



HOMEOWNER APPLICATION

730 West Wilshire #108, Oklahoma City, OK 73116

Phone: 405.607.0464 • Fax: 405.607.0362

www.rebuildingtogetherokc.org

Dear Homeowner:

Thank you for your interest in Rebuilding Together OKC. Our mission is to rebuild lives and neighborhoods...making homes safe, warm and dry. Through the contributions of time, labor, materials, and funding from neighbors who care, we are able to provide repairs at no cost to qualifying homeowners. If you meet the eligibility requirements, please complete the enclosed application and provide copies of mandatory documents.

ELIGIBILITY CHECKLIST

- 55 years of age or older
- Live between Post Road & County Line Road and Danforth & S.W. 89th
- Own and live in home with paid property tax
- Household income cannot exceed 200% of the Federal Poverty Level:



FAMILY SIZE

GROSS YEARLY INCOME

GROSS MONTHLY INCOME

1 person household

\$23,540

\$1,961

2 person household

\$31,860

\$2,655

3 person household

\$40,180

\$3,348

4 person household

\$48,500

\$4,041

REQUIRED DOCUMENTS

- Copy of driver's license or birth certificate for all household members
- Proof of income for all household members
- DD214 for veterans [if applicable]

Once incoming applications and documents are reviewed, eligible applicants will be contacted to schedule a home evaluation to preview the repairs requested. This is an initial assessment and not a guarantee that work will be completed on your home. We are unable to provide emergency repairs, and ask that you are patient while we work to match available resources to prioritized needs. In order to receive the support that you need, we encourage you to apply for additional resources listed on the back of this page. Call with any questions or if you are having trouble gathering the required documents. Please keep this page for your records. We look forward to receiving your application!

-The Rebuilding Together OKC Team



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ELIGIBILITY REQUIREMENTS

Rebuilding Together OKC applicant eligibility will not be based on race, color, national origin, age, sexual orientation, sex, religion, familial status or disability.

- 55 years of age or older
- Live between Post Road & County Line Road and Danforth & S.W. 89th
- Own and live in home with paid property tax
- Household income cannot exceed 200% of the Federal Poverty Level
- Provide required documents with completed application

SECTION 1.

| | | |
|--|--|------|
| Name of homeowner: | Phone: | Age: |
| Name of homeowner: | Phone: | Age: |
| Address: | City: | Zip: |
| Secondary contact: | Phone: | |
| Is translator needed? If yes, what language? | | |
| Is this a mobile home? | *If yes, only eligible for ramp program. | |
| List name(s) as shown on deed: | | |
| How many years have you lived in your home? | Are property taxes current? | |
| Do you plan to remain living in your home? | Do you have homeowner's insurance? | |
| Do you have a mortgage? If yes, is it current? | | |
| Do you own other property? If yes, what type? | | |

SECTION 2.

| | |
|--|--|
| Please tell us about yourself: | |
| How would repairs provided make a difference in your life? | |
| How did you hear about Rebuilding Together? | |
| Is anyone in the home a veteran? | *If yes, please provide copy of DD214. |
| Is anyone in your family a Mason or Eastern Star Member? | |
| Have you applied/received services from Rebuilding Together? | |
| Have you applied/received services from another agency? | |

SECTION 3.

Check below which repairs you hope to have completed on your home:

AGING IN PLACE REPAIRS

- Bathroom remodel [i.e. walk-in shower, tub surround repair, door widening]
- Handrail
- Ramp
- Safety modifications [i.e. grab bars, shower chairs, ADA toilet, smoke detector]

GENERAL REPAIRS

- | | | | |
|---|-------------------------------------|---|---|
| <input type="checkbox"/> Doors | <input type="checkbox"/> Electrical | <input type="checkbox"/> Exterior paint | <input type="checkbox"/> Interior paint |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Roof | <input type="checkbox"/> Weatherization | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Mechanical cooling [window unit] | | <input type="checkbox"/> Mechanical heating [minor repairs] | |

PLEASE NOTE:

- It is not guaranteed that any or all work will be completed on your home
- Specific funder requirements may alter some of the general qualifications
- We do NOT provide; major plumbing, electric, foundation repairs or fencing

SECTION 4.

Please provide proof of income for all household members.

EXAMPLES OF INCOME VERIFICATION

- A copy of most recent benefit verification letter
- A copy of most recent pay stub
- A statement from your employer if paid in cash
- Any verification from a third party about your income

| Full name | Date of birth | Relationship to homeowner | Gross monthly income | Income source | Proof of income included* |
|-----------|---------------|---------------------------|----------------------|---------------|---------------------------|
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

TOTAL HOUSEHOLD MONTHLY INCOME \$ _____

*Applications without proof of income cannot be considered for eligibility.

SECTION 5.**Is anyone in the home disabled?*****If yes, check below all that apply.** **Hearing impaired** **Loss of limb** **Speech impaired** **Uses walker/cane** **Uses wheelchair** **Visually impaired** **Other [please explain]:****In the past 6 months, have you or any other resident of the home been hospitalized?****If yes, what is their age and cause of hospitalization?****In the past 6 months, have you or another resident of the home fallen?****If yes, how many times and what was the location of the fall?****Are you afraid of falling?****Do you avoid certain activities due to fear of falling?*****If yes, check all that apply.** **Showering/bathing** **Entering/exiting home** **Going shopping** **Getting out of bed** **Walking for exercise** **Preparing meals** **Other [please explain]:****PLEASE READ THE FOLLOWING INFORMATION CAREFULLY**

My signature below certifies that the information provided above is true and complete to the best of my knowledge. I have read the information provided by Rebuilding Together OKC and have a basic understanding of the program, its process and the qualifications I must meet to participate. I give Rebuilding Together OKC my permission to inspect my home for purposes of project selection and/or repair.

I also grant Rebuilding Together OKC permission to take or have taken photographs and film, including television, of my home. I consent and authorize Rebuilding Together OKC, its advertising agencies, news media and any other persons interested in Rebuilding Together OKC and its work to use and reproduce the photographs and films and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material for the primary purpose of promoting and aiding its programs and its work.

Signature of homeowner[s]**Date:****REQUIRED DOCUMENTS****We are happy to make copies and return originals.** **Completed application [double sided]** **Copy of driver's license or birth certificate for all household members** **Proof of income for all household members** **DD214 for veterans [if applicable]****RETURN APPLICATIONS + REQUIRED DOCUMENTS TO:****730 West Wilshire #108 – Oklahoma City, OK 73116 or Fax: 405.607.0362**