



Home Repair Application

Thank you for your interest in our home repair program. If you need assistance completing this application, please call our office at (412) 922-0953 and we will be glad to help.

Application Date: _____

Name (please print) _____ Phone: (____) _____

Address _____ City _____ Zip Code _____

Emergency Contact Person _____ Phone (____) _____

How did you hear about Rebuilding Together? _____

Name other agencies that have helped you with home repair services in the past two years: _____

Is anyone in the home a Veteran? Yes ☐ No ☐

Does anyone in the home have documented Physical Disabilities? Yes ☐ No ☐

If yes, please explain: _____

How long have you lived in your home? ____ Years

INFORMATION ABOUT THE HOUSE/ASSETS

Are you the homeowner of record? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you current on your real estate taxes? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you in danger of losing your home? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you on a real estate tax payment plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gas Co:	Electric Co:	
	<u>Description</u>	<u>Value</u>
Do you own any other real estate? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have any investments? Yes <input type="checkbox"/> No <input type="checkbox"/>		

INFORMATION ABOUT HOUSEHOLD RESIDENTS

Please list <u>all</u> household residents, their date of birth (month/date/year), relationship to homeowner, and monthly income, beginning with the homeowner.			
Name	Date of Birth	Relationship	Monthly Income
	/ /	Homeowner/Applicant	\$
	/ /		\$
	/ /		\$
	/ /		\$

Total Household Monthly Income: \$_____ Total Number of residents in house: _____

Home Repair Application

PLEASE DESCRIBE THE CONDITION OF YOUR HOME TO THE BEST OF YOUR ABILITY

	Good	Needs some repairs	Bad	Remarks
Roof				
Gutters and downspouts				
Exterior doors, including storm doors (open, close, and lock properly?; broken glass?)				
Lights outside each exterior door				
Doorbell				
Fences and/or gates				
Steps (inside or out)				
Trees/plants/shrubs around the house				
Windows, including storm windows (open, close, and lock properly?; broken glass?)				
Basement walls and floors (do you have water damage?)				
Furnace Age of Furnace: _____ Years				
Water heater				
Refrigerator Age of Refrigerator: _____ Years				
Stove				
Dishwasher				
Washer and dryer				
Sinks, tubs, and toilets				
Lights, outlets, and switches				
Plaster/drywall				

	Yes	No	Remarks
1) Is the house number readily visible from the street day and night?			
2) Is there a working smoke detector on every level?			
3) Is there a working carbon monoxide detector?			
4) Is there a working fire extinguisher in the kitchen?			
5) Does your home have circuit breakers (not old fuses) in the electrical panel box?			
6) Are all household residents physically able to use the toilet, shower, or tub?			
7) Do you need any handrails or grab-bars to be installed or repaired?			
8) Have you had any falls in the last six months due to tripping hazards?			
9) Are there any plumbing leaks?			
10) Does the sewer back up?			
11) Are there rodents in the house?			
12) Do you detect the odor of natural gas inside or out?			

Home Repair Application

LIST THE THREE REPAIRS YOU CONSIDER MOST IMPORTANT

1.
2.
3.

PROOF OF INCOME

Please provide copies of the following supporting documents for each person living at this address, as applicable:

- Most recent federal tax return
- Latest paycheck stub
- Latest Social Security and/or pension benefit statement

Note: Due to the high volume of applications received, selection of participants is limited. Submission of an application does not guarantee participation or completion of all requests. Major structural and foundation problems will not be considered.

REFERRALS

Rebuilding Together Pittsburgh works in partnership with other housing assistance agencies to meet the needs of homeowners. These other agencies may be able to provide you with additional housing assistance. May we share your information with other agencies for possible additional assistance for you?

Please check on of the following boxes: ☐ **I do** ☐ **I do not** give Rebuilding Together Pittsburgh permission to release my information to other housing assistance agencies.

APPLICANT CERTIFICATION

I certify that the above information is true and correct to the best of my knowledge. I authorize Rebuilding Together Pittsburgh to verify income and assets as necessary to process this application. I realize that any repairs provided by Rebuilding Together Pittsburgh will be at no cost to me or to my family.

Homeowner Signature

Date

Mail completed application and proof of income to:

Rebuilding Together Pittsburgh
631 Iron City Drive
Pittsburgh, PA 15205
Or fax: 412-922-3729

Questions? Call 412-922-0953