



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 in Oakland County and Detroit's City Council District 4 in Wayne County. Condos or mobile homes do not qualify. Applicants must own and live in a single-family home, qualify as low-income, be up to date on mortgage and property taxes, and have homeowner's insurance.

If you believe you qualify for assistance, please complete the attached form and mail it with the required documentation to the address noted below. If you need help 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 for everyone living in the household who is 18 or older. Include filed income tax forms, pay stubs, social security statements, pension or disability statements and any other sources of income.

____ 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 2021 ***Rebuilding Together Southeast Michigan*** projects.

RTSEMI Homeowner Application Processing
27840 Independence Street
Farmington Hills, MI 48336



HOMEOWNER APPLICATION

COMPLETELY CONFIDENTIAL

If you need assistance in filling out this application, please call
248-482-8061 or 313-766-4041

HOMEOWNER INFORMATION

Today's Date _____

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/Relationship	Age/Birthdate	Gender	Race/Ethnicity	Disability, if any

Number of VETERANS in home: ____ (Please attach discharge paperwork)

Primary Contact Phone: _____

Home Phone: _____

Primary Contact Email: _____

PROPERTY INFORMATION

Address: _____ City _____ Zip Code: _____

Do you live in the home? Yes ____ No ____ Number of years in home: _____

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)

Do you have any overdue property taxes? ____ Y ____ N If so, how much? _____

Do you have homeowner's insurance? ____ Y ____ N

Are you still making mortgage payments? ____ Y ____ N

Emergency Contact Name/Phone/Relationship: _____

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

Social worker's agency: _____ Social worker's phone number: _____

INCOME INFORMATION

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

Total number of adults (age 18 or older) receiving income: _____

MONTHLY INCOME INFORMATION

MONTHLY EXPENSE INFORMATION

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

Highest amount you have paid in one month this past year for your gas & electric bill: _____

Highest amount you have paid in one month this past year for your water bill: _____

If you have applied for or received assistance from any other local agencies (Habitat for Humanity, County Home Improvement Programs, etc.), please list them below along with when you were served:

REPAIRS NEEDED

Our services are free to the homeowners we serve but the repairs that we can complete depend on our funding and the needs of each individual homeowner.

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.

	YES	NO	REMARKS
Are all residents physically able to enter and exit the house?			
Are all residents physically able to use the toilet, tub/shower, and sink?			
Are all residents able to move safely throughout the house?			
Is there a working fire extinguisher in the kitchen?			
Is there a working smoke/carbon-monoxide detector present on every level?			
Are all electrical items working properly?			
Are all plumbing items working properly?			
Is the house free of rodents and pests?			
Is the house free of water leaks, roof issues, or gutter issues?			
Is the house number readily visible from the street day and night?			

Have you ever applied for this program before? ___ Yes ___ No If yes, when? _____

If served, when? _____ How did you hear about us? _____

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 within 30 days of receiving the application, or call our office.

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Farmington Hills, MI 48336