



## **Gilbert Critical Home Repair Services**

Rebuilding Together Valley of the Sun repairs homes, revitalizes communities, and rebuilds lives. Our Critical Home Repair program improves health and safety for our neighbors in need.

### **To apply for services, please submit the following:**

- 3-Page Critical Home Repair Application
- Proof of Income Documentation for **Each** Household Member. Please black out social security numbers and account numbers.
  1. Bank statements from the previous three months;
  2. Income Tax Return from the previous year (If filed); **and**
  3. Social security or disability award/determination letter, OR three most recent payroll check stubs

**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](mailto:clientservices@rtvos.org)



## Gilbert 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: (\_\_\_\_) \_\_\_\_\_

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### **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

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### **Ethnicity** (select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> White                                  | <input type="checkbox"/> Black                          |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Hispanic/Latino                |
| <input type="checkbox"/> Other                                  | <input type="checkbox"/> 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.*

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**Income**

How many people live in the 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

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**Needs Assessment**

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

Do you have carpet?     Yes     No

Do you have indoor pets     Yes     No

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

How many carbon monoxide detectors are there in your home?    \_\_\_\_\_

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**Safety Modification Needs** (select all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Grab bars               | <input type="checkbox"/> Night lights         | <input type="checkbox"/> Bathtub clamping bar      |
| <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"/> Carbon monoxide detectors |
| <input type="checkbox"/> Wheelchair ramp         |   |  |
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**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) _____ |   |   |

What are the most needed repairs for your home? \_\_\_\_\_

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What caused the issues impacting your home (please be specific)? \_\_\_\_\_

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How would these repairs benefit you regarding your health, safety, and wellbeing? \_\_\_\_\_

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Submission of this application DOES NOT guarantee service. Rebuilding Together Valley of the Sun may provide service at no charge for applicants in income qualified households.

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

- 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 work is done by a combination of professional construction companies, Rebuilding Together staff, and volunteers and not all services provided will be warranted.
- 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.

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: \_\_\_\_\_