



Rebuilding Together NYC is a nonprofit organization for safe and healthy housing. We provide free critical home repairs and accessibility modifications for low-income residents of New York City, as well as renovations for nonprofit and community spaces. Our mission is to bring volunteers and communities together to improve the homes and lives of low-income New Yorkers.

APPLICATION: HOME REPAIR/MODIFICATION

Section I: Contact Information

Owner Tenant

First: _____ Last: _____

Address: _____

Neighborhood: _____ Borough: _____ Zip: _____

Primary Contact (if different than applicant): _____

Primary Contact Relationship: _____

Phone: _____ Alternate: _____

Email Address: _____

Do you have a case manager? Yes No

Case Manager Name: _____

Agency: _____ Phone: _____

How did you hear about us? _____

May we share the information included in this application with other agencies that may be able to assist? Yes No

Section II: Additional Information

Date of Birth: ___ / ___ / _____ Gender: Male Female Other

Race: _____ Ethnicity: _____

How many people live in the home? _____

Check if any household member is: Under 18 65+ Disabled Veteran

Veteran branch and time of service: _____

Please complete the below table for all household members. If a member of your household does not earn an income or receive public assistance, please write "N/A" under Monthly Income.

FULL NAME	AGE	MONTHLY INCOME	SOURCE (i.e. employer, public assistance, etc.)

What is your total amount of assets?* \$ _____

**Assets include cash or cash equivalents, such as stocks or bonds, minus any debts. If you own your home, the value of your primary property does not count toward your assets, but the value of any secondary property does. Only home loans (mortgages) on the primary property can be subtracted from the total asset amount.*

Check if you receive any of the following public benefits:

Social Security Medicare Medicaid Medicaid Client ID #: _____

Supplemental Nutrition Assistance Program (SNAP) Cash Assistance

Home Energy Assistance Program (HEAP) Property Tax Relief

Are you dealing with any health or medical issues? If yes, please explain: _____

Have you been hospitalized in the past 6 months? Yes No

If you are an owner, please complete the following:

Do you carry Homeowners Insurance? Yes No

If not, please explain why: _____

In what year did you purchase the home? _____

Do you have a mortgage? Yes No

If yes, what is your monthly mortgage payment amount? \$_____

Is your mortgage current? Yes No N/A

Do you own any additional properties? Yes No

Is the address listed in this application your primary residence? Yes No

Where are the repairs needed? Owner-Occupied Unit Tenant Unit Both

Do you have rental income? Yes No

Are you at risk of foreclosure? Yes No

Section III: Repair Needs

In which area(s) of the home are the repairs needed?

Which of the following repairs/modifications are needed?

Electrical

Plumbing

Boiler, Furnace, or Hot Water Heater

Foundation

Siding/Exterior

Roof

Flooring

Windows/Doors

Interior Carpentry

Painting

Appliances

Weatherization

Please tell us more about the nature of the repairs needed in your home:

If you experience difficulty navigating your home, do you need accessibility modifications such as ramps, stair lifts, vertical lifts, door widenings, grab bars, or bathroom renovations? Yes No

If yes, please explain:

Have you had any work done to the home over the past five (5) years? Yes No

If so, please tell us what was done and when:

Check if your home was damaged by: Hurricane Sandy Hurricane Irene
Tropical Storm Lee None

Is there anything else that you would like us to know in reviewing your application?

Section IV: Supportive Documents

PLEASE NOTE that in order for your application to be reviewed, you must submit all required supportive documents for the program to which you apply.

If you are a home owner applying for Critical Home Repairs:

1. Individual Income Tax Return (Form 1040) and corresponding W-2s for all household members ages 18 and older;
2. Most recent earnings statements (pay stubs, benefits statements) for all contributing household members over a 1 month period;
3. Most recent bank statement(s) showing current assets;
4. Most recent mortgage statement;
5. Proof of homeowner insurance;
6. DD Form 214 (Veterans only).

If you are a home owner or tenant applying for Accessibility Modifications:

1. Individual Income Tax Return (Form 1040) and corresponding W-2s for all household members ages 18 and over;
2. Disability letter or doctor's note stating the need for home modifications;
3. Copy of Medicaid card (if participant);
4. DD Form 214 (Veterans only).

Section V: Certification and Release

I/we certify that the above information is true and correct to the best of my/our knowledge. I/we realize that failure to provide all information requested could result in the application being invalid. I/we authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation through Rebuilding Together NYC (RT NYC). I/we understand that submission of an application provides no guarantee that work will be performed or creates any duty or obligation on RT NYC's behalf. I/we also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for this program. I/we also grant permission to Rebuilding Together NYC, its employees and any of its volunteers to conduct site visits at my/our home, to take photos and measurements, as necessary, and to examine in-person the requested repair items to gauge the scope of work required. I/we understand that not cooperating with all RT NYC policies and program requirements can result in termination of assistance. In light of the goals and purposes of the community service provided by RT NYC in organizing this repair and modification programs, I/we agree to release and hold RT NYC, its directors and officers, employees, agents, attorneys and volunteers harmless from any cause of action, claim or suit arising from, or in connection with, this application.

Applicant Signature

Date

Applicant Signature

Date

Please submit your completed application and supportive documents to Rebuilding Together NYC via mail, email, or fax:

Rebuilding Together NYC
ATTN: Intake
126 10th Street, #A
Brooklyn, NY 11215

Email: info@rebuildingtogethernyc.org

Fax: (718) 488-8847

If you have any questions regarding your application, please call (718) 488-8840.

FOR INTERNAL USE ONLY – DO NOT WRITE IN THIS SECTION

RTID _____

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