



We are currently accepting applications for **Free Home Repair** services through the end of June 2024.

After our repair services, 84% of homeowners said their home is safer than before, and 96% said they feel more comfortable in their home.

In order to consider your home for repairs, we will need an updated copy of **every** current household resident's most recent income documents as well as a completed application form.

Acceptable types of income documents are as follows:

The most recent **Bank Statement and one of the following documents:**

- Current Social Security Benefit Statements, and
- Current Annuity Statement.
- If you are currently working, please provide a full month of paystubs.

Please block out any Social Security numbers as we do not need this information.

If you are interested, please fill out the application attached and send to:

**101 Xenia St SW, Suite 102
Washington, DC 20032
202 800 6032**

For questions, please contact:

Nancy Lobo
NL@rebuildingtogetherdca.org



Homeowners May Only Apply Every 2 Years

Request for **FREE** Home Repairs: July 2023–June 2024

www.RebuildingtogetherDCA.org

DC · Alexandria

Applying is simple.

Fill out and return this application and we will contact you or call us at 703.836.1021 to learn more.

CONTACT INFORMATION

Name of Homeowners(s): _____
 Address: _____
 Date of Birth: _____ Home Phone: _____
 Email: _____ Other Phone: _____

PLEASE CHECK TYPE OF WORK NEEDED

(We do not guarantee every item will be repaired)

- Roof Leaks/Gutters
- Electrical
- Appliances
- Windows
- Plumbing
- Heating/Cooling
- Doors
- Safety Concerns

Have we worked in your home before? Yes / No

The following are for demographic purposes only and will be kept completely confidential

(Please check/circle what is applicable)

- American Indian Alaskan
- Asian/Pacific Islander
- Black/ African American
- Hispanic/ Latino
- White Caucasian
- Other

Historic Property? Yes / No
 How long have you lived here? _____
 Marital Status: Single – Married – Divorced/ separated - Widowed
 Are there any children under 18 living in your home? Yes / No

Are you a veteran? Yes/ No
 Length of service: _____
 Are you currently serving? Yes / No
 Army – Air Force – Navy – Marine – Other

Have any other residents served in the Military? Yes/No Are they currently serving? Yes/ No
 Length of service: _____
 Army – Air Force – Navy – Marine – Other

Number of people living in home	1	2	3	4	5	6	7	8
Household income (Less than)	\$66,750	\$76,250	\$85,800	\$95,300	\$102,950	\$110,550	\$118,200	\$125,800

Are you current on property taxes? Yes / No
 Are you current on your Homeowners insurance? Yes/No
 Signature: _____

Please mail your application to:
Rebuilding Together DC. Alexandria
101 Xenia St SW, Suite 102
Washington, DC 20032



SECTION 1: DISABILITY INFORMATION

Do you have a disability? *(Please circle)* Yes No

Does anyone else in your home have a disability? *(Please circle)* Yes No Relationship to Owner _____

Check all that apply (i.e., if mobility and sight-impaired individuals are residents, check both)

- | | | |
|--|--|--|
| <input type="checkbox"/> Wheelchair Mobility | <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Mental Disability |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Sight Impairment | <input type="checkbox"/> Other _____ |

Details if Applicable

SECTION 3: LOCAL EMERGENCY CONTACT/RESIDENT INFORMATION

Name:

Location:

Phone:

Relationship:

Other residents NOT previously listed:

Name	Sex	Date of Birth	Relationship	Employed	Disability	Veteran	Ethnicity
	M / F			Yes / No	Yes / No	Yes / No	
	M / F			Yes / No	Yes / No	Yes / No	
	M / F			Yes / No	Yes/No	Yes / No	
	M / F			Yes / No	Yes / No	Yes / No	
	M / F			Yes / No	Yes / No	Yes / No	
	M / F			Yes / No	Yes / No	Yes / No	

Do any residents pay rent? *(Please circle)* Yes No If YES, How much permonth? _____

