



P. O. Box 6041
 Montgomery, Alabama 36106-6041
 334-625-9062
 info@rtbama.org
 www.rtbama.org

Dear Homeowner,

Rebuilding Together Central Alabama (RTCA) is a charitable nonprofit volunteer organization that has worked in Montgomery, Elmore and Autauga counties since 1993 to provide critical home repairs and modifications at no charge to homeowners in need—primarily seniors, those with disabilities, veterans and families with young children. Our mission is to enable homeowners to live in a safe and healthy home. This work is performed at the convenience and expense of volunteers, most of whom are not tradesmen.

We invite you to submit an application if you meet our eligibility requirements:

- You have owned and occupied your home for a minimum of five years (**no rentals or manufactured/mobile homes**).
- Your home is located within Montgomery, Autauga, or Elmore county.
- The total household income (for all residents living in the home) does not exceed the following (HUD Low Income) guidelines.

1 person	2 people	3 people	4 people	5 people	6 people
\$31,100	\$35,500	\$39,950	\$44,400	\$47,950	\$51,500

We will not process your application until we have received copies of your proofs of income for ALL residents of the home and copies of the proof of your home ownership.

When submitting your application, include (copies only) proof of income; either your most recent income tax return, a recent pay stub, or an official document from the Social Security Administration and proof of your home ownership. After receipt of your application, proof of income and home ownership, our staff may call you or visit your home to gather more information. Work by volunteer groups is performed during the spring and summer. Our ability to help homeowners is dependent upon the skills of our volunteers and our financial resources. There is no guarantee that your home will be selected or, if selected, that RTCA will have volunteers or resources to perform the work. We will make every effort to assist you. Homeowners submitting applications for work on homes that are not selected are encouraged to re-apply the following October, November or December.

Submitting an application does not guarantee that services will be provided but we will make every effort to assist you.

If you have any questions about this process, please call us at 334-625-9062.

Dee Moody
 Executive Director



First name: _____ M.I. _____ Last name: _____
 Mailing Address _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Physical Address (if different) _____
 Physical Address (if different) _____
 City _____ State _____ Zip _____
 Home phone _____ Work phone _____ ext. _____
 Cell phone _____ E-mail address _____
 County: _____ Montgomery, _____ Autauga, _____ Elmore
 Ethnicity _____ Gender: M F Date of Birth _____

If you are **NOT** the homeowner filling out this application, enter your information here. Otherwise, enter emergency contact information.

Name _____ Relationship to homeowner _____
 Address _____ City _____ St _____ Zip _____
 Home phone _____ Work phone _____ Cell phone _____

Today's Date _____

General areas needing critical help: (check all that apply)

- ADA Appliances Carpentry Concrete Doors Electrical Energy Exterior paint
 Flooring Furnace Grab bars/Handrails Gutters Hot water heater Locks Other
 Plumbing Roof Ramp Safety Stairway/Porch Trash Removal Tub/Tile
 Wall Repair/Paint Windows Yard work

Comments:

Year house built _____ Previous Recipient Y N If yes, Year _____ Best time to call _____
 Other Contact name _____ Relationship _____
 Other contact phone _____ Other contact email _____
 How did you hear about RTCA _____
 Age _____ Employed Y N Is the Head of Household a Grandparent? Y N
 Disabilities Y N
 Please indicate any special needs _____
 Household monthly gross income _____ Annual Income _____
 Monthly mortgage payment _____ Head of Household? Y N
 Assistance received: SSI SSDI Food Stamps VA Benefits TANF
 Medicare Medicaid Home and Community based services
 Caseworker name _____ Caseworker phone _____
 Other Governmental Assistance: _____
 Ckg/Savings Account balance _____ IRA,401(k) or similar acct. balance _____
 CD balance _____ Stock/bond value _____
 Own other property (besides home you live in? Y N Receive rent on other property? Y N

Number of residents living in household (including head of household) _____

Name	Relation	Age	Employed	Disabled	Gender	Ethnicity	Veteran

Residents Pay Rent? Y N If yes, how much? _____ Any Residents have disabilities? Y N

