



St. Louis

357 Marshall Avenue, Suite 2

St. Louis, MO 63119-1839

Phone: 314.918.9918

Fax: 314.918.9920

<http://www.rebuildingtogether-stl.org>

Dear Homeowner,

Thank you for your interest in Rebuilding Together St. Louis. Rebuilding Together St. Louis is a non profit that works to increase the safety, health, and independence of homeowners who are senior citizens. Rebuilding Together completes home modifications for seniors in low income households, **particularly homeowners who are over the age of 65. Rebuilding Together also focuses on supporting individuals with disabilities and US Military Veterans.** You must currently own, live in and plan to stay in your home. Homes must be located in the St. Louis City or St. Louis County.

The attached application **MUST** be signed by the homeowner(s), completed and turned in with *all proof of income* documents that apply to you and those who live in your home.

Once your application is received, it will be promptly reviewed and processed. Applications are accepted all year around. The majority of work is completed in the spring and fall of the year.

Homeowners who submit completed applications and who meet the requirements will be notified by phone or sent a letter in the mail. You will then be contacted for a site visit to review repairs that will help improve your safety, health, and independence. Examples of priority repairs are: grab bars, handrails, increase lighting, eliminating tripping hazards, fire prevention, painting, etc.

Please understand submitting an application or receiving a home visit *does not* guarantee you will obtain services. Please understand that Rebuilding Together St. Louis receives a large amount of phone calls and applications. When you call the office, we will try to get back with you as soon as we can either by phone or mail. We would like to help everyone who needs aid, but funding, resources and volunteer quantity dictates how many homeowners we can assist.

Applicants will be notified by letter whether or not Rebuilding Together can support your home with home repairs. If you have any questions, call 314-918-9918, extension 116 and leave a detailed message.

Sincerely,

Rebuilding Together Staff

314-918-9918 ext 116

SECTION B PROVIDE INCOME FOR ALL HOUSEHOLD MEMBERS

YOU MUST PROVIDE COPIES FOR ALL DOCUMENTS LISTED BELOW THAT APPLY TO YOU.

Monthly GROSS Income Amounts	Name _____	Name _____	Name _____	Name _____	Name _____	Name _____
Social Security	\$	\$	\$	\$	\$	\$
Disability/SSI	\$	\$	\$	\$	\$	\$
Pension	\$	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$	\$
Employment Wages	\$	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$	\$
Other Income	\$	\$	\$	\$	\$	\$
Other Income	\$	\$	\$	\$	\$	\$
Other Income	\$	\$	\$	\$	\$	\$
Gross Monthly Total:	\$	\$	\$	\$	\$	\$

Do have a checking or saving account? YES NO

Please provide the following documents with the completed application:

- Award statements/letters for all income listed above.
- Provide 3 consecutive paycheck stubs for those who have part-time or full-time employment
 - A copy of State ID or license for homeowner(s).
- Bank statements (if applicable) - provide 2 consecutive statements

Military Veterans: Please provide discharge papers (DD214) with honorable discharge listed

For Office Use Only: HUD Amount: \$ _____ Total Income: \$ _____ RE Paid: _____

SECTION C: HOUSE INFORMATION *WE DO NOT WORK ON CONDOS OR MOBILE HOMES

CHECK ALL THAT APPLY:

1 STORY 2 STORY MORE THAN 2 STORIES WOOD FRAME/SIDING BRICK BASEMENT

TYPES OF REPAIRS NEEDED:

<u>TYPE OF REPAIR</u>	<u>YES/NO</u> <u>(circle)</u>	<u>BRIEF DESCRIPTION OF REPAIR:</u>
GRAB BARS	YES NO	
HANDRAILS	YES NO	
Issues with lighting, outlets, switches	YES NO	
Issues with leaking toilet, broken faucets, minor leaking pipes	YES NO	
FIRE PREVENTION (smoke and carbon monoxide detectors, fire extinguisher)	YES NO	
AC / HEATING	YES NO	
DOORS (difficulty opening, closing and locking)	YES NO	
EXTERIOR	YES NO	
ACCESSIBILITY MODIFICATIONS (ability to enter/exit your home, use kitchen and bathroom independently)	YES NO	

Please list your top three priority repairs:

- 1.
- 2.
- 3.

Please let us know why you or your family have not been able to make these repairs:

How will these repairs help you:

Does your roof leak? YES NO (please circle one) If yes, where does it leak:

Flat Roof Pitched Roof Shingled Roof Age of Roof:

SECTION D: GENERAL RELEASE FORM

I/we hereby authorize Rebuilding Together-St. Louis or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income (including IRS returns), credit, residency and banking information from all persons, companies, or firms holding or having access to such information. Rebuilding Together-St. Louis or its designated agents have the option to release this information for the purposes of volunteer education. This authorization, shown as original signature or photocopy, hereby gives Rebuilding Together-St. Louis the right to request all information it can or could obtain from any person, company or firm on any matter referred to above. I/we agree to have no claim for defamation, violation of privacy, or otherwise, against any person or firm or corporation by reason of any statement or information released by them to the Rebuilding Together-St. Louis for the purposes of the program. The term of this authorization shall commence on the date of signature(s) and be in force for a period of five (5) years.

My signature below indicates that the information provided herein is accurate and complete. I have read the information provided by Rebuilding Together-St. Louis and have a basic understanding of the program and its process. I give Rebuilding Together-St. Louis with volunteers, contractors, and staff my permission to inspect my home for purposes of house selection and/or repair. I would like my information shared with other agencies who might be able to help me.

I certify that all the information in this application is true.

I understand that submitting an application does not mean that I am selected for the program.

Homeowner Signature: _____ Date: _____

Homeowner Signature: _____ Date: _____

MAIL COMPLETED APPLICATION AND PROOF OF INCOME DOCUMENTS:

Rebuilding Together – St. Louis
357 Marshall Avenue, Suite 2
St. Louis, MO 63119

Questions? Call 314-918-9918 ext. 116