



P.O. Box 641250
Chicago, IL 60664-1250
312.201.1188
www.rebuildingtogether-chi.com

APPLICATION FOR FREE HOME REPAIRS

Deadline: November 1st

Dear Homeowner:

Fall 2017

Applications for the National Rebuilding Day free home repair program will be accepted until **November 1st**. Early applications are given priority, apply as soon as possible!

Rebuilding Together Metro Chicago (formerly Christmas in April) is a volunteer home repair effort that conducts a one-day community work blitz to help repair the homes of low-income homeowners. Eligibility for the free home repair is based on both financial eligibility and the type of work needed, with priority given to elderly and disabled homeowners.

Our program has been in existence for twenty-seven years and is composed entirely of volunteers who work at banks, law firms, construction companies, unions, etc. Although we do all of our work in April 2018, we must choose our homes now. For that reason, we ask that you submit your application promptly. **We are planning to select about 25 homes in the City of Bellwood this year. Please also encourage others to apply.**

Complete the application as completely and accurately as you can. If you are being considered for our program, we will ask you to provide proof of your household income and homeownership when we visit you. At that time, we will also want to see the types of repairs that you need.

We are so impressed with the community spirit in Bellwood and look forward to working with residents there during the coming year. Together we can ensure that the investment you have made in your family home is preserved for generations to come.

Very truly yours,
Wanda Ramirez
Executive Director

APPLICATION FOR FREE HOME REPAIRS

HOMEOWNER INFORMATION

Name:		
Address:		
City:	State:	ZIP Code:
Home Phone:		Cell Phone:
Email:		Marital Status:
Age:		Gender:
Race/Ethnicity (optional):		
Are you disabled?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES , please list disabilities:		
Do you have a home healthcare provider?		
Are you a veteran or widow of a veteran?		

CO-OWNER OR SPOUSE INFORMATION

Name:	
Age:	Gender:
Race/Ethnicity (optional):	
Are you disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES , please list disabilities:	
Are you a veteran or widow of a veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HOMEOWNER EMPLOYMENT INFORMATION

Current employer:
Employer address:
Position:

CO-OWNER OR SPOUSE EMPLOYMENT INFORMATION

Current employer:
Employer address:
Position:

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		
City:	State:	ZIP Code:
Phone:		Cell Phone:
Relationship:		

HOUSEHOLD ANNUAL INCOME INFORMATION**HOMEOWNER AND CO-OWNER/SPOUSE**

Indicate whether you receive income from the sources listed below by marking the "Yes" box and enter the corresponding annual income received from that source.

SOURCES OF INCOME	YES	HOMEOWNER INCOME	CO-OWNER OR SPOUSE INCOME
Employment wages?		\$	\$
Self-employment wages?		\$	\$
Social Security benefits?		\$	\$
Disability income?		\$	\$
Pension income?		\$	\$
Rental income?		\$	\$
SSI/AABD income?		\$	\$
Unemployment compensation?		\$	\$
Child support?		\$	\$
AFDC income?		\$	\$
Other (please describe)		\$	\$
TOTAL ANNUAL INCOME		\$	\$

ADDITIONAL FAMILY MEMBERS OVER 18

	Name:	Name:	Name:	Name:
Employment wages?	\$	\$	\$	\$
Self-employment wages?	\$	\$	\$	\$
Social Security benefits?	\$	\$	\$	\$
Disability income?	\$	\$	\$	\$
Pension income?	\$	\$	\$	\$
Rental income?	\$	\$	\$	\$
SSI/AABD income?	\$	\$	\$	\$
Unemployment compensation?	\$	\$	\$	\$
Child support?	\$	\$	\$	\$
AFDC income?	\$	\$	\$	\$
Other (please describe)	\$	\$	\$	\$
TOTAL ANNUAL INCOME	\$	\$	\$	\$

