

Rebuilding Together Greater Milwaukee

700 West Virginia Street, Suite 221

Milwaukee, WI 53204

Application Line: (414) 319-9828



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 completed safely and in compliance with current building code guidelines. However, we require you as a partner in this process. We require 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 diligently to fill your needs 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. Homeowner must have resided and owned home for at least 5 years
3. Homeowner must be current on property taxes or property tax installment payment plan.
4. Homeowner's property must not be held in trust or a life estate property.
5. Homeowner should be 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.
6. Homeowner has not received repairs from RTGM in the past 2 years. (this does not include emergency visits)
7. Household income must fall within 150% of the federal poverty guideline.

Household size	Monthly income	Annual income
1 person	\$1,361	\$16,335
2 people	\$1,838	\$22,065
3 people	\$2,316	\$27,795
4 people	\$2,793	\$33,525
5 people	\$3,271	\$39,255
6 people	\$3,748	\$44,985
7 people	\$4,226	\$50,715

Note: Priority is given to senior and homeowners with disabilities.

RTGM does not repair roofs or foundations.

Submit applications by mail to the address on page 4 of the application. In order to be considered, you must send RTGM copies of the following documents in order for us to determine your eligibility.

- A copy of the latest Federal Income Tax return with all schedules, for all people residing in home.
- A copy of your Social Security, pension, retirement income, and/or child support statement for all people residing in home.

OVER- IMPORTANT INFORMATION ON BACK

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.

If your home is found eligible for a home visit, RTGM will determine what type of repair category your home falls into and if any repairs can be made in your home. RTGM will not provide services when hazardous or unhealthy conditions are present in your home. If your home is deemed hazardous or unhealthy at the time of the home visit, our services will be permanently discontinued. The following are examples, but not limited to, of hazardous and/or unhealthy conditions.

- Uncontrolled pets
- Animal fecal matter in or about the home
- Homes that exhibit a pest infestation
- Obstructed working conditions
- Verbal abuse or harassment
- Evidence of drugs or firearms

Repair Categories:

Emergency Repairs- Repairs to address urgent threats to life, health, safety, and housing

Example: Serious plumbing issues, Nonfunctioning furnaces, particularly in cold weather months, Nonfunctioning water heaters, Broken windows, particularly in cold weather months or if it presents a security issue, Electric and other fire hazards.

Accessibility Modifications-Changes to increase the accessibility and ease of use of a home for a person with limited mobility.

Example: ample: grab bars, handrails on stairways, lever handles on doors and sink faucets, widened doorways to accommodate wheelchairs, improved lighting, wheelchair ramps, repair of exterior and interior steps, non-skid, contrast strips for stairs, handheld showers.

Essential Repairs-Less urgent than emergency repairs, but still important to enable homeowners to remain in their homes *Ex. Gutters, siding, updating electrical items, minor roof or chimney repair, installation of smoke detectors and carbon monoxide detectors.*

Rebuilding Day-A national one day event that takes place in the spring. On this day corporations and volunteers work on 15- 18 homes that are owned by low-income elderly or disabled individuals.

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.

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 _____

Section 4: 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? _____
 Is any portion of your home being rented? Yes No
 Average out-of-pocket monthly medical bills (exclude insurance premiums): \$ _____
 Are you still making mortgage payments on your home? Yes No
 If yes, what is your monthly mortgage payment: \$ _____ Includes property taxes
 If no longer paying mortgage, amount of property taxes. \$ _____ monthly yearly
 Utility service provider: _____ Account #: _____
 Water/sewer provider: _____ Account #: _____
 Average monthly utility bills (includes gas, electric, water and sewer): \$ _____
 Do you have homeowners insurance? Yes No Company: _____

Section 5: Household Income Information

Complete the following for **ALL members of household** (Including qualified co-owner if applicable). You must include **ALL income sources** : Employer, self employment, unemployment, pensions, VA benefits, disability benefits, Social Security, SSI, SSIE, AFDC, Medicare, Medicaid, child support, foster care, adoption assistance, rental income, etc.

Attach additional sheet for explanations if needed.

All Household Members	Relationship	M/F	DOB	Income Source	Gross Monthly Income
1	applicant	M / F			
2		M / F			
3		M / F			
4		M / F			
5		M / F			
6		M / F			
Total Household Income					

You must attach verification of all household income for each adult in the house and/or benefits for children

Section 6: 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	List all household members who have served in military (living or deceased) Name _____ Years of Service _____ Discharge Date _____ Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 7: Home Repairs and Accessibility Modifications

What is the nature of the problem(s) for which you are requesting assistance?

- Accessibility (ramps, grab bars) Carpentry repairs Electrical repairs
 Plumbing repairs Roofing repairs Painting
 Appliances Doors/Windows Other (explain)

*The work done by RTGM will focus on **safety and security**. Briefly describe the type of work needed to make your home safe and secure. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with time and financial resources on your home will be made at the discretion of RTGM. Attach a separate piece of paper if there is not enough space to list all repairs. Please note that these are requests and we cannot make any promises or guarantees of assistance.*

Area of Repair	Description
Accessibility Modifications. Example: wheelchair ramp, bathroom grab bars, accessible shower stall, etc. Would you like an assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Carpentry Repairs. Describe problems with doors, floors, porches, steps, walls, ceiling, etc. Indicate places in house needing repairs.	
Electrical Repairs. List rooms where wall outlets, switches and light fixtures do not work.	
Plumbing Repairs. Describe sink, tub or toilet leaks, drainage problems, non-functioning water heater, etc.	
Roofing Repairs. Identify where roof leaks	
Painting. List all interior rooms that require painting and any exterior painting requirements.	
Appliances. Identify appliances such as stove, refrigerator that do not work or need repair.	
Doors and Windows. Describe repairs required, including locks, glass, frames, weather stripping, etc. **please note that RTGM is not able to replace windows.	
Other. Identify other repairs requested but not listed above.	
<p>We require any able-bodied household members to assist in repairs. Are you able to assist?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If unable to assist, please explain why:</p> <p>List all household members able to assist:</p>	<p>Have you applied with RTGM before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?</p> <p>Has anyone from RTGM ever visited your home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you received services from RTGM in the past?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____</p>

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

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: _____

Please read and initial the following statements:

_____ I understand that by completing this application, RTGM is in no way guaranteeing services or assistance.

_____ I understand RTGM maintains the right to decide which products or materials may be used for repairs in my home.

_____ I have attached verification of all household income as requested in section 5 and failure to provide verification documents will result in delay in processing application.

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 certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying. 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:

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