



Safe at Home 2014-2015

Rebuilding Together Greater Dallas

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*****PLEASE KEEP THIS PAGE FOR YOUR RECORDS*****

Dear Applicant:

Thank you for requesting an application from Rebuilding Together Greater Dallas (RTGD) for essential home repairs. RTGD is a non-profit organization providing home repairs and home modifications to eligible homeowners **at no cost to them**.

The repairs will not exceed \$5,000.00 under the Safe at Home Program.

To be eligible for home repairs, you **MUST**:

- Be elderly (62 or older), disabled (documented), and/or a family with dependent children.
- Be living on a very low income according to HUD Guidelines.
- Own the home AND live in the home (single family dwelling in Dallas County).
- Be current with real estate taxes or have an agreement with DCAD for all delinquent real estate taxes.
- Do not have liens on the property

It is necessary to verify your eligibility by mailing to our office **COPIES** of the following documents.

DO NOT SEND ORIGINALS:

- ✓ Drivers License or Texas ID (*age and address verification*)
- ✓ Income information (income verification- SSI award letter, pay stub, check copies, tax returns, etc.) This information should be **current, within 30 days**, and reflect the **TOTAL HOUSEHOLD INCOME**.
- ✓ Warranty Deed or Deed of Trust (homeowner verification)
- ✓ Payment agreement letter from DCAD regarding delinquent taxes, if any (*real estate tax verification*)
- ✓ Physician's statement or SSI award letter (*disability verification*): This is needed **ONLY** if you are under the age of 62 and/or are applying for Home Modifications Program.
- ✓ Military documentation (*veteran verification*- DD214, ID Card, VA Benefits, etc.)
- ✓ If possible, please attach a recent photo of your home. (*Not required*)

This information is confidential and will be used only to verify eligibility for our various home repair programs. **Please send COPIES only!** If you have any questions or need assistance in completing this request, please do not hesitate to call us. Please return your application to the above address. We look forward to receiving your request.

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Homeowner/Household Information

Today's Date: _____ Date Application Sent: _____

Homeowner Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Address: _____ Zip Code: _____

Phone number: (____) ____ - _____ Alt. Phone Number: (____) ____ - _____

Length of Time at this Address: _____

- Ethnicity:
- American Indian or Alaskan Native Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White Non-Hispanic
 - White Hispanic
 - Some Other Race
 - Not Reported

Emergency Contact: _____ Phone: _____

Others in Household:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Do you have children living in/near Dallas? Please list names and ages: _____

Please explain why you or your family members are unable to make repairs: _____

Are you disabled? If so, please specify disability and limitations: _____

Are you or an immediate family member a veteran? Which Branch / Years of Service? Please share your veteran story: _____

How did you learn of Rebuilding Together Greater Dallas? (circle one & list specific name):

Newspaper _____ Radio _____ Magazine _____ Website _____
Referred by another Organization _____ Other _____

Have you ever received assistance from any other organization for your home? If so, list the name, date, and assistance you received: _____

Dwelling/Home Status

My house has issues in the following areas (*Please check all that apply and describe suspected problem*):

General Area

Description of Problem

EXTERIOR

- | | |
|---|-------|
| <input type="checkbox"/> Siding | _____ |
| <input type="checkbox"/> Openings (doors) | _____ |
| <input type="checkbox"/> Openings (windows) | _____ |
| <input type="checkbox"/> Build Ramp | _____ |
| <input type="checkbox"/> Build Handrails | _____ |
| <input type="checkbox"/> Porch Floor | _____ |
| <input type="checkbox"/> Discard Trash | _____ |
| <input type="checkbox"/> Clean Gutters/Yardwork | _____ |
| <input type="checkbox"/> Roof | _____ |
| <input type="checkbox"/> Fencing | _____ |
| <input type="checkbox"/> Other | _____ |
| | _____ |
| | _____ |

4. Daily Activities

What daily activities are difficult for you to do (list all that apply)? _____

In what areas in and around the house do you have difficulty doing daily activities (list all that apply)? _____

5. Modifications

List any modifications that are already in place (grab bars, tub bench, etc). _____

6. List any modifications that you or your caregiver feel would benefit you. _____

Dwelling/Home Background Information & Agreement

1. *Dwelling Type* Do you live in a () Frame () Mobile Home (Trailer)
() Other _____

2. *Age* In what year was your home constructed? _____

3. *Roof* Age of roof: _____

4. *Foundation/Floor* Type? () Slab or Grade () Pier & Beam

5 *Envelope* Siding is () Wood () Aluminum () Vinyl
If not siding () Brick () Shingle

5 *Windows* Windows are () Wood () Aluminum

6 How many windows does your home have? _____
How many windows have drapes, blinds, or shades? _____

7 *Doors* How many exterior doors do you have on your home? _____

8 *Walls/Ceiling* Walls are () Drywall/Sheetrock () Paneling

9 *Heating/Cooling* What do you use for heating and cooling?
() Space Heaters / Quantity? _____ () Gas () Elect.

- () Fireplace () gas or () wood () Kitchen Stove
- () Central Heat / Wall Furnace () Central Heat & AC
- () Window AC units / Quantity? _____

10 Electrical *If known, please provide panel size:* _____

11 Plumbing *If known, please provide age of piping:* _____

12 Priority of Work *Please list the top three critical repairs you feel you need most:*



Home Owner Biography

Please tell us about yourself and why you should receive assistance from Rebuilding Together Greater Dallas?

If selected for services who in the family would perform the required service hours?

Name _____ **Address** _____

Phone Number _____ **Email Address** _____

Signature _____ **Date** _____



CERTIFICATION OF INCOME STATEMENT

Applicant Name: _____

Current Address: _____

Phone #: _____

E-mail: _____

Household Members and Income (including applicant)

Last Name	First Name	Age	Monthly Income	Source (most recent tax return, 6 months wage statements or last three months bank statements required)

****PERSONAL INFORMATION:** (Check one in each item. Optional Information for Federal Reporting Purposes)

- a. Male b. White Black/African American Black/African American & White
- Female American Indian/Alaskan Native Asian
- American Indian/Alaskan Native & White Asian & White
- Native Hawaiian/Other Pacific Islander Balance/Other
- American Indian/Alaskan Native & Black/African American

- c. ETHNICITY d. DISABLED e. IS OWNER/BORROWER WOMEN HEAD OF HOUSEHOLD
- Hispanic Yes Yes
- Non-Hispanic No No

* TOTAL NUMBER OF FAMILY MEMBERS _____ (Include Yourself, Spouse, Children, etc.)

Total Anticipated Annual Household Income: _____

Certification: I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

Signature of Applicant

Date

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

For use by agency:	
Household Size: _____	Annual Income: _____
Income Limit: _____	Is Applicant Eligible: _____
Person Making Determination: _____	Date: _____

As a recipient of services, I agree to perform an agreed upon number service hours and assist in performing the work being done in my home. If I am not able to perform the service hours due to physical limitations or health reasons, family members and friends may assist in performing the required service hours.

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I, the undersigned, do hereby certify that all the information contained in this application is true and correct to the best of my knowledge, information, and belief. I understand that if any of the information is found to be false, I may be disqualified from participation in the program(s) for which my home has been selected, if it is in fact selected. At this time, I grant RTGD permission to inspect my home for purposes of possible home selection for repairs.

Homeowner's Signature Homeowner's Name Date of Signature

Applicant's Name & Title (*if other than homeowner*) Company Date