TOTAL HOUSEHOLD INCOME**\$**

VETERAN INFORMATION		
	YES	NO
Is the Homeowner a veteran?		
Is another member of your household a veteran of the U.S. armed forces?		
Are you the widow or widower of a veteran of the U.S. armed forces?		
Is any member of your household currently serving in the U.S. armed forces?		
<i>For all veterans in your family, please complete the following information:</i>		
Family member's name:		
Branch of Military:		
Years of Service:		
Locations of Deployment:		
Special Distinctions of Awards Received:		
MORTGAGE INFORMATION		
Is there a mortgage on this property? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Who is listed as the owner/s on your mortgage document?		
Do you currently have a reverse mortgage? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you currently behind in your mortgage payments?		
If YES , what date was your last payment made?		
Are you currently in danger of foreclosure? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES , what company?		
If YES , what is your current status?		
Do you have homeowner's insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you plan to sell your home within the next 2-3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PROPERTY INFORMATION		
What is the approximate age of your home?		
How long have you lived in your home?		
Is your home a single family home? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your home have more than one unit or apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES , in which unit do you (homeowner) reside?		
Are there rental units? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES , number of units?	
If YES , how many rental units are occupied?		
If YES , what is the current total of rental income you receive? \$		
Do you own any other property/buildings in addition to the home you occupy? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES , please list address(es):		

NEEDED REPAIRS

The core mission of Rebuilding Together Metro Chicago is to accomplish repairs that make homes **warm, safe and dry**. If you are chosen to receive free home repairs by Rebuilding Together Metro Chicago, what specific home repairs would be of most assistance to you?

1.

3.

2.

4.

Do you have handrails on all your stairways and are they secure? YES NO

Do you have difficulty getting in and out of the shower or bathtub? YES NO

Do you have difficulty getting on and off of the toilet? YES NO

Do you have a working smoke detector? YES NO | Carbon monoxide detector? YES NO

Are any of your appliance broken? YES NO

If **YES**, which? Stove Refrigerator Washer Dryer

Do you have leaks? YES NO

If **YES**, where? Roof Basement Pipes Faucet(s)

Do you have sparking at your electrical outlets? YES NO

Does your hot water heater work? YES NO

How do you currently heat your home? Boiler Furnace Space Heater Oven

Do you have a pest problem? YES NO

Bed Bugs? YES NO | Rodents? YES NO

Do you often use your backyard or garden? YES NO

When was the last time the interior of your home was painted?

Would you benefit from assistance removing unwanted stored items in your home or garage?

If **YES**, describe items:

Would you be comfortable with a team of 25 volunteers in your home at one time? YES NO

How did you hear about our program? (*Check all that apply*)

Church Alderman City Department Mail Friend Other:

Have you ever received assistance from Rebuilding Together Metro Chicago or Christmas in April before? YES NO

If **YES**, what year?

HOUSEHOLD INFORMATION

List ALL persons living in your home including children and yourself.

For *every person* living in the home list the name, age, relationship to homeowner, and how much, if anything, this person pays in rent.

If more than 8 people live in the home, use additional sheets.

NAME	AGE	RELATIONSHIP	RENTING?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Including the homeowner, how many people reside in the home?

Number of males:

Number of Children under 18:

Number of females:

Number of disabled persons:

Number of persons 60 or older:

Total number in household:

Are any of the people listed above moving out before April 2017? YES NO

If **YES**, please list who:

Do you expect anyone else to move in before April 2017? YES NO

If **YES**, please list who:

Please explain how receiving free home repairs would help you and your family.

If your home is selected for the program, what special, interesting facts about you or your family would you like to share with your sponsor?

DISCLOSURES

I affirm that I/we am/are the homeowner/s, and I reside full time at the address listed on the application.

All owners must sign below. Attach additional pages if necessary.

Homeowner Signature:	Date:
Homeowner Print:	Date:

Co-owner Signature:	Date:
Co-owner Print:	Date:

Have you or any immediate family member worked for or been affiliated with Rebuilding Together Metro Chicago, the Governments of the City of Chicago, Cook County, or the village in which you reside? YES NO

If YES, please list person's name, position title and dates worked below:

Attach additional pages if necessary.

Name:	Title:	Dates:
Name:	Title:	Dates:

CERTIFICATION

I certify that the above information is true and correct to the best of my knowledge. I authorize Rebuilding Together Metro Chicago to check any references necessary to complete the processing of this application for the purpose of receiving free housing repair. The Homeowner(s) grant Rebuilding Together permission to take still and moving photographs, including video pictures of the home and to use such photographs to publicize, in any manner Rebuilding Together deems appropriate, Rebuilding Together's program. I understand that providing false or incomplete information may make me ineligible or result in disqualification from the program. I also understand that any information received will be kept confidential and will be used strictly for the purpose of determining my eligibility to receive free home repair through Rebuilding Together Metro Chicago and to recruit sponsors.

Homeowner Signature:	Date:
Homeowner Print:	Date:

Co-owner Signature:	Date:
Co-owner Print:	Date:

Mail Completed Application To:

Rebuilding Together Metro Chicago
PO Box 641250
Chicago, IL 60664