Please indicate any special needs: _____

You or any other residents been convicted of a felony? Y N

If yes, explain _____

Number of pets _____ What kind? _____

Do you own your home? Y N Years in home _____ Plan to sell your home in the next year? Y N

Homeowner's Insurance Y N If no, please explain. If yes, include insurance company & policy number: _____

Number of bedrooms _____ Number of bathrooms _____ Number of living rooms _____

Number of Other rooms _____ Tax or other liens on home? Y N

Current taxes paid? Y N Recent repairs/modifications _____

If selected, how will these repairs/modifications be important to you or help you or your care giver? _____

Personal caregiver? Y N Tell us something about yourself _____

Any family members help with repairs? Y N If no, why not? _____

In and out of shower with ease? Y N Get to bathroom easily? Y N

On and off toilet with ease? Y N Veteran Y N Single/widowed? Y N

Home type: _____ One story _____ Two story _____ Mobile/manufactured

WARNING!! It is a Federal crime punishable by fine and/or imprisonment, to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code, Section 1014.

IMPORTANT – READ CAREFULLY BEFORE SIGNING Applicant's Statement:

I certify that **I do not** have the financial means (savings, investments, etc.) to perform the repairs for which I am applying. I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. This application shall remain the property of Rebuilding Together Central Alabama, to which it is submitted for the purpose of obtaining assistance. I hereby consent to and authorize Rebuilding Together Central Alabama, after giving reasonable notice, to enter the property for the purpose of determining the need and scope of the repair(s) specified above. I authorize the disclosure of the above information to only those persons or agencies as necessary to secure the assistance for which this application is submitted.

Homeowner Signature

Date

Homeowner PRINTED NAME

Date

HOMEOWNER AGREEMENT

REBUILDING TOGETHER CENTRAL ALABAMA

In the event that my application is accepted, approved, and selected by Rebuilding Together:
INITIAL EACH PART OF THIS AGREEMENT TO AFFIRM YOUR ACCEPTANCE.

_____ I give permission for Rebuilding Together Central Alabama, its volunteers and/or participating trades workers to perform repairs on my home located at (enter your address):

_____.

_____ I understand that Rebuilding Together Central Alabama is a volunteer initiative and that promises cannot be made as to the quality of and the specific work that will be done.

_____ I understand that the general plan for the repair(s) will be explained to me. I further give Rebuilding Together Central Alabama, its volunteers and participating trade workers full authority to determine the extent of the repair(s) to be performed even if they should fail to notify me of any change from the original plan.

_____ I understand that modifications(s) will be performed free of charge by volunteers and/or participating trades workers, and Rebuilding Together Central Alabama, its volunteers and participating trades workers disclaim all warranties, expressed or implied concerning the repair(s).

_____ I agree that I will cooperate with the Program Director, Project Manager and repair team.

_____ In consideration of the modification(s), I further hold Rebuilding Together Central Alabama, its officers, directors, employees, agents, donors, volunteers, participating trades workers and other affiliates, collectively and individually, harmless from any claims and liabilities arising at any time as a result of the repairs, including, without limitation, any rights or causes of action resulting from personal injury or death, or damage to my property, directly or indirectly arising from any improperly performed modifications(s) or defects in material or workmanship.

_____ I also grant Rebuilding Together Central Alabama permission to take or have taken, still and moving photographs and films, including television pictures of my home. I consent and authorize Rebuilding Together Central Alabama, its advertising agencies, news media and other persons interested in Rebuilding Together Central Alabama and its works, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

_____ No inducements or promises have been made to me to secure my signature to this release other than the intention of Rebuilding Together Central Alabama to perform the repairs and improvements and to use such photographs, films and pictures for the primary purpose of promoting and aiding its program and its works. **If you have any question, call our office at 334-625-9062.**

Signed this _____ of _____, 2018

HOMEOWNER 1 Print Name

Signature

HOMEOWNER 2 Print Name

Signature

Print Name

Signature