

HOME REPAIR PROGRAM APPLICATION: VETERAN'S ADDENDUM

Name:

Address:

	YES	NO
Has the Homeowner ever served on Active Duty in the U.S. Armed Forces, Reserves, or National Guard?	<input type="checkbox"/>	<input type="checkbox"/>
Has another member of your household ever served on Active Duty in the U.S. Armed Forces, Reserves, or National Guard?	<input type="checkbox"/>	<input type="checkbox"/>
Are you the widow or widower of a veteran of the U.S. Armed Forces, Reserves, or National Guard?	<input type="checkbox"/>	<input type="checkbox"/>
Is any member of your household currently serving in the U.S. Armed Forces, Reserves, or National Guard?	<input type="checkbox"/>	<input type="checkbox"/>

For all veterans in your household, please complete the following information:

Name of Veteran:

Branch of Military:

Years of Service:

Locations of Deployment:

Special Distinctions of Awards Received:

What was your highest rank achieved during your military service?
 E-1 – E-4 E-5 – E-7 E-8 – E-9 Warrant Officer Junior Commissioned Officer
 Field Grade Commissioned Officer General Commissioned Officer

Is there any additional information you would like to provide regarding your time of service?

Do you identify or have been diagnosed with having a physical/mental disability or long-term illness?
 Yes No Prefer Not to Answer

If **YES**, was your disability or illness related to active-duty service?
 Yes No Prefer Not to Answer

Have you qualified for or received any of the following Veteran federal program benefits in the last year? (Check all that apply)

- Veteran Affairs Healthcare Benefits
- Veteran Affairs Dental Benefits
- Veteran Affairs Vision Benefits
- Veteran Affairs or Illinois Education Benefits
- Veteran Affairs Care or Dependent Care Services or Benefits

I affirm that I/we am/are the homeowner/s, and I reside full time at the address listed on the application. I certify that the above information is true and correct to the best of my knowledge. I authorize Rebuilding Together Metro Chicago ("RTMC") to check any references necessary to complete the processing of this application for the purpose of receiving free housing repair. The Homeowner(s) grant RTMC permission to take still and moving photographs, including video pictures of the home and to use such photographs to publicize, in any manner RTMC deems appropriate, RTMC's program. I understand that providing false or incomplete information may make me ineligible or result in disqualification from the program. I also understand that any information received will be kept confidential and will be used strictly for the purpose of determining my eligibility to receive free home repair through RTMC and to recruit sponsors. I give RTMC permission to share my contact information (limited to my Name, Address, and phone number) with RTMC partner organizations for the sole purpose of finding additional free or discounted services I may qualify for.

Homeowner Signature:

Date:

Homeowner Print Name:

Date:

Co-owner Signature:

Date:

Co-owner Print Name:

Date:

**Please attach
Veteran's Addendum
to main application**

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