Are you currently employed?*(Please circle)* Yes No

Proof of income: **Bank Statement** and 1 other: Tax Returns / Social Security Statement / Pension/Annuity / Pay stubs

Total # of Residents: _____ **Total Household Income \$** _____

Do you need help with: Food Stamps Utilities Medicaid/Medicare Welfare Assistance?
 Meals on Wheels Transportation Furniture In-home Care Assistance





SECTION 4: HOMEOWNER AGREEMENT

Rebuilding Together DC • Alexandria offers a free home repair program for limited-income homeowners who are unable to do the work themselves. This is a one-day event, for most repairs.

I understand and agree.

- _____ **Initial** That this is not a guarantee that work will be performed, but if performed, all work is done by contractors or volunteers.
- _____ **Initial** That the volunteers may not be able to complete all the repairs required within the home.

- _____ **Initial** That there is **no cost** to the homeowner for these repairs.
- _____ **Initial** I understand that I am required to volunteer to the best of my ability, and that able-bodied adult family members or friends on site during the workday will also volunteer.
- _____ **Initial** I agree that I am not to ask the volunteers to perform projects that are not included in the scope of work.
- _____ **Initial** That I will send a thank-you note or letter to Rebuilding Together DC • Alexandria, so that they may share it with the volunteer team that performs work on the property

I hereby represent and warrant:

- _____ **Initial** That I own the property at the address given on this application (the "Property").
- _____ **Initial** That, to the best of my knowledge, there are no hazardous materials in or on the Property.
- _____ **Initial** That I understand that if I or any family member disrupts the work of volunteers, refuses to help or leave the site during the workday, Rebuilding Together DC • Alexandria will not perform or complete the repairs on the home.
- _____ **Initial** That I enter into this Agreement with Rebuilding Together DC • Alexandria in consideration for the repair work to be performed on the Property by Rebuilding Together DC • Alexandria (the "RTDCA Work").
- _____ **Initial** That if I understand and agree that Rebuilding Together DC • Alexandria will only perform the "RTDCA Work" upon my representation, and that I intend to use the Property as my principle residence, barring catastrophic illness or death, for a minimum of twenty-four (24) months immediately following completion of the "RTDCA Work".

- _____ **Initial** That if, for any reason other than death, any individual or entity rents the Property, or any part thereof, within twenty-four (24) months of the completion date of the "RTDCA Work", and I am no longer living at the Property as my principle residence, I will reimburse Rebuilding Together DC • Alexandria for its out-of-pocket costs for the "RTDCA Work" during the twenty-four (24) month period OR make a \$3000 donation to Rebuilding Together DC • Alexandria, whichever is greater.
- _____ **Initial** That if I sell or deed to beneficiaries the Property within twenty-four (24) months of the completion date of the "RTDCA Work", I shall notify Rebuilding Together DC • Alexandria in writing at least thirty (30) days prior to the closing and, at closing, reimburse Rebuilding Together DC • Alexandria for its out-of-pocket costs for the "RTDCA Work" during the twenty-four (24) month period OR make a \$3000 donation to Rebuilding Together DC • Alexandria, whichever is greater.
- _____ **Initial** That I hereby release Rebuilding Together DC • Alexandria and all associated with it from any and all liability whatsoever.
- _____ **Initial** I further consent to the unrestricted use by the Program &/or any person authorized by RTDCA of any photos, recordings, interviews, videotapes, or similar visual & auditory recording of me created regarding the Program.
- _____ **Initial** That the information on this application is accurate and complete.
- _____ **Initial** That I acknowledge that I have read (or have had read to me) and do thoroughly understand and by my signatures here below do affirm the above.

Rebuilding Together DC • Alexandria expressly relies on these Representation and Warranties in entering into this Agreement. If any of the information provided herein is inaccurate or incomplete, you may be disqualified from participation in the program. If you, as the **homeowner/s**, understand and are **willing to accept these conditions**, please sign below.

Signature _____ / _____ Date _____