



Rebuilding Together
Dayton

Dear Homeowner:

We understand your home needs modifications and/or repairs. Please complete the enclosed application and return it to our office via post mail. Submitting an application does not guarantee that services will be provided, and the process may take 6 – 12 months to complete. **Due to funding requirements, to be considered for assistance, a new application must be submitted each calendar year.**

To qualify for assistance with Rebuilding Together Dayton you must:

- Own your home (name is on the deed) and have lived in your home for at least 5 years
- Be current on your property taxes or have a delinquent payment plan set up with the Montgomery County Treasurer's office (to set up a plan, call George Tubbs at 937-225-4005)
- Be a senior over the age of 60
- Monthly gross income must be under 200% FPG, or under \$2,275 for a household of one person

Your application will only be processed with the following:

- Application must be completed in its entirety, and **signed** and **dated**
- Documentation enclosed of gross income for **all residents** living in the home is required, such as:
 - **Current (2023) Social Security benefits letter**
 - 2 consecutive paychecks with Year to Date included (if you are employed)
 - Pension statement letter

Please note: We **do not** accept bank statements as proof of income.

PLEASE NOTE OUR MAILING ADDRESS HAS CHANGED:

Rebuilding Together Dayton
15 W. Fourth St., Suite 450
Dayton, OH 45402

Our funding is limited to health and safety related repairs and modifications. If you have questions regarding your application, please call our office at 937-223-4893.

Sincerely,

Nancy Gerhard
Client Coordinator



APPLICATION INSTRUCTIONS

For questions – call 937-223-4893

Use this as a checklist to complete the application completely and accurately.

Complete the 3-page Homeowner Application, making sure to sign and date the back

Include proof of income documentation for EACH resident of the home. The income documentation can include:

- 2 consecutive paycheck stubs
- Letter outlining your retirement/pension benefit
- Social Security benefit letter

We cannot accept a bank statement as income documentation.

Please note that our mailing address has changed. You may return your completed application to:

Rebuilding Together Dayton
15 W. Fourth St., Suite 450
Dayton, OH 45402

If you would like to submit your application via email, you are welcome to send it to info@rtdayton.org. You can also fax your application to 937-519-0092.

Rebuilding Together Dayton – 2023 Application – City of Centerville

INSTRUCTIONS: Fill out application completely, including information for each resident. Sign and date the last page. Enclose income documentation for each resident & mail the application to our office. Mailing address: 15 W. 4th St. Suite 450, Dayton OH 45402. **Call 937-223-4893 with questions**

HOMEOWNER INFORMATION		HOMEOWNER 2 INFORMATION	
Homeowner 1 Name:		Homeowner 2 Name:	
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single		<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you physically challenged? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you physically challenged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse of Vet.		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse of Vet.	
Phone Number(s):		Phone Number(s):	

Has anyone in the home recently fallen? Yes No Does anyone in the home have asthma? Yes No

PROPERTY INFORMATION	
Street Address:	Zip Code:
Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year did you move into your home?
Have you missed a mortgage payment in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many have you missed?
Do you own other/rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have homeowners insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE INDICATE YOUR MOST URGENT REPAIR NEEDS:				We focus on urgent health and safety needs, and cannot assist with: -Mold remediation -Major foundation repairs -Weatherization -Exterior yard maintenance (mowing, raking, etc.)
<input type="checkbox"/> Grab bars	<input type="checkbox"/> Handrails	<input type="checkbox"/> Step-in shower	<input type="checkbox"/> Tall Toilet	
<input type="checkbox"/> Ramp	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Furnace	
<input type="checkbox"/> Water Heater	<input type="checkbox"/> Smoke/CO detector	<input type="checkbox"/> Security Lights (Porch/Alley)		
<input type="checkbox"/> Other:				
Three most urgent needs:				

HOUSEHOLD INFORMATION: List information for ALL residents, including the homeowners.			
Are any adults in the home employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total number of residents receiving ANY income:	
Name: _____ Age: ____ M / F	Name: _____ Age: ____ M / F	Relationship: _____ Disabled: Y / N	
Relationship: _____ Disabled: Y / N	Relationship: _____ Disabled: Y / N	Relationship: _____ Disabled: Y / N	
Name: _____ Age: ____ M / F	Name: _____ Age: ____ M / F	Relationship: _____ Disabled: Y / N	
Relationship: _____ Disabled: Y / N	Relationship: _____ Disabled: Y / N	Relationship: _____ Disabled: Y / N	

Who can we call if we cannot reach you? [This is required, do not leave blank]		
Name:	Relationship:	Phone Number:

Race Disclosure - Please select:	Homeowner 1	Homeowner 2
White		
Black		
American Indian or Alaskan Native		
Hispanic		
Asian or Pacific Islander		
Other / Multi-racial		
Ethnicity Disclosure	Homeowner 1	Homeowner 2
Are you Hispanic?	Yes / No	Yes / No

