



Rebuilding Together Henry County (RTHC) is a non-profit, volunteer organization that helps low-income homeowners repair their homes so they may continue to live in warmth, safety and independence. **If accepted** into the program, RTHC provides services at **no cost** to the homeowner.

## HOMEOWNER APPLICATION

### Section 1: Homeowner Information

Name of Homeowner 1: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Homeowner 2: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

List the names, ages, and relationship to homeowner of ALL people living in the home (attach another sheet if needed)

Name/Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Have you or anyone in your household served in the military?  Yes  No

If yes, please indicate who and current status: \_\_\_\_\_

### Section 2: Special Needs

Is the homeowner or anyone in the home living with a disability?  Yes  No

If yes, indicate the type of disability below (check all that apply, please describe if "other"):

- Uses a wheelchair   
  Uses a walker, cane or crutches   
  Visual Disability   
  Hearing disability  
 Mental disability   
  Other, please specify: \_\_\_\_\_

### Section 4: Income and Expenses

For each person over the age of 18 living in the home please provide the following information.

*Note: If more space is needed, please attach a separate sheet of paper.*

Are you still making loan payments on your home?  Yes  No

Are you up to date on your mortgage and property tax payments?  Yes  No

| Name | Source of Income | Amount | Frequency (monthly, weekly) |
|------|------------------|--------|-----------------------------|
|      |                  |        |                             |
|      |                  |        |                             |
|      |                  |        |                             |

|  |  |  |  |
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**Section 6: Type of Work/Repairs Requested**

Briefly describe the type of work you would like done. Attach a separate piece of paper if there is not enough space to list all work/repairs.

| Category  | Describe nature of repairs requested (please print) |
|---|---|
| <b>Safety &amp; Accessibility Modifications.</b><br>Installing grab bars, shower seats, wheelchair ramps, Securing or installing stair hand rails, etc.     |   |
| <b>Home Repairs.</b> Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair, windows and doors |   |
| <b>Electrical Repairs.</b> List rooms where wall outlets, switches, and light fixtures do not work.   |   |
| <b>Plumbing Repairs.</b> Describe sink, tub or toilet leaks, etc.   |   |

**Section 7: Agreements and Signatures**

I certify that the information on this application is accurate and that I own the property at the address given on this application. I understand that the people who may work on my house are unpaid volunteers; that few, if any of them are skilled in the building trades; and that REBUILDING TOGETHER HENRY COUNTY MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby release Rebuilding Together Henry County and all associated with it from any and all liability whatsoever.

Signature of Homeowner 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Homeowner 2: \_\_\_\_\_ Date: \_\_\_\_\_

Complete the following if you are NOT the homeowner, but are assisting the homeowner in completing this application

Your Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

**THANK YOU FOR YOUR APPLICATION**