

Introduction to Rebuilding Together Application



Dear Homeowner:

Rebuilding Together Greater Milwaukee (RTGM) is a nonprofit organization in which skilled and unskilled volunteers repair homes for low-income elderly and/or disabled homeowners who are unable to repair or afford the work themselves. Our concerns are **safety, security, and independence** of the homeowner. If your home is chosen as a project site, all repairs will be completed free of charge. Repairs are done safely and in compliance with current building code guidelines. However, we require you as a partner in this process. We ask that you and/or any able-bodied member of your household participate alongside volunteers in repairs to the best of your/their ability. Please understand that we receive many applications and are working to fill the need with limited resources.

RTGM Guidelines:

1. **Homeowner** of a single family home or jointly owned duplex home where both owners live and qualify in Milwaukee or Waukesha County (**sorry no apartments, condominiums, rental property, partly rented duplexes, or mobile homes**).
2. Current on property taxes or property tax installment payment plan.
3. Property must not be held in trust or a life estate property.
4. 60 years of age or older and low-income **OR** a person living with a disability and low-income. However, we will consider low-income families with children.
Note: Priority is given to senior and disabled homeowners.

RTGM does not repair roofs or foundations.

Housing Plus:

RTGM's Housing Plus program allows us to partner with other organizations and community programs. Our enclosed application is used to find the best services for you, which may include transportation, meals, cleaning, or repairs not addressed by RTGM.

Submit applications by mail to the address on page 4 of the application.

You will be notified by mail about the status of your application. Please understand that it may take some time to hear back from us. If you have any questions please call our office at (414) 312-7531 or leave a message on our application line at (414) 319-9828.

Thank you for your interest in Rebuilding Together Greater Milwaukee

PLEASE RETAIN THIS INTRODUCTION LETTER FOR YOUR RECORDS.

The date that you submitted your application to us was _____

You left a message on _____ and a call was returned to you on _____

You called and spoke with _____ on _____

Rebuilding Together Greater Milwaukee
 700 West Virginia Street, Suite 221
 Milwaukee, WI 53204
 Application Line: (414) 319-9828



Rebuilding Together
 Greater Milwaukee



Office Use Only:

Received on: _____ Assessed on: _____

Home Repair and Accessibility Modification Application

Section 1: Applicant Information	
Name: _____	Age: _____
Home address: _____	
Home telephone number: _____	Cell number: _____
List the names, ages, and relationship to applicant of ALL people living in the home (attach a list if more space is needed):	
Name: _____	Relationship: _____ Age: _____
Name: _____	Relationship: _____ Age: _____
Name: _____	Relationship: _____ Age: _____
Name: _____	Relationship: _____ Age: _____
Marital status of applicant: <input type="checkbox"/> Married <input type="checkbox"/> Living with a partner <input type="checkbox"/> Divorced/separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single/never married	Please indicate the number of people in your household according to each of these ethnic categories. ___ White/Caucasian ___ African American ___ Hispanic/Latino ___ Asian/Pacific Islander ___ Native American ___ Other
Have you or any household member been charged with a crime in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain (provide name and offense): _____	

Section 2: Sharing Your Personal Information

If your needs are more appropriate for other programs, may we share your application with them? Yes No

Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check "yes," you give RTGM your consent to share the information you provide on this application with organizations such as the Milwaukee Home Repair Program or Interfaith Older Adult Programs.

