



Phoenix Critical Home Repair Services

Rebuilding Together Valley of the Sun repairs homes, revitalizes communities, and rebuilds lives.

Types of Repairs

RTVOS interventions will improve indoor air quality with the goal of reducing asthma and allergy triggers. Types of interventions include:

- Securing and sealing windows and exterior doors
- Replacing old carpeting with durable floor covering
- Installing carbon monoxide detectors
- Improving ventilation systems
- Lead paint identification and plan
- Dust mite mitigation
- Exposed wires
- Roof repairs
- Plumbing repairs
- Code compliance remediation
- Mild mold remediation
- Radon testing and remediation
- Heating and cooling repairs
- Health & safety issues

Repairs and inventions to create safer home environments for older adults to insure they remain safe and healthy in their home longer. Interventions include:

- Asthma and allergen inventions as listed above.
- Additions of security lighting and home address numbers
- Grab bars
- Bathroom safety additions and modifications
- Repaired thresh holds and trip hazards
- Railing and stair repairs
- Fire and carbon monoxide detectors
- Other potential modifications such as appropriate, such as walk in showers, ramp installation and porch repair or replacement.



Phoenix Critical Home Repair Application Instructions

To apply for services, please submit all of the following:

- Phoenix Critical Home Repair Eligibility Checklist
- Phoenix Critical Home Repair Application (9 pages, including all signed agreements)
- Government Issued Photo ID (Drivers License, Military ID, Passport, etc)
- Proof of Income Documents for **Each** Household Member. Please black out social security numbers and account numbers.
 1. Two, recent, and consecutive pay stubs;
 2. Social Security, Supplemental Security Income, or Veterans Administration benefits award letter;
 3. Two most recent years' completed, signed federal tax returns;
 4. Annuity/pension award letter OR two consecutive bank statements verifying payments received from annuities, pensions, insurance policies, assets, etc;
 5. Alimony/child support agency printout, case documents, court order, divorce decree, or notarized statement from payer to payee; **AND**
 6. Benefit notification letter from authorizing agency for unemployment compensation, worker's compensation, or disability income.

If Proof of Income Documentation is missing/incomplete, application cannot be reviewed.

To Submit Documents by Mail or Email:

Rebuilding Together Valley of the Sun
1826 W. Broadway Rd., Ste. 16
Mesa, AZ 85202

clientservices@rtvos.org



Phoenix Critical Home Repair Eligibility Checklist

Select all that apply to the residents

- 60+ years of age
- 75+ years of age
- Disabled
- Children under 18

Select all that apply to the residence

- Single-family dwelling (not a duplex, condo, or apartment)
- Owner has resided at this address for 1+ years
- Property taxes are current
- Currently on a delinquent property tax payment plan
- Reside in zip code 85003, 85004, 85006, 85007, 85008, 85009, or 85034
- Home build prior to 1978
- Combined household income is at or below the threshold listed below

Household Residents	1	2	3	4	5	6	7
Annual Combined Income	\$49,500	\$56,550	\$63,600	\$70,650	\$76,350	\$82,000	\$87,650

Priority will be given to homes with adults over 75 and children residing together.



Phoenix Critical Home Repair Application

Date: _____ Please check one: Mr. Mrs. Ms. Other _____

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: ____/____/____ Email: _____

Home phone: (____) _____ Cell Phone (if avail.): (____) _____

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

Organization: _____

Are you a Veteran? _____ Widow(er) of a Veteran? _____

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

First and Last Name: _____

Relationship: _____ Phone: (____) _____

Household Income

Please provide income (including child support, disability, social security, wages, pensions, etc) for **ALL** residents living in the home (use additional paper if necessary). Income documentation is also required:

Name	Income Source (Wages, SSI, Pension, etc.)	Total Gross Income	Monthly or Annually
			Mo. or An.
			Mo. or An.
			Mo. or An.
			Mo. or An.
			Mo. or An.
			Mo. or An.
			Mo. or An.

