



APPLICATION FOR FREE HOME REPAIRS

Rebuilding Together Metro Chicago (RTMC) is a licensed 501c3 nonprofit organization that provides free critical home repairs, modifications, and improvements to homeowners in Chicago and suburban Cook County. At RTMC, we prioritize repairs that can enable you to continue living in warmth, safety, and comfort in your own home. Qualification for free home repairs is based on both financial eligibility and the type of work needed, with priority given to elderly and disabled homeowners.

To apply:

1. Complete the application on the following pages. You can print the application out to complete it by pen-and-paper *or* complete it as a fillable PDF on your computer/phone.
 - a. NOTE: *If you are a veteran, you also need to complete the **Veterans Addendum**, which can be found at www.rebuildingtogether-chi.com/apply.*
2. Return your application
 - a. Mail to **PO Box 180016, Chicago, IL 60618**
 - b. Email to apply@rebuildingtogether-chi.com
3. Once we have received your application, we will send you a postcard confirming receipt.

Complete the application as fully and accurately as you can. If you are being considered for our program, we will ask you to provide proof of your household income and homeownership *when we visit you*. At that time, we will also want to assess the types of repairs that you need.

*If you have any questions or need assistance filling out your application, please call our office at **312-201-1188**.*

HOME REPAIR PROGRAM APPLICATION

HOMEOWNER INFORMATION

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Email:

Marital Status:

Date of birth:

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White
 Other: _____ Prefer not to answer

Ethnicity: Hispanic or Latino Not Hispanic or Latino Prefer not to answer

Gender Identity: Man Woman Transgender woman/Transfeminine
 Transgender man/Transmasculine Nonbinary/Gender Nonconforming
 Other: _____ Prefer not to answer

What is the highest education level that you have achieved?

Some High School High School Graduate/GED Associate's or Occupational Degree
 Partial Bachelor's Degree Bachelor's Degree Master's Degree Professional Degree
 Doctoral Degree Prefer not to answer

Have you ever served on Active Duty in the U.S. Armed Forces, Reserves, or National Guard?

YES NO Prefer Not to Answer
 - If YES, please describe:

Has someone in your household ever served on Active Duty in the U.S. Armed Forces, Reserves, or National Guard? YES NO Prefer Not to Answer

- If YES, please indicate your relation: Spouse Widow Child Sibling Caretaker

Do you identify with having partial or total physical or mental disability? YES NO

- If **YES**, please describe:

Do you ever use a cane walker wheelchair oxygen?

Do you have a home healthcare provider? YES NO

HOMEOWNER EMPLOYMENT INFORMATION

Are you currently employed? YES, Full-time YES, Part-time NO Prefer not to answer

Current employer:

Position:

What is your income level?

\$0-\$25K \$26K-\$50K \$51K-\$75K \$76K-\$100K \$101K-\$125K
 \$126K-\$150K \$151K-\$175K \$176K-\$200K \$201K+ Prefer not to answer

EMERGENCY CONTACT

Name of contact not residing with you:

Address:

City:

State:

ZIP Code:

Home Phone:

Cell Phone:

Relationship to emergency contact:

CO-OWNER OR SPOUSE INFORMATION

If there is no co-owner or spouse in the household, skip this section and move to "HOUSEHOLD INFORMATION"

Co-Owner Name:

Date of birth:

Is the Co-owner: Spouse Family Member. Other:

Does the Co-owner reside in the home? YES NO

Cell Phone:

Email:

Race: American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Other: _____ Prefer not to answer

Ethnicity: Hispanic or Latino Not Hispanic or Latino Prefer not to answer

Gender Identity: Man. Woman Transgender woman/Transfeminine

Transgender man/Transmasculine Nonbinary/Gender Nonconforming

Other: _____ Prefer not to answer

What is the highest education level that you have achieved?

Some High School High School Graduate/GED Associate's or Occupational Degree

Partial Bachelor's Degree Bachelor's Degree Master's Degree Professional Degree

Doctoral Degree Prefer not to answer

Do you identify with having partial or total physical or mental disability? YES NO

- If **YES**, please describe:

Do you ever use a cane walker wheelchair oxygen?

Do you have a home healthcare provider? YES NO

CO-OWNER OR SPOUSE EMPLOYMENT INFORMATION

Are you currently employed? YES, Full-time YES, Part-time NO Prefer not to answer

Current employer:

Position:

What is your income level?

\$0-\$25K

\$26K-\$50K

\$51K-\$75K

\$76K-\$100K

\$101K-\$125K

\$126K-\$150K

\$151K-\$175K

\$176K-\$200K

\$201K+

Prefer not to answer

HOUSEHOLD INFORMATION

Including yourself, how many people (adults and children) currently live in your home?

1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11+

How many children under 18 years old are part of your household?

0
 1
 2
 3
 4
 5
 6
 7+

**List ALL persons living in your home including children and yourself.
If it is a multi-unit home, only list people living in your unit.**

For *every person* living in the home list the name, age, relationship to homeowner.

If more than 10 people live in the home, use additional sheets.

NAME	AGE	RELATIONSHIP
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Is this a female-headed household? YES NO

Including the homeowner, how many of the following reside in your unit?

