REBUILDING TOGETHER ARLINGTON/FAIRFAX/FALLS CHURCH, INC.

HOMEOWNER APPLICATION FOR HOME REPAIRS

Sectio	N 1 – HOL	JSEHOLD INFORM	/IATION			
Please identify the homeowners who live at	this addre	ss. (List non-resi	ident owners	s in Secti	ion 3.)	
Name of Homeowner(s	<u>;)</u>		Date of Bir	r <u>th</u>	<u>Gender</u>	Disabled
Last Name First Name						
Last Name First Name						
Address:						
City:			Z	Zip Code	:	
Home Phone:		Work Phone:				
Cell Phone:	Email	l:				
		Townhouse				
Total number of fan List additional people (except the homeowne <u>Name (Last, First)</u>	-	-		irth	<u>Gender</u> DM DF DM DF	Disabled DY DN DY DN
Please check <u>all</u> that apply to individuals in the individuals with disabilities and be used to id Hearing impaired Other health/mobility concerns that we show that we show the individuals with disability concerns that we show the individuals in the individuals with disabilities and be used to id id individuals with disabilities and be used to id	lentify rep d 🛛 🖵 V	airs that may im Vheelchair user	prove safety		cessibility.	odations for
Demographic information collected is not used to demographic information is requested by local con furnish this information but are encouraged to do	unty/city go	overnments who f	fund our progr	rams. Yo	u are not req	
I/We am/are (check one):	Hispanic			Non-Hi		
I/We am/are (check only one):						
American Indian/Alaskan Native	Asian			Middle	Eastern	
	Asian & V				Hawaiian/P	acific Islander
American Indian/Alaskan Native & Black/African American		ican American ican American &	White	White Other N	Multiracial	
I am a female head of household (a single fer	male living	g with dependen	nt children)	(
I or a member of this household is a U.S. Vet	eran (inclu	ude deceased sp	ouse if any)?	? [

Section 2 –	REPAIRS TO BE CONSID	DERED	
HEALTH, SAFETY, ACCESSIBILITY	Please check the item	s needed	
Fall Safety	Fire Safety		
Grab Bars	Smoke detector		
Additional handrail on stairs	Carbon monoxide	detector	
Comfort height toilet	Fire extinguisher		
Brighter lighting	Dryer duct inspect	tion & repair	
Moisture & Ventilation	Accessibility		
Bathroom exhaust fan	Wheelchair ramp		
Kitchen exhaust fan	Entrance walkway	repair	
Caulking tub/shower	Exterior handrail		
Weatherstripping doors	Stair lift		
Gutter/downspout cleaning & repair	Do you have		
Security	 an active roof le 	ak	DY DN
Proper door locks	- an active plumb	ing leak	DY DN
Visible house numbers	 a broken hot wa 	ter heater	DY DN
	Have we worked on y	our home before?	DY DN
OTHER REPAIRS (Minor electrical & plumbing,	general maintenance,	and yard work)	
Please provide a brief description. R	-AFF Staff will contact	you to discuss in more de	tail.
Section 3-Vei	IFICATION OF HOME O	WNERSHIP	
Rebuilding Together-AFF will consider repairing a family members, (b) at least one of the owners re Together-AFF can enter and repair the home. Rebuilding Together-AFF <u>will not</u> repair a home the rental property. Homeowners insurance must be	sides in the home, and at is scheduled to be so	(c) all owners agree that old, is under contract for s	Rebuilding
Is your homeowner insurance current?		N	
Are your property tax payments current?		N Receive proper	ty tax waiver
Is your mortgage payment current?		N DMortgage is pa	id off
Does at least one owner live at the address given	in Section 1?	N	
Please list the names and addresses of any owner	s who do not reside at	the address in Section 1:	
Name:	Address:		
Name:	Address:		

Please fill in the information requested below and **attach documentation** to verify the income of all family members.

Rebuilding Together-AFF REQUIRES a copy of the first 2 pages of each family member's most current federal income tax return or other documentation showing their gross annual income, (i.e. most recent W-2; Social Security Form 1099-Benefit Statement; Annuity or Retirement Statement and interest earned statement.) We DO NOT NEED Social Security Numbers and suggest you remove them from all documents.

Although you are not legally required to provide information on family income your failure to do will result in our inability to determine your eligibility for services.

Name	Unemployed*	TANF**	Wages & Salary	Pension/ Retirement	Other	Gross Income

*Do not include individuals in grades K-12, retired individuals, or those receiving Social Security **Total Family Income:** **Temporary Assistance for Needy Families

To qualify for the Rebuilding Together-AFF home repair program you must meet the **income eligibility requirements** in the tables on page 4 of this application.

SECTION 5 – HOMEOWNER(S) AGREEMENT WITH REBUILDING TOGETHER-AFF

I/we understand that: Rebuilding Together Arlington/Fairfax/Falls Church (RT-AFF) provides home repairs for lowincome homeowners; all repairs requested may not be completed; and all repairs will be performed at no cost to the homeowner(s).

I/we certify that: I/we own the property at the address given in Section 1 of this application; have provided full and accurate information on this application; have no present intent to move or offer this home for sale over the next two years. I/we 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.

Signature(s) of Homeowner(s)

Signature #1:	Date:
Signature #2:	Date:
Preparer Signature , if other than homeowner:	Date:
Name & Relationship to homeowner:	Phone:
Alternate contact in case we are unable to reac	h you:
Name:	Phone:
Relationship:	Email:
Do you have a social/case worker that referred	you to us? 🛛 Y 🖾 N
Name:	Phone:
Agency/Hospital:	Email:

Please note that Rebuilding Together-AFF receives funding from Arlington Community Development Block Grant Programs and Fairfax County Consolidated Community Funding Pool.



We will make reasonable accommodations for individuals with disabilities upon request.

INCOME ELIGIBILITY REQUIREMENTS					
Fairfax County		Arlingto	n County		
No. Family	Maximum	No. Family	Maximum		
Members	Family	Members	Family		
(Section 1)	Income	(Section 1)	Income		
	(Section 4)		(Section 4)		
1	\$57,650	1	\$77,400		
2	\$65,850	2	\$82,560		
3	\$74,100	3	\$92,880		
4	\$82,300	4	\$103,200		
5	\$88,900	5	\$111,520		
6	\$95,500	6	\$119,760		

APPLICATION CHECKLIST

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT PROOF OF INCOME

You must provide legible copies of the following documents:

□ Completed, Signed and Dated Application

□ First 2 pages of the current filed Federal Income Tax Return for each family member living at home

OR

Any of these documents showing each family member's gross income:

□ Most recent W-2

□ Social Security Form 1099-Benefit Statement

□ Supplemental Security Income Letter and

Annuity or Retirement Statement and Interest Earned Statement

PLEASE REMOVE YOUR SOCIAL SECURITY NUMBER FROM THE INCOME DOCUMENTS

Return your application along with the required documentation to:

Rebuilding Together Arlington/Fairfax/Falls Church 10723 Main Street, Suite 135 Fairfax, VA 22030

OR send via email to info@rebuildingtogether-aff.org

Questions

Phone: 703-528-1999 Virginia Relay Services: 711 Email: info@rebuildingtogether-aff.org

(Hablamos español. Háganos saber si prefiere esta solicitud en español.)

Rebuilding Together-AFF is a non-profit organization and donations are always greatly appreciated.

NON-DISCRIMINATION: Rebuilding Together-AFF does not discriminate against any applicant for services because of race, color, religion, sex, sexual orientation, national origin, age, disability, or other basis prohibited by federal or state law. We are committed to providing equal opportunities for all applicants for the programs' services.