Household Residents

Please provide us with the following information for **ALL** residents living in the home (use additional paper if necessary):

Name	Age	Ethnicity*	Health Conditions^	Relationship to applicant

***Ethnicity** (list all that apply)

White Black Asian Hispanic/Latino
American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

^Health Conditions (list all that apply)

Asthma/Breathing Issues Low Vision Low Hearing Arthritis TBI
Neuropathy Stroke Amputee Fractures Other

Rebuilding Together will not deny any services to people on the grounds of ethnicity, color, religion, national origin, gender, or personal lifestyle. The information is required by the federal government for reporting purposes.

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 homeowner's insurance? Yes No

Insurance Company Name: _____

Agent's Name: _____ Phone: _____

Policy No: _____ Expiration: ____/____/____

Do you have carpet? Yes No

Do you have indoor pets? Yes No

Needs Assessment

How often each month do you leave home? 0-2 3-6 7-10 11+

Are you confident in your ability to live independently? Yes No Unsure

Can you maintain your home? Yes No

Have you had any recent falls? 0 1-3 4+

Safety Modification Needs (select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Grab bars | <input type="checkbox"/> Night lights | <input type="checkbox"/> Carbon monoxide detectors |
| <input type="checkbox"/> Toilet risers and rails | <input type="checkbox"/> Handheld shower head | <input type="checkbox"/> Non-slip shower mat |
| <input type="checkbox"/> Shower chair/stool | <input type="checkbox"/> Smoke detectors | <input type="checkbox"/> Wheelchair ramp |
-

Critical Repair Needs (select 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) _____ | | |
-

Additional Information

What are the most needed repairs for your home and why? _____

How would these repairs benefit your health, safety, and wellbeing? _____

Applicant Agreement:

- I certify that the above information is true and correct to the best of my knowledge. Failure to provide completed information may result in dismissal. I authorize RTVOS to check any references necessary to process this application. Any information received will remain confidential and will be used strictly for determining program eligibility.
- I understand that submission of this application DOES NOT guarantee service.
- I understand that a limited number of homes will be chosen, and the applicant's home may not be selected even if they meet all qualifications.
- I understand that if my home is chosen, there is a limit on funding available and it is up to the discretion of Rebuilding Together Valley of the Sun to determine what work will be completed, and I can only be assisted once every five (5) years under this program.
- I understand that work is done by a combination of professional construction companies, Rebuilding Together staff, and volunteers and not all services provided will be warranted and completion cannot be guaranteed.
- Emergency Repairs will be done as soon as possible. If more than one emergency repair is needed, only those which can be completed for the program funding amount will be done in priority order. NO funds will be provided for partial correction of these items or to the homeowner in cash as reimbursement for items completed.
- I authorize use of images of me, my home, and any other guests/residents at the home at the time of service for any publication (electronic or print) by Rebuilding Together Valley of the Sun, volunteers, and sponsoring groups.
- Prior to being selected, a Rebuilding Together representative may conduct a home visit.
- PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. TITLE 18, SECTION 1001, PROVIDES: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsified OR makes any false, fictitious or fraudulent statement or representations shall be fined no more than \$10,000 or imprisoned for no more than five (5) years or both."

Applicant Name: _____

Signature: _____ Date: _____

If you are completing this on behalf of the applicant, please provide the following:

Your Name: _____ Signature: _____

Privacy Policy:

Rebuilding Together Valley of the Sun (RTVOS) may amend this policy at any time. RTVOS collects information only when appropriate and may use or disclose your information to provide you with services or to comply with legal and other obligations, specifically if funds set to complete work on your behalf are provided through government funders. Any information provided to government entities becomes part of the public record as mandated by applicable laws. Applicants can inspect the personal information that we maintain at any time. Applicants can also ask us to correct inaccurate or incomplete information. RTVOS will respond to questions and complaints.

Please Note: RTVOS will not release any personal information pertaining to your case to any family members, friends, neighbors, etc. unless you have completed and signed the Authorization for Release of Information Form. This provides RTVOS with permission to release information regarding your case to other persons. If we do not have an Authorization for Additional Contact form in your file, we will not release information to anyone who contacts our office about your case. This policy is to protect our clients and will be enforced.

By my signature below I agree to allow RTVOS to collect my personal information and to use or disclose it as described in this notice.