Number of males:	Number of persons aged 60 or older:
Number of females:	Number of children under 18 years old:
Number of nonbinary persons:	Number of persons with disabilities:

Are any of the people listed above moving out before the end of the year? YES NO

- If **YES**, please list who:

Do you expect anyone else to move in before the end of the year? YES NO

- If **YES**, please list who:

Do you plan to sell your home within the next 2-3 years? YES NO

- If **YES**, please explain:

How did you hear about our program? (*Check all that apply*)

Place of Worship
 Alderman
 City Department
 Municipality
 Online
 Mail
 Friend
 Previous Recipient
 Other (please specify):

Have you ever received assistance from Rebuilding Together Metro Chicago or Christmas in April before? YES NO

- If **YES**, please list the year and any details:

HOUSEHOLD ANNUAL INCOME INFORMATION
HOMEOWNER AND CO-OWNER/SPOUSE

Indicate whether you receive income from the sources listed below by marking the "Yes" box and enter the corresponding annual income received from that source.

SOURCES OF INCOME	YES	HOMEOWNER INCOME	CO-OWNER OR SPOUSE INCOME
Employment wages?		\$	\$
Self-employment wages?		\$	\$
Social Security benefits?		\$	\$
Disability income?		\$	\$
Pension income?		\$	\$
Rental income?		\$	\$
SSI/AABD income?		\$	\$
Unemployment compensation?		\$	\$
Child support?		\$	\$
AFDC income?		\$	\$
Other (please describe)		\$	\$
TOTAL ANNUAL INCOME		\$	\$

ADDITIONAL FAMILY MEMBERS 18+ YEARS OLD

	Name:	Name:	Name:	Name:
Employment wages?	\$	\$	\$	\$
Self-employment wages?	\$	\$	\$	\$
Social Security benefits?	\$	\$	\$	\$
Disability income?	\$	\$	\$	\$
Pension income?	\$	\$	\$	\$
Rental income?	\$	\$	\$	\$
SSI/AABD income?	\$	\$	\$	\$
Unemployment compensation?	\$	\$	\$	\$
Child support?	\$	\$	\$	\$
AFDC income?	\$	\$	\$	\$
Other (please describe)	\$	\$	\$	\$
TOTAL ANNUAL INCOME	\$	\$	\$	\$

TOTAL HOUSEHOLD INCOME
\$

Has anybody in your household qualified for or received any of the following federal programs in the last year?

(Check all that apply)

- Disability Benefits or Social Security Income
 Food Assistance Programs (SNAP, Free or Reduced Lunch School Breakfast Programs)
 Medicaid or Low-Income Subsidy Recipient
 TANF (Temporary Assistance for Needy Families) or Unemployment Insurance
 Prefer Not to Answer

PROPERTY INFORMATION

What year was your home built?

What year did you move into your home?

Is your home a single family home? YES NO

Does your home have more than one unit or apartment? YES NO

- If **YES**, in which unit do you (homeowner) reside?

Are there any rental units? YES NO

- If **YES**, number of rental units?

- If **YES**, how many rental units are occupied?

- If **YES**, what is the current total of rental income you receive? \$

Do you own any other property/buildings in addition to the home you occupy? YES NO

- If **YES**, please list address(es):

Are you currently behind in your property tax payments? YES NO

- If **YES**, what date was your last payment made?

MORTGAGE INFORMATION

Is there a mortgage on this property? YES NO

Who is listed as the owner/s on your mortgage document?

Do you currently have a reverse mortgage? YES NO

Are you currently behind in your mortgage payments? YES NO

- If **YES**, what date was your last payment made?

Are you currently in danger of foreclosure? YES NO

Do you have homeowner's insurance? YES NO

NEEDED REPAIRS

The core mission of Rebuilding Together Metro Chicago is to accomplish repairs that make homes **warm, safe and dry**. If you are chosen to receive free home repairs by Rebuilding Together Metro Chicago, what specific home repairs would be of most assistance to you?

1.	3.
2.	4.

Do you have handrails on all your stairways and are they secure? YES NO

Do you have difficulty getting in and out of the shower or bathtub? YES NO

Do you have difficulty getting on and off of the toilet? YES NO

Do you have a working smoke detector? YES NO

Do you have a working carbon monoxide detector? YES NO

Do you have a fire extinguisher in your home? YES NO

Are any of your appliances broken? YES NO
 - If **YES**, which? Stove Refrigerator Washer Dryer Other:

Do you have leaks? YES NO
 If **YES**, where? Roof Basement Pipes Faucet(s) Other:

Do you have sparking at your electrical outlets? YES NO

Does your water heater work? YES NO

How do you currently heat your home? Boiler Furnace Space Heater Oven

Do you have a pest problem? YES NO

Bed Bugs? <input type="checkbox"/> YES <input type="checkbox"/> NO	Rodents? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Do you often use your backyard or garden? YES NO

When was the last time the interior of your home was painted?

Would you benefit from assistance removing unwanted stored items in your home or garage?
 - If **YES**, describe items:

Would you be comfortable with a team of 15 volunteers in your home at one time? YES NO

Please explain how receiving free home repairs would help you and your family.

If your home is selected for the program, what special, interesting facts about you or your family would you like to share?

DISCLOSURES

Have you, or anyone in your household, or any immediate family member worked for or been affiliated with Rebuilding Together Metro Chicago, the Governments of the City of Chicago, Cook County, or the village or municipality in which you reside? YES NO

If **YES**, please list person’s name, position title, and dates worked below:

Attach additional pages if necessary.

Name:	Title:	Dates:
Name:	Title:	Dates:

CERTIFICATION

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:

Mail Completed Application To:
 Rebuilding Together Metro Chicago
 P.O. Box 180016
 Chicago, IL 60618

or

Email Completed Application To:
 apply@rebuildingtogether-chi.com