



HOMEOWNER APPLICATION

Rebuilding Together Boston (RTB) is a non-profit organization working in partnership with the community, with volunteers and skilled labor, to stabilize and revitalize homes in our city **at no cost** to the recipients. We are able to provide our services because of the generosity of individuals, foundations, and corporations. Volunteers give their time and energy to help provide families with necessary home renovations and repairs.

If you have further questions or need assistance completing this application, please call our office at 617-971-0058 or take this application to your social service agency for assistance.

If you own your own home and you live in the City of Boston, you may be eligible for one of two RTB programs: 1) National Rebuilding Day Program or 2) Year-round Program.

The following documents **MUST BE** completed and enclosed to be considered for our services:

- € A completed homeowners application
- € A copy of your most recent paid City of Boston Real Estate tax bill OR a copy of your deed
- € A copy of your Social Security, pension, and/or retirement income statement
- € a copy of a Federal W2 form from an employer, if you have worked in the past year
- € a copy of your Federal Income Tax return with schedules

APPLICATIONS WILL NOT BE CONSIDERED WITH OUT ALL INFORMATION!

Homeowner Information

Homeowner Name: _____ Date of Birth: _____

Street Address: _____

City: _____ Zip: _____ Telephone: _____

Is this your primary residence? ____ Yes ____ No

Please Circle One: Single Married Divorced Widowed

Who do we call if we can't reach you? _____ Relationship _____

Phone _____ Other Phone _____

How long have you lived in your home? _____

Homeowner total monthly income: \$ _____

Do you have a monthly mortgage? ____ Yes ____ No Amount \$ _____

Do you co-own the home with any other individual(s)? If yes, they will need to fill out a copy of this application and provide their financial information as well.

Do you have homeowners insurance? ____ Yes ____ No

Please describe your living conditions and why you need RTB's assistance: _____

Do you have a social worker or care manager? _____

If yes, please list them and their contact information: _____

Please list the names of your children:

Name	Age	M/F	Do they live with you? (Yes/No)	Can they work on Rebuilding Day? (Yes/No)
1.				
2.				
3.				
4.				

Please list any other individuals living in the house:

Name	Age	M/F	Are they related to you? If YES, how?	Are they able to work on Rebuilding Day? (Yes/No)
1.				
2.				
3.				
4.				

Number of **family members** living in the house: _____

Number of **non-related individuals** living in the house: _____

Are you or is a family member living in the home a **Veteran**? _____

Are you or is a family member living in the home **Disabled / Disabled Veteran**? _____

If Yes, please explain the disability:

If yes, is this family member in need of home modifications? _____

Property Description

Is your home a: _____Single Family _____Two Family _____Three Family _____Other

Number of floors in the house (**do not** include basement or attic): _____

Is there a **basement**? (Y/N): _____

How many **bedrooms**? _____

Is there an **attic**? (Y/N): _____

How many **bathrooms**? _____

Do you have **Pets**? _____Yes _____No **If Yes**, please list them _____

(RTB requires that all pets be removed from the home during renovations for the safety of animals and volunteers).

It is a requirement that all who are physically able participate on the Rebuilding Day.

Are you and/or friends and family members able to work with the volunteers? _____

If No, please explain: _____

Work Needed

Please list below the repairs you feel are necessary to make your home safe and secure.

Outside work (please check all that apply):

- roof repair/replacement
- trash/debris removal
- trees/shrub removal
- exterior painting
- sidewalk repair
- gutter repair/replacement
- front/back porch repair
- front/back step repair
- fence/gate maintenance
- waterproofing/caulking
- lighting

Inside work (please check all that apply):

- trash/debris removal
- stair handrails
- stair repair
- wall patching/repair
- ceiling patching/repair
- kitchen cabinet repair/replacement
- new flooring/carpet
- door repair/replacement
- interior painting
- bathtub/sink caulking
- furnace repair
- hot water heater repair
- window caulking
- window repair/replacement

Do you have any of the following needs?

Electrical : _____

Plumbing: _____

Other : _____

Please describe any problems in your home that you feel may be a safety hazard. _____

Please provide us with any additional information that you feel we should know as we consider your application. _____

How did you hear about Rebuilding Together Boston? _____

Due to the growing need for these services, we generally receive more applications than we can accept. We will inform you about your status as soon as possible and thank you for your interest in RTB. If you have any questions or concerns regarding this application, please call our office @ 617-971-0058.

Please mail this application and supporting documentation to:

Rebuilding Together Boston

PO Box 301209

Jamaica Plain, MA 02130