



Rebuilding Hope

A Home Improvement & Repair Ministry

rebuildinghope2020@gmail.com

Rebuilding Hope Director: 540-908-0955

PO Box 74, Bridgewater, VA 22812

HOMEOWNER APPLICATION

Dear Neighbor,

We are glad to provide you with an application for a home repair project. Our mission statement is "Seeking to put God's love in to action by providing safe and healthy homes for our neighbors in need." Homeowners are welcome to pay for building materials as they are able. Our work is concentrated within our local community. We have a \$3000 limit to projects. And only work on homes with a combined income that is 150% or less than the poverty level. Completing an application does not guarantee that we will accept your project. Projects will be considered on a case by case basis. We provide volunteer workers free of charge to make your home more safe, secure and accessible. We do not provide projects for beautification or landscaping of property.

Please submit the entire application and requested information together. All information remains confidential and will only be shared with other local agencies that may provide assistance to you.

Completed applications move to a project assessment phase. We may have additional questions. A volunteer will visit your home to determine whether or not your project is within our scope of work and mission. We will make every effort to respond to all inquiries in a timely manner and to keep all applicants updated on the process. Our board meets to approve projects on a monthly basis.

MAIL OR EMAIL COMPLETED APPLICATIONS TO:

rebuildinghope2020@gmail.com

Rebuilding Hope

PO Box 74

Bridgewater, VA 22812

Applicant Information

All personal and household information must be completed. Use back of sheet if needed.

Last Name _____ First Name _____

Primary Phone _____ Secondary Phone _____

Location/Address _____

Do you own the home in need of repairs? _____

Do you live in the home in need of home repairs? _____ for how many years? _____

Is this your primary residence? _____

Type of home- circle one: mobile townhome duplex single family

Do you or member of your household own any other property? _____

May we contact other agencies on your behalf? _____

Social Services Agency Assistance: Please list any social service agencies that you have contacted for assistance recently and what assistance they gave: _____

Household Information
(This information will remain confidential.)

Household members: Please complete the following information for EACH household member, including yourself. This will be kept in strictest confidence.

Name of Household Member	Relation to You	Birth Date	Gender	Age	Employment Status
	<i>Self</i>				

Household Income: Please complete the following income information for EACH household member, including yourself. Include all salaries, Social Security, SSI, Disability, Veteran Benefits, Pensions, Child Support, Alimony, Unemployment, etc.

Name of Household Member	Sources of Income (salary, Social Security, SSI, Disability, etc)	Monthly Income Amount

Total Income for all Household members: \$ _____

Required Documentation:

1. **PROOF OF OWNERSHIP:** Provide information proving that you own and live in the home in need of repairs, or that you live on "heir's property", or that you have lifetime rights to said property. ***Example:** a copy of your deed, county tax statement. In the case of mobile home, please submit a copy of the title. In the case of lifetime rights, please submit a notarized document signed by the homeowner granting you rights to live on the property as long as you live.*
2. **PROOF OF INCOME:** Provide the following information about your income and for all those living in the household:
 - a. For all household members a copy of **last year's federal income taxes filing**,
 - b. In the case of Social Security, SSI, or Disability income, send a copy of annual statement.

Project Information

Circle the repair(s) needed to make your home safe, secure and accessible

Flooring	Exterior Siding	Windows	Doors	Heating/AC
Walls	Electrical	Roof	Ramp	Water Drainage
Bathroom Plumbing	Kitchen	Foundation	Decking	Accessibility

Please provide additional information about the conditions of the needed repairs:

What year was your house built? _____

Are you able to assist with the cost of building supplies? (lumber, roofing, shingles, wiring, paint, etc.).

Amount: \$_____

List any building materials you have on hand that can be used for your home repair.

Background Information

Please tell us more about your situation so we can understand what you are going through.

How is the condition of your home affecting you and any other residents?

How do you hope our assistance will improve your situation?

Authorization For Release of Confidential Information

I hereby authorize Rebuilding Hope to release and/or receive to/from any agency or person any information that is relevant to the purpose of providing assistance for my needs and/or the needs of my family/household.

I understand that the release of this information does not guarantee that assistance will be provided but that without the information, my application cannot be processed for consideration of assistance.

I understand confidential information may be collected from relatives, friends, acquaintances, coworkers, employers, other assistance agencies, and businesses with whom I have interacted.

Rebuilding Hope may release or receive information regarding my social and family history, my employment status, my finances, any other information they deem necessary to review my application.

Homeowner Signature

Date

Co-Homeowner Signature

Date

Certification and Statement of Understanding

I hereby certify that the information on this application is correct and may be used for statistical reporting and may be furnished to other agencies that may provide assistance. I understand that submittal of this application does not guarantee that assistance will be provided.

If I am approved, I understand that Rebuilding Hope reserves the right to halt the project at any time, for any reason.

I, _____ am the owner of the property at *(list address)*:
(homeowner name)

I give my permission to any volunteers or professional tradesmen who have been referred by Rebuilding Hope to make repairs and modifications to my home. I understand that Rebuilding Hope provides no warranty on work completed by volunteers.

Therefore, in consideration of the volunteer and/or professional services rendered me on my premises I waive any and all claims or demands that may arise or accrue to me, growing out of any negligent action or omission by said organization or any of its volunteers, agents or helpers in rendering such voluntary or professional service and specifically covenant not to sue it or them for any of said negligent acts or omissions.

I agree to allow a yard sign identifying Rebuilding Hope and any other funding entity to be placed on my property for the duration of the work.

MEDIA RELEASE: I agree to allow photographs, videos, or other audio-visual representation on myself, other members of this household, and of my home, without identifying me or my address, to be taken and published in print, on websites or other media. I further release Rebuilding Hope from any liability associated with the promotional use of these images. I release any claim to said images and acknowledge that they are the sole property of Rebuilding Hope.

Homeowner Signature

Co-Homeowner Signature

Homeowner Print Name

Co- Homeowner Print Name

Date

Date