homeowners:

Mr. Mrs. Ms. : _____

Address: _____ Cross Street: _____

City: _____ Zip Code: _____

If city, Ward # _____ If county, Municipality _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Please check ethnicity: White
 African-American Hispanic
 Native-American Asian
 Other: _____

Veteran: No Yes
 Spouse of Veteran

Branch: _____

Rank: _____

Dates of Service: _____

How many years have you owned this home? _____ Amount of house payment: \$ _____

Total Number of people living in the home? _____ (list names below)

Have you ever applied to Rebuilding Together? Yes No

Has Rebuilding Together ever done work on your home? Yes No If yes, what year(s) _____

How did you hear about the program? Alderperson Flyer TV Radio/Newspaper

Social Worker Friend/Relative Neighbor Other: _____

List the names and current age of **ALL** people living in the home, including applicant
 (attach list if more space is needed):

Name (First and Last)	Current Age	Relation to Homeowner	Gender	List All Disabilities
		HOMEOWNER	M / F	
			M / F	
			M / F	
			M / F	
			M / F	
			M / F	

**Please be sure to include a CLEAR COPY of your
 VALID Missouri Drivers License or State ID Card**

SECTION B PROVIDE INCOME FOR ALL HOUSEHOLD MEMBERS

YOU MUST PROVIDE COPIES FOR ALL DOCUMENTS LISTED BELOW THAT APPLY TO YOU.

Monthly GROSS Income Amounts	<u>Name</u> _____	<u>Name</u> _____	<u>Name</u> _____	<u>Name</u> _____	<u>Name</u> _____	<u>Name</u> _____
Employment Wages	\$	\$	\$	\$	\$	\$
Social Security	\$	\$	\$	\$	\$	\$
Disability/SSI	\$	\$	\$	\$	\$	\$
Pension/Annuities	\$	\$	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$	\$	\$
Other Income	\$	\$	\$	\$	\$	\$
Gross Monthly Total:	\$	\$	\$	\$	\$	\$

Do have a checking or saving account? Yes No

Do you have any CD's, IRA's, Mutual Funds or Stocks? IF so, please list: _____

You MUST provide All income information and documents for each person listed above.

Acceptable Documents:

Benefit letter dated within last 2 months for: Social Security, Disability, SSI, Pension/Annuities, Veteran Benefits, Child Support, Food Stamps and Unemployment.
Copies from previous years for: Income Tax Form 1040, TANF, Circuit Breaker Form.
Current Interest/Dividends statements. 2 most recent Payroll Stubs.

Full Bank Statements for all accounts for last 2 months.

IF all income documents are not enclosed,
your application cannot be processed.

For Office Use Only: HUD Amount: \$ _____ Total Income: \$ _____ RE Paid: _____

SECTION C HOUSE INFORMATION - We do not work on Condos or Mobile Homes

Check all that apply:

One Story Two Story More than Two Stories Wood Frame/Siding Brick Basement

Type of Repairs Needed:	Brief Description of repair:	
Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exterior Repairs/Tuck-pointing/Guttering	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exterior Painting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Doors / Windows	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wall Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interior Painting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AC/Heating	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Floor Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab bars, railings, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>Explain why you/your family have not made these repairs:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>How will these repairs help you:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>Rebuilding Day is a ONE day event. Please list the <u>three</u> most important repairs needed:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>Does your roof leak? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Flat Roof <input type="checkbox"/> Pitched Roof <input type="checkbox"/> Shingled Roof</p> <p>Age of Roof: _____</p> <p>Where does your roof leak? _____</p> <p>_____</p>
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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.

I certify that all the information in this application is true.

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

RETURN APPLICATION and PROOF OF INCOME DOCUMENTS TO:

Rebuilding Together – St. Louis
357 Marshall Ave, Suite 2
St. Louis, MO 63119

Questions? Call 314-918-9918 ext. 28 and leave a detailed message or email:
kkatsion@rebuildingtogether-stl.org