For office use only v 8.16.22			
Age		Service Area:	
FPG%		ARPA	
AMI %		Year Built	
Disabled		Sq. Ft.	
# Years		Monthly	
Veteran		Annual	
S of Vet		Taxes Due	
RP #23-____		Source:	

SOCIAL SERVICES	
Do you have a social worker/Case Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social worker/Case Manager's name:
Social worker/Case Manager's agency:	Social worker/Case Manager's phone number:
May we contact other agencies (private, nonprofit, state, federal, etc.) on your behalf <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been assisted by Rebuilding Together Dayton previously? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate if you were referred by any of the following agencies or people:	
<input type="checkbox"/> Area Agency on Aging	<input type="checkbox"/> Senior Resource Connection
<input type="checkbox"/> Catholic Social Services	<input type="checkbox"/> East End Community Center
<input type="checkbox"/> Wesley Community Center	<input type="checkbox"/> Community Action Partnership
<input type="checkbox"/> County Corp	<input type="checkbox"/> Housing Inspector
<input type="checkbox"/> CityWide	<input type="checkbox"/> Meals on Wheels
<input type="checkbox"/> Neighbor	<input type="checkbox"/> Case Manager
<input type="checkbox"/> Other:	Are you currently being assisted by CountyCorp, Habitat for Humanity, or Community Action Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME AND EXPENSES			
Your application must include the total gross income (amount before taxes) from EACH resident in the home. Include documentation, such as Social Security benefit letters, pay stubs, or pension benefit letters. NOTE: Bank statements are <u>NOT</u> accepted as proof of income.			
MONTHLY INCOME INFORMATION		MONTHLY EXPENSE INFORMATION (estimate OK)	
Salary (monthly total before taxes)	\$	Mortgage payment	\$
Social Security/Disability	\$	Property Taxes	\$
Social Security/Disability	\$	Home insurance	\$
Pension/Retirement	\$	Utilities (Gas and Electric)	\$
Pension/Retirement	\$	Water/Sewer Services	\$
Child Support/Alimony	\$	Telephone	\$
Other:	\$	Cable/internet	\$
Other:	\$	Medical/Prescriptions	\$
Other:	\$	Other:	\$
Other:	\$	Other:	\$
TOTAL MONTHLY INCOME:	\$	TOTAL MONTHLY EXPENSES:	\$

Personal Statement: Must be completed.

Use backside of page or additional page if needed.

For us to fully understand, please tell us about the condition of your home. How is your health and safety impacted by the condition of your home?

Please tell us the circumstance that led you to apply for home repair assistance, and how you hope repairs will improve your current living situation.

Terms, Conditions and Homeowner(s) Signature

WARNING!! It is a Federal crime punishable by fine and/or imprisonment, to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code, Section 1014.

IMPORTANT – READ CAREFULLY and SIGN AT THE BOTTOM:

By signing below, I certify that:

- I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying.
- I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief.
- This application shall remain the property of Rebuilding Together Dayton, to which it is submitted for the purpose of obtaining assistance.
- I will not be monetarily charged for the work performed on their home; however, certain funding sources do require a lien be placed on the property for the value of the repairs.
- I hereby consent to and authorize Rebuilding Together Dayton, after providing me reasonable notice, to enter the property for the purpose of determining the need and scope of the repair(s) specified above. Homeowner(s) agree to allow RTD staff, volunteers and contractors access to the residence to perform pre- and post- inspections and to complete the repairs.
- If access to the home is denied, the application for services will be cancelled.
- Homeowner(s) will have the opportunity to discuss and approve a work scope with an RTD representative.
- RTD will determine if a project can be completed by volunteers or if a contractor is necessary; all contractors will be selected by RTD.
- RTD focuses on health and safety modifications/repairs. All scopes of work will be determined and approved by RTD. Homeowners will have the opportunity to review the approved scope of work prior to the project starting with a construction coordinator.
- RTD reserves the right to cancel a portion of or the entirety of a project at any time for any reason. Project completion is contingent upon the availability of funding.
- Homeowners who have received assistance from Rebuilding Together Dayton within the last 2 years will be placed lower on the waiting list and assisted as funding is available.
- I authorize the disclosure of the above information to only those persons or agencies as necessary to secure the assistance for which this application is submitted.
- I hereby consent to the unrestricted use of my image and that of my family members, in connection with the Project, by Rebuilding Together Dayton or any person authorized by Rebuilding Together Dayton, including, but not limited to, any photographs, audio or video recordings, interviews, videotapes, motion pictures or the use of my name in connection with television, radio or print media.
- ***I understand that the submission of this application and any subsequent home assessments do not guarantee any repairs will be completed and any repairs to be completed will be dependent upon the funding available.***

Homeowner 1 Signature

Date

Homeowner 2 Signature

Date

**Please return completed application with proof of income to Rebuilding Together Dayton
15 W. Fourth Street, Suite 450 Dayton OH 45402**