



Southeast Michigan

**Dear Homeowner:**

***Rebuilding Together Southeast Michigan*** is a non-profit volunteer organization that is affiliated with a national organization called ***Rebuilding Together***. Our mission is to provide free home repairs to low-income homeowners, especially elderly, disabled, military veterans, and families with children who often have no place to turn when they need help. Most of our work is done on the last Saturday in April.

We are currently accepting applications from residents of Oakland County and of City Council District 4 in Detroit. Condos or mobile homes do not qualify. You must own and live in a single family home. Besides being low-income, your mortgage, taxes, and insurance must be up to date.

If you have received a copy of this application and feel you would qualify for our assistance in repairing your home to a safe and warm environment, please complete the attached form and mail it with the required documentation to the address noted below. If you need assistance in filling out this application, call our office at 248-482-8061 or 313-766-4010.

**Documentation required with this application:**

\_\_\_\_ Photocopied documentation of total household income verification for everyone living in the household who is 18 or over. Include filed income tax forms, pay stubs, social security statements, Pension or disability statements and any other sources of income statements.

\_\_\_\_ If making a mortgage payment, then include a copy of your current mortgage statement.

\_\_\_\_ If home insurance is not paid by your mortgage company, then include a copy of your homeowner's insurance "declaration page".

\_\_\_\_ If a veteran, please include a copy of your discharge paper.

Once we process your application, you will be contacted by one of our representatives to advise if you may qualify for our program. However, a follow up home visit must be scheduled to complete the evaluation. **Rest assured that the information you provide will be held in the strictest confidence.**

Homeowner applications are currently being accepted for 2020 ***Rebuilding Together Southeast Michigan*** projects.

***RTSEMI Homeowner Application Processing***  
**27840 Independence Street**  
**BLDG #2**  
**Farmington Hills, MI 48336**

*Revised 12/12/2019*



**HOMEOWNER APPLICATION**  
**COMPLETELY CONFIDENTIAL**  
 If you need assistance in filling out this application, please call  
 248-482-8061 or 313-766-4010; and leave a message.

**HOMEOWNER INFORMATION**

Date \_\_\_\_\_

**Homeowner 1 Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Disabled? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe nature of disability: \_\_\_\_\_

**Homeowner 2 Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Disabled? Yes \_\_\_\_\_ No \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

If yes, please describe nature of disability: \_\_\_\_\_

**PROPERTY INFORMATION**

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you live in the home? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of years in home: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Do you plan to sell your home within the next 2 years? \_\_\_\_\_

**Name as it appears on deed to property:** \_\_\_\_\_  
 (Note: must be single family home & not a condo or mobile)

**HOUSEHOLD INFORMATION**

Total number of people living in the home: \_\_\_\_\_

List the following information for all people living in the home (attach a list if more space is needed):

Name	Age / D.O.B.	Gender	Disabled: Y/N	Ethnicity


Are any adults in the home employed: \_\_\_ Y \_\_\_ N      Total number of adults receiving income: \_\_\_\_\_

Do you have any past due property taxes? \_\_\_ Y \_\_\_ N      If so, how much? \_\_\_\_\_

Do you have homeowner insurance? \_\_\_ Y \_\_\_ N

Who can we call if we cannot reach you?      Name: \_\_\_\_\_

Relationship: \_\_\_\_\_      Phone Number: \_\_\_\_\_

**SOCIAL SERVICES**

Do you have a social worker? \_\_\_ Y \_\_\_ N      If yes, social worker's name: \_\_\_\_\_

Social worker's agency: \_\_\_\_\_      Social worker's phone number: \_\_\_\_\_

**Are you a Veteran:** \_\_\_ Y \_\_\_ N      **Are you a spouse of a Veteran:** \_\_\_ Y \_\_\_ N

**VERIFICATION OF GROSS INCOME**

*Must include total gross income from ALL persons living in the home. Please send proof of income such as a Social Security award letter, pay stub or pension information.*

**MONTHLY INCOME INFORMATION**

**MONTHLY EXPENSE INFORMATION**

<b>Salary</b>	\$	<b>Mortgage payment</b>	\$
<b>Social Security/Disability</b>	\$	<b>Property Taxes &amp; Ins</b>	\$
<b>Social Security/Disability</b>	\$	<b>Gas &amp; Electric</b>	\$
<b>Child Support/Alimony</b>	\$	<b>Water Bill</b>	\$
<b>Rental Income</b>	\$	<b>Telephone</b>	\$
<b>Other</b>	\$	<b>Cable/Satellite TV</b>	\$
<b>Other</b>	\$	<b>Medical</b>	\$
<b>TOTAL INCOME:</b>	\$	<b>TOTAL EXPENSES:</b>	\$

What is the highest amount you have paid in one month this past year for your gas & electric bill?

\_\_\_\_\_

What is the highest amount you have paid in one month this past year for your water bill?

\_\_\_\_\_

Have you ever applied for this program before? \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_ Have you received home repair from your county or city before? \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## REPAIRS NEEDED

If your home is selected for rehab work, there will never be a charge for our service. Our goal is to make your house as safe and secure as possible. Should your home be selected for rehab and repairs, what are the **FIVE MOST IMPORTANT** repairs you need at your home?

1.

2.

3.

4.

5.

What, if any, are five more repairs you need at your home?

6.

7.

8.

9.

10.

Do you have any additional information/remarks regarding your repair needs that would be helpful for us to consider?

\_\_\_\_\_

\_\_\_\_\_

	YES	NO	REMARKS
Are all household residents physically able to move throughout, enter, and exit the house?			
Is there a working smoke / CO2 detector present on every level?			
Is there a working fire extinguisher in the kitchen?			
Does your home have circuit breakers in the electrical panel box?			
Are all household residents physically able to use the toilet, shower or tub?			
Do you need any handrails or grab-bars to be installed or repaired?			
Have you had any falls in the last six months due to tripping hazards?			
Are there plumbing problems?			
Are there rodents or pests in the house?			

Are there water leaks into the home?			
Is the house number readily visible from the street day and night?			

Have you applied for assistance from any other local agencies (Habitat for Humanity, County Home Improvement Programs)? If so, please indicate below which agencies and when you applied.

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Is there any additional information about yourself that would be important for us to consider while evaluating your request?

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***IMPORTANT – READ CAREFULLY AND INITIAL ALL FIELDS:***

Applicant’s Statement:

\_\_\_ I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief.

\_\_\_ I certify that I do not have the financial means (savings, investments, etc) to perform the repairs for which I am applying.

\_\_\_ This application shall remain the property of Rebuilding Together Southeast Michigan, to which it is submitted for the purpose of obtaining assistance.

\_\_\_ I hereby consent and authorize Rebuilding Together Southeast Michigan, after providing me reasonable notice, to enter the property for the purpose of determining the need and scope of the repair(s) specified above.

\_\_\_ 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.

\_\_\_ I understand that any information received by Rebuilding Together will be kept strictly confidential and will only be used in determining my eligibility for this program.

\_\_\_ I understand that an application and request for services is not a guarantee that services will be provided.

\_\_\_\_\_  
Homeowner 1 Signature Date

\_\_\_\_\_  
Homeowner 2 Signature Date

***If this form is prepared by someone other than the homeowner, or if assistance is being provided, please complete the following:***

Is the homeowner aware of this application? \_\_\_\_\_

Name of person preparing or assisting with application: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_

To be considered for a project, please mail this application with ***DOCUMENTS REQUESTED*** to the address below.

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