Section 3: Disability Information	
Are you or anyone living in the home disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the type of disability below (check all that apply and please describe if "other"): <input type="checkbox"/> Mobility (e.g., walker, cane, wheelchair) <input type="checkbox"/> Sight impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Mental disability <input type="checkbox"/> Health impairment <input type="checkbox"/> Other _____	Number of household members with disabilities: _____ Additional space to describe special needs, if desired:
Section 4: Military Background Information	
Are any household members currently serving or have served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No How many veterans are living in the household? _____ If your spouse is deceased, was he/she a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and years of service for each veteran (living or deceased) in the household:
Section 5: Household Income Information	
Please provide your combined income before taxes for ALL people living the home (i.e., those listed in Section 1), including wages, social security, pension, and disability income: \$ _____ per month. You must attach verification of all HOUSEHOLD income for each adult in the house and/or benefits for children: <ul style="list-style-type: none"> • Income tax returns (i.e., both federal and state) for the previous year. • All other sources of income that apply to your household, such as: Social Security or SSI award letters, retirement income statements, and pay stubs or earnings statements for the past 2 months. 	
Is any portion of the home being rented? <input type="checkbox"/> Yes <input type="checkbox"/> No Average out-of-pocket monthly medical bills (exclude insurance premiums): \$ _____ Are you still making mortgage payments on your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your monthly mortgage payment: \$ _____ <input type="checkbox"/> Includes property taxes Utility service provider: _____ Account #: _____ Water/sewer provider: _____ Account #: _____ Average monthly utility bills (includes gas, electric, water and sewer): \$ _____ Do you have homeowners insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Company: _____	

Section 6: Household Information

Applicant has lived at this residence for ____ years

Do you plan to sell your home? Yes No If yes, when: next year 2 yrs 5 yrs

Is this home your only residence? Yes No Do you own other property? Yes No

If yes, what is the address of the other property? _____

What is the other property used for? _____

Section 7: Home Repairs and Accessibility Modifications

We focus on repairs and modifications to make your home **safe and secure to allow you to live independently.**
Please check all that apply:

Inside Work Needed

- Floors/flooring
- Install grab bars in bathroom
- Unsafe electrical items
- Plumbing repairs/water heater
- Broken doors and/or locks
- Stairs and/or handrails on staircase
- Paint walls and/or ceilings
- Damaged walls and/or ceilings
- ADA items bathroom/kitchen
- Appliances
- Other (explain):

Outside Work Needed

- Scrape/paint exterior walls, trim and/or windows
- Porch, steps, handrail for safety
- Gutters and/or downspouts
- Damaged walkways
- Yard work
- Garage repair
- Damaged siding or tuck pointing
- ADA accessibility (wheelchair ramp)

Are any able-bodied household members willing to assist in repairs? Yes No

List all household members willing to assist:

Have you applied with RTGM before? Yes No If yes, when?

Has anyone from RTGM ever visited your home? Yes No

Have you received services from RTGM in the past? Yes No

Section 8: Other Needs

Do you need more help than you currently receive with the following:

- Transportation
- Housework
- Preparing meals/cooking
- Grocery shopping
- Laundry
- Bathing
- Paying for prescriptions
- Managing money
- Other (explain):

Check if you receive any of the following:

- SSI
- SSDI
- Family Care
- Partnership
- PACE
- IRIS
- Medicaid (Title 19)
- FoodShare
- Energy assistance
- Other home or community-based services:

Do you have a care manager? Yes No

If so, name: _____

Phone: _____

Section 9: Personal Statement

Please write a *brief* explanation of why you feel you should be selected and how it will help you (attach a sheet if more space is needed):

Section 10: Referral Information

How did you hear about us?

Friend Newspaper Magazine Radio TV Agency: _____

Person who referred you: _____ Phone: _____

Section 11: Disclosure Agreement

I applicant(s), (please print) _____ declare that all of the above statements and information provided are accurate and true to the best of my knowledge. I understand that I may be asked to provide documentation as proof of my answers. I authorize investigation and verification of all information provided, including a personal and/or criminal background check, as may be necessary for my involvement with Rebuilding Together Greater Milwaukee (RTGM). I understand that all information will be kept confidential and will be used strictly for the purpose of determining my eligibility to receive free home repair through RTGM. I also understand that providing any false information will make me ineligible for services from RTGM. I give permission for RTGM representatives to inspect my home for purposes of home selection and/or repair.

Signature(s) is/are required here to complete the application:

Applicant signature

Date

Co-Owner Signature

Date

**If this form has been prepared by someone other than the homeowner, or if assistance has been given to the homeowner, please complete the following:

Name of preparer: _____ Phone: _____

Relationship: _____ E-mail: _____

Agency: _____

Please mail application to: Rebuilding Together Greater Milwaukee
700 West Virginia Street, Suite 221
Milwaukee, WI 53204