



Celebrating **10** *Years*

Dear Homeowner:

For year 2009

We would like to tell you about an exciting and unique opportunity that may be available to you. Rebuilding Together Metro Denver is a non-profit organization, supported entirely by contributions of time, labor, materials and money. We are dedicated to repairing and rehabilitating the homes of low-income seniors, and people with disabilities, to make their homes warm, safe and dry. Skilled and unskilled volunteers, along with able-bodied members of the recipient's family and friends, complete the repairs at *no cost* to the homeowner. In 2009, over 200 homes will be selected for scheduled repairs.

We have two services available for eligible homeowners:

- 1 - Rebuilding Days are held in April and October. Volunteer teams are assigned to selected homes for those who need more extensive repairs. The next Rebuilding Day project will take place in April of 2009.
- 2 - *A Home for All Seasons* assigns individual volunteers to complete minor home repairs on a year round basis.

We will review your application to determine which service is most appropriate for your needs.

To be eligible for consideration, you must:

- Reside in the Denver Metro area (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, & Jefferson counties)
- Be 55 years of age or older, and/or have a family member living with a disability
- Own and live in your home with no plans to vacate/sell the home for a period of at least one year
- Be willing to sign a homeowner agreement, releases and waivers

Enclosed is an application for Rebuilding Together Metro Denver. If you are interested in being considered for either program, please complete the application and return it to the following address:

Rebuilding Together Metro Denver
4100 East Mississippi Avenue, Suite 710
Denver, CO 80246

If you have any questions about the program or need assistance in completing the application, please call (720) 524-0840. All applicants will be notified within 8-10 weeks if their home has been selected for an evaluation.

Sincerely,

Megan Bilotta
Program Director



For office use only

- Arapahoe County CDBG
- Colorado Trust – Emergency Repair
- Thornton Rehab
- DRCOG

Consider for:

- Rebuilding Day
- A Home for All Seasons
- Ramp

Mail Application to:
 Rebuilding Together Metro Denver
 4100 E Mississippi Ave, Ste 710
 Denver, CO 80246

Homeowner Application

Please print or type. All information is kept confidential. Please note: You must own and occupy your home and meet income requirements to be eligible for this program. You will be notified within 8-10 weeks if your home will receive an evaluation.

Please check one box: Mr. & Mrs. Mrs. Mr. Ms.

Applicant: _____ Age ____ Co-Applicant _____ Age ____

Date of Birth: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ Zip Code: _____ Phone: (____) _____

Ethnicity: African American/Black Asian/Pacific Islander Caucasian
 (Optional) Hispanic/Latino Native American Other: _____

How long have you lived in this house? _____

Do you plan to sell or vacate your home within the next year? _____

Is Applicant or Co-Applicant currently employed? No Yes, by whom?

Are you or anyone living in the home a veteran? Yes No

Are you the widow of a veteran? Yes No

Please list everyone, including children, other than the applicant(s) who lives in the house:

Name	Age	Relationship to You	Is he/she employed?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you had work done by Rebuilding Together in the past? _____

Do you have family members or friends who will be able to help if you are selected for Rebuilding Day? _____

Mortgage Company _____

Is your mortgage paid in full? Yes No

Are your mortgage payments up-to-date? Yes No

Please enclose a copy of your most recent mortgage statement or payment coupon

Is homeowner or anyone else residing in the home disabled? Yes No

Type of Disability: _____

What is your total monthly gross income for the household?

Social Security \$ _____ SSI \$ _____

SSDI \$ _____ Pension/Retirement \$ _____

Employment \$ _____ Other \$ _____

Do you receive: Food Stamps Medicare Medicaid

Home and Community Based Services

Other governmental assistance Please describe: _____

Health Insurance/Medicare Provider: _____

Do you own your own home? Yes No

Do you have Homeowner's Insurance?

No: Please explain: _____

Yes: Company: _____ Policy Number: _____

Have you fallen in your home? Yes No Please describe: _____

Please check the items that require attention:

Roofing

Gutters

Exterior Paint

Doors and Locks

Ramp

Handrails, steps, or walks

Electrical Repairs - Describe: _____

Plumbing Repairs - Describe: _____

Furnace/Heating

Water Heater

Insulation

Interior Paint

Grab bars, shower bench, handheld shower, or other safety needs

Flooring - Describe: _____

Other _____

Other _____

On a separate piece of paper, please tell us a little about yourself (how long you've lived in Colorado, information about your family, your past work, medical conditions, etc.) and let us know how the repairs you've listed will help you.

In the past 5 years, have you had repairs, i.e., painting, winterization, or modifications that made your home safer and/or accessible?

Group Name/Organization: _____ Date: _____

Repairs done: _____

Have you, or any persons residing at this address ever been convicted of a felony?

Yes No

If so, please explain _____

How did you hear of Rebuilding Together Metro Denver? _____

Releases:

I/we certify that the information in this application is true and correct to the best of my/our knowledge. I/we realize that failure to provide all information requested could result in our application being disqualified. I/we authorize Rebuilding Together Metro Denver to check references or conduct a background search necessary to complete the processing of this application for the purpose of receiving housing rehabilitation. I/we also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for this program.

Signature(s) of Homeowner(s) Date

I grant Rebuilding Together Metro Denver permission to take or have taken, still and moving photographs and films including a television filming of my home. I consent and authorize Rebuilding Together Metro Denver its advertising agencies, news media and any other persons interested in Rebuilding Together, and its works, to use and reproduce the photographs, films, and pictures and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

Signature(s) of Homeowner(s) Date

If someone other than the homeowner is preparing this form, please complete the following:

Name: _____ Relationship: _____ Phone: _____

Name of Organization that provided homeowner with application: _____

Returning this form or having your home assessed by a Rebuilding Together representative does NOT guarantee your home for selection. Project selections depend on the availability of volunteers and funding. Homes are evaluated and selected on a case-by-case basis.

Revised 02/09

Rebuilding Together Metro Denver helps low income elderly and disabled people live independently in warm, safe and dry homes.