



Home Repair Services

Rebuilding Together Valley of the Sun believes safe homes are key to healthy living and successful families. Working at the critical intersection of health and housing, we provide free safety modifications for low-income seniors, veterans and disabled individuals. Our work preserves healthy, safe, and affordable housing, facilitates comfortable aging-in-place, and enhances quality of life.

To apply for services, please submit the following:

- **3-Page Application**
- **Gross Income Verification Documents for each household member (include as attachments)**

Required income verification documents are:

1. Copies of previous three months' bank statements
2. Copy of previous year's income tax return

-AND- one of the following:

Copy of social security or disability award/determination letter, or

Copy of three most recent payroll check stubs

Please black out social security numbers and account numbers.

Three sources of income verification MUST be included with your application.

INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED

Return applications via mail or email to
Rebuilding Together Valley of the Sun
1826 W. Broadway Rd., Ste. 16
Mesa, AZ 85202
Phone: 480-774-0237 Fax: 480-805-1540
info@rtvos.org
www.rtvos.org



Date Received: _____

Accept/Decline: _____

Date Verified: _____

For office use only

HOME REPAIR APPLICATION

Please check one: ☐ Mr. ☐ Mrs. ☐ Ms. Today's date: _____

First Name: _____ Last Name: _____

Address: _____ City: _____

Zip Code: _____ Date of Birth: ____/____/____ Home phone: (____) _____

Cell Phone (if avail.): (____) _____ Email: _____

Referred by: Name: _____ Phone: (____) _____

Organization: _____

Are you a Veteran? _____ Widow of a Veteran? _____

In case of an emergency - or to assist us in contacting you, please list one personal contact:

Name	Relationship	Phone
_____	_____	_____

PROPERTY INFORMATION

Do you own this home? ☐ Yes ☐ No If "Yes," what YEAR did you purchase the home? _____

In what YEAR was this home built? _____ Is this a mobile home? ☐ Yes ☐ No

Do you have a renter(s)? ☐ Yes ☐ No If "Yes," what do you receive in rent? \$ _____/month?

If "Yes," what is your renter's income? \$ _____/month?

RACE Please CIRCLE one

- | | |
|--|--|
| · White | · Black/African American |
| · Asian | · American Indian/Alaskan Native |
| · Native Hawaiian/Other Pacific Islander | · American Indian/Alaskan Native & White |
| · Asian and White | · Black/African American and White |
| · Am. Indian/Alaskan Native and Black | · Black/African American |
| · Other Multi-Racial | · Prefer not to answer |

Ethnicity Please CIRCLE one

- Hispanic/Latino · Non-Hispanic/Latino · Prefer not to answer

Rebuilding Together will not deny any services to people on the grounds of ethnicity, color, religion, national origin, gender or personal lifestyle.

INCOME How many people live in your home? _____ Adults _____ Children

Include income from all Adults living in the home.

Amount of Gross Income Source of Income (for example, SSI, pension, wages, etc.)

\$ _____/year _____

\$ _____/year _____

\$ _____/year _____

Total Gross Income \$ _____/year

PLEASE NOTE: Submission of application does not guarantee service. Services are reserved for those with incomes less than 60% of the median. Program waitlist ranges from 6 months to 36 months.

I/We certify that the above information is true and correct to the best of my/our knowledge. I/We realize that failure to provide all information requested could result in our application being invalid. I/We authorize RTVOS to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation through Rebuilding Together Valley of the Sun. I/We also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for this program.

Signature(s) of Homeowner(s)

_____ Date

_____ Date

NEEDS ASSESSMENT

Do you have carpet? ☐ Yes ☐ No Do you have indoor pets ☐ Yes ☐ No

Does anyone in your home have asthma or other breathing problems? ☐ Yes ☐ No

Safety/Accessibility/Disabilities:

	YES	NO
Do you use a wheelchair?		
Do you use a walker?		
Can you get in and out of the tub/shower with ease?		
Can you navigate steps easily?		
Can you get on and off the toilet with ease?		
Do you have a mat in the bath/shower?		
Can you rise from a sitting position easily?		

How many times have you fallen at home in the last 6 months? 0 _____ 1-3 _____ More than 3 _____

Are you confident you can live independently in your home? Yes _____ No _____

Are you able to maintain your home? Yes _____ No _____

In the last three weeks, how many times did you leave your home? 0-2 _____ 3-6 _____ 7-10 _____ More than 10 _____

How many smoke/fire detectors are there in your home? _____

How many carbon monoxide detectors are there in your home? _____

SAFETY MODIFICATION NEEDS – check all that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Bathroom grab bars | <input type="checkbox"/> Toilet assistance (seat or handles) | <input type="checkbox"/> Bathtub clamping bar |
| <input type="checkbox"/> Raised toilet seat | <input type="checkbox"/> Hand-held shower sprayer | <input type="checkbox"/> Toilet side handles |
| <input type="checkbox"/> Anti-skid safety mat | <input type="checkbox"/> Bathing seat | <input type="checkbox"/> Ramp into home |

CRITICAL REPAIR NEEDS – check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Roof Repair | <input type="checkbox"/> Leaking sinks/pipes |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Sewer/Drainage | <input type="checkbox"/> Doors/Windows |
| <input type="checkbox"/> Pest Infestation | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Interior Paint | <input type="checkbox"/> Exterior Paint |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Stucco/Siding | <input type="checkbox"/> Sinks |
| <input type="checkbox"/> Tubs/Showers | <input type="checkbox"/> Toilets | <input type="checkbox"/> City Code Violations |
| <input type="checkbox"/> Other (Please describe) _____ | | |

Submission of this application DOES NOT guarantee service. Rebuilding Together may provide service at no charge for applicants in low income households. Rebuilding Together is not able to provide all services to all homes.

Please agree to the following before signing and submitting this application:

☐ I attest that all information provided is accurate and complete. I understand that work is done by a combination of professional construction companies, Rebuilding Together staff, and volunteers and there is no warranty for some of the services provided.

☐ I authorize use of images of me, my home, and any other guests/residents at the home at time of service for any publication (electronic or print) by Rebuilding Together Valley of the Sun, volunteers, or sponsoring groups.

Prior to being selected a Rebuilding Together representative will conduct a home visit.

Signature: _____ Date: _____

Signature: _____ Date: _____

If you are not the homeowner, but are filling this out for them, please provide the following:

Your name: _____ Phone: _____

Relationship to homeowner: _____

You will be contacted by mail or phone within 4-8 weeks after receipt of application.

