



**REBUILDING TOGETHER * GREATER BURLINGTON
HOMEOWNER APPLICATION**

Dear Homeowner:

Rebuilding Together * Greater Burlington is a one-day program in which volunteers repair the homes of local residents who are financially unable to do the work themselves. Volunteers work for eight hours and may not be able to complete all the requested repairs. If your home is chosen for the Rebuilding Together Program, there will never be a charge for the service.

Please type or print

Name of Homeowner: _____

Street Address/Town: _____

Phone number: _____

Please list the name and age of each person living at this address. Please check the name of each disabled person and veteran.

Name:	Age:	Veteran?	Disabled? (Yes/No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Rebuilding Together * Greater Burlington will determine the projects to be scheduled and the extent of work to be attempted on each project. The project selection process will give priority to elderly and disabled homeowners benefiting the most from volunteer assistance. Selected homeowners and their families are expected to participate in project activities, to the extent possible, and encourage friends and neighbors to help as well.

There is no application fee required to make application to receive assistance from Rebuilding Together*Greater Burlington. Rebuilding Together has not authorized any other person or entity to act as its agent for purposes of this application and any fees or costs associated with this application paid by the applicant to any such person or entity are not fees or costs charged by Rebuilding Together.

Rebuilding Together * Greater Burlington focuses on projects that can be completed in one day. Please check the following home repairs or improvements that are needed at your home.

- | | | |
|--|--|---|
| <input type="checkbox"/> Exterior painting | <input type="checkbox"/> Storms doors | <input type="checkbox"/> Step repair/ replacement |
| <input type="checkbox"/> Caulking
(windows/doors) | <input type="checkbox"/> Exterior doors | <input type="checkbox"/> Outside water drainage |
| <input type="checkbox"/> Roof replacement | <input type="checkbox"/> Electrical repair | <input type="checkbox"/> Floors |
| <input type="checkbox"/> Plumbing repair | <input type="checkbox"/> Hand rails | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Ceilings | <input type="checkbox"/> Porch repairs | |
| <input type="checkbox"/> Access ramps | <input type="checkbox"/> Gutters | |
| <input type="checkbox"/> Storm windows | <input type="checkbox"/> (repair/cleaning) | |
| | <input type="checkbox"/> Lock repair | |

Safety:

Do you have...

Smoke detectors - Yes ___ No ___ If yes, how many? _____

Fire extinguishers - Yes ___ No ___

Carbon monoxide detector - Yes ___ No ___

Please list any other safety issues or concerns you may have _____

Please list any other essential repairs you think are needed (in order of importance)

Other:

Is your home a mobile home? Yes ___ No ___ How long have you lived in your home? _____

How did you hear about Rebuilding Together? _____

If your home is selected, would you be willing to be interviewed by a local newspaper or television reporter?
Yes ___ No _____

Are you a veteran? Yes ___ No ___

Are you willing to provide Rebuilding Together your two most current federal tax returns? Yes ___ No ___

Are you willing to allow Rebuilding Together to notify your neighbors of Project Day? Yes ___ No ___

Verification of Income

Please fill in the chart below and provide documentation to verify this information. **Rebuilding Together REQUIRES that we have a copy of each family member's income tax return in addition to this documentation.** Information provided below must include annual income of all household members.

Name	Wages Salary	Social Security Check	Disability	AFDC	Other (Eg. Pension)	Gross Annual Income
Total						

Are there any special circumstances regarding the amount of expenses within your household that we need to be made aware of such as home health care, hospital costs, medication expenses, etc. ? _____

Please list the name of any member of your household who is unemployed: (Do not include individuals in grades K-12, retired individuals, or those receiving Social Security.):

I have _____ number of renters who pay me \$ _____ on monthly basis.

I do not have any renters who reside within my home.

PLEASE FILL OUT WHERE INDICATED AND SIGN:

I understand and agree that any persons residing in my home or visiting for project day who are physically able will work alongside volunteers. Names and ages: _____

I understand and agree that the work will be performed by both skilled and unskilled volunteers and that the work performed is not guaranteed or warranted. I further understand that Rebuilding Together cannot guarantee that all requested work will be done.

I confirm that it is my/our intention to remain in the Home, barring catastrophic illness or death, for a minimum of two (2) years after completion of repair work performed. Homeowner(s) will be responsible for reimbursing the cost of supplies and labor to Rebuilding Together if I/we sell, rent or accept a contract for sale of the Home while work is being completed by Rebuilding Together OR within two (2) years after such work is completed.

All information will be kept strictly confidential by the Board of Directors of RT*GB and will not be sold or distributed.

Signature of Homeowner

Date

PLEASE RETURN THIS FORM IMMEDIATELY AFTER COMPLETION TO:

**Rebuilding Together * Greater Burlington
P.O. Box 9426
South Burlington, Vermont 05407-9426
www.rebuildingtogetherburlington.org**