Applicant Name: _____

Signature: _____ Date: _____

Authorization for Additional Contact:

This form is optional. Only sign this form if you wish to have someone else listed as an additional contact regarding your application.

List one or two people, other than yourself, for us to speak with regarding your application.

Name: _____ Phone: (____)_____

Relationship: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: (____)_____

Relationship: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

I, _____ (applicant name), give permission to Rebuilding Together Valley of the Sun to provide the above referenced person any information regarding my application. I also understand that a family member, friend, and/or neighbor, other than the person(s) listed above, will not be provided with any information regarding my application and will be asked to get written permission from me.

Applicant Name: _____

Signature: _____ Date: _____

Authorization of Release of Information:

To make sure that assistance is used properly, federal laws require that the information that you provided be verified. To receive assistance from the U.S. Department of Housing and Urban Development applicants and all household members who are 18 years of age and older are required to sign this form that authorizes RTVOS to obtain information from third parties relative to your eligibility and participate in its programs. **If you fail to sign this form or the Privacy Policy this may result in your assistance being denied.**

I authorize Rebuilding Together Valley of the Sun and the U.S. Department of Housing and Urban Development to obtain information about me and my household that is pertinent to eligibility for the home repair program.

Information may be obtained about the following items:

- Income (all sources)
- Assets (all sources)
- Homeowner Insurance

I acknowledge that

1. A photocopy of this form is as valid as the original
2. I have the right to review my file and the information received using this form
3. I have the right to copy information from my file and to request correction of inaccurate information

Each adult member of the household (18 years or older) must sign this release of information form:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Client Grievance Procedure:

When a client has a grievance regarding the provision of information about a program or service of Rebuilding Together Valley of the Sun (RTVOS), the implementation process of a service or the quality of the actual service itself, assurance will be made to the client that their concern will be addressed in an efficient, expedient manner.

Any client that has a grievance should begin by contacting the Executive Director of RTVOS, who will be responsible for resolving this concern as quickly as possible. The Executive Director may ask for a written statement describing your concerns in detail prior to discussing your concerns with you.

If the client is not pleased with the efforts made by the Executive Director, the grievance will be taken to the President of the Board of Directors of RTVOS.

The last step in the grievance process, if the above are not successful, is for the concern to be taken to the entire Board of Directors of RTVOS.

I acknowledge that I have read and understand the client grievance policy above.

Applicant Name: _____

Signature: _____ Date: _____

Walk Away Policy:

Under certain circumstances assistance may be withheld and/or terminated at the discretion of the Rebuilding Together Valley of the Sun (RTVOS) staff regardless of eligibility for and/or approval of a project. Such circumstances include, but are not limited to: The applicant, or friends/family of the applicant, becomes verbally or physically abusive and/or threatens RTVOS staff, volunteers, contractors and/or their employees.

- During the rehabilitation process the applicant, or friends/family of the applicant, continually fails to cooperate with RTVOS staff, the contractors, or their employees and/or fails to meet his/her required responsibilities.
- The applicant knowingly misrepresents information relevant to his/her eligibility for assistance.
- After the initial inspection of the home, a determination is made that the home is not structurally sound.
- Failure on the part of the applicant to demonstrate pride of ownership. Conditions included under pride of ownership include:
 - a. Abuse by animals: Evidence of unsanitary conditions or of severe damage to floors, carpets, furnishings, or yards caused by animal behavior, feces, or urine.
 - b. Illegal or improper use of property: Use of the property for purposes other than as a single-family residence in violation of building and zoning ordinances when such use constitutes a health or safety hazard or is a visual detriment to the neighborhood.
 - c. Deliberate abuse: Excessive damage to the home or fixtures not easily attributable to normal wear and tear.
 - d. Housekeeping and Maintenance: Extreme conditions of clutter or filth in or around the house when such conditions:
 - Constitute a potential health/safety hazard to staff, contractors, volunteers, or employees.
 - Will severely hamper or increase the cost of rehabilitation work.
 - Adversely impacts the appearance of the neighborhood.

I acknowledge that I have read and understand the RTVOS Walk Away Policy.

Applicant Name: _____

Signature: _____ Date: _____