

APPLICATION PROCESS

1. Complete and sign the application form
2. Include required documentation (please see the list of required documentation on the back of this page)
3. Mail or Email attachment to:

Rebuilding Together Northeast Ohio

3465 S Arlington Rd. Suite E #141

Akron, Ohio 44312

info@rebuildingtogetherneo.org

Fax: 330-773-4116

For more information or questions call

330-773-4100

ELIGIBILITY REQUIREMENTS:

- You must be 60 or older
- You must occupy the home and your name must be on the deed.
- You must be current on your property taxes.
- Your home must be a single family dwelling in sound structural condition.
- You must live in your home for one (1) year before applying.
- You must have current homeowner's insurance.
- You must reside in the City of Kent.
- Mobile Homes, apartments and trailers are not eligible for our program.

OFFICE USE ONLY:

Date App Rcvd: ____/____/____

Case #: _____

SECTION 1: APPLICANT INFORMATION

Applicant's First & Last Name:		Date of Birth: ____/____/____	
Co-Applicant's First & Last Name:		Date of Birth: ____/____/____	
Address:		Number of years at this address:	
City:	Zip Code:		
Phone :			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed			
Please list the name and telephone number of person we can contact if we cannot reach you: Name: _____ Phone: _____ Relationship to you: _____			
Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your home more than one (1) story? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your home a single family dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(we cannot clean gutters on more than 1 story)</i>			

Do you have homeowner's insurance? ☐ Yes ☐ No
Please submit copy of current declarations page with application.

SECTION 2: MILITARY HISTORY

Are you a U.S. Military Veteran? ☐ Yes ☐ No
If yes, please provide us with a copy of your DD- 214 form.

SECTION 3: APPLICATION HISTORY

I learned about Rebuilding Together from:

☐ TV ☐ Flyer ☐ Radio ☐ Newspaper ☐ Friend/Relative
☐ Neighbor ☐ Church ☐ Agency ☐ Social Worker ☐ Senior Center
☐ Other:

Has Rebuilding Together provided you with this service before? ☐ Yes ☐ No
If yes, what year did you receive the assistance?

SECTION 4: PERSONS LIVING IN HOUSEHOLD AND/OR DEPENDENTS

Family Type: ☐ Couple ☐ Female Head of Household ☐ Male Head of Household

Please provide us with the following information for ALL residents living in home

Name	Age	Ethnicity*	Disabled	Relationship to applicant
			<input type="checkbox"/> Yes <input type="checkbox"/> No	(Applicant)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	


***Please use the following examples of Ethnicities:**

Caucasian, African American, Asian, American Indian, Alaskan Native, Native Hawaiian/Other Pacific Islander, American Indian/Alaskan Native & Caucasian, American Indian/Alaskan Native & African American, Asian & Caucasian, African American & Caucasian, Hispanic.

**Rebuilding Together will NOT deny any services to persons on the basis of race, religion, national origin or sex.
 The information is required by the Federal Government for reporting purposes.**

SECTION 5: TYPE OF REPAIRS NEEDED

Please check which work you would like to have completed below:

Check if needed	Repair Type	Brief description of repairs needed
<input type="checkbox"/>	Yard Clean Up (raking leaves, etc.)	
<input type="checkbox"/>	Trimming of bushes or small trees	
<input type="checkbox"/>	Gutter Cleaning	
<input type="checkbox"/>	Minor Repair/Installations	
<input type="checkbox"/>	Interior Home Safety Updates (You may qualify for an additional program that provides grab bars, railings, hand held showers, stair repair, outdoor lighting, etc. Income verification required)	

*Handyman projects will require an additional information and possible partial payment. Please call for details.

SECTION 6: APPLICATION CHECKLIST

- ☐ I have read and filled out ALL sections of this application.
- ☐ I have read and signed the Applicant's Agreement and Release (Section 6).
- ☐ I have submitted a copy of my proof of identity and the declaration page of my homeowner's insurance policy.

If someone other than the applicant prepares this application or if assistance is given to the applicant, please complete the following:

Name: _____ Agency (if any): _____

Phone No: _____ Relationship: _____

Is the applicant(s) aware of this application? ☐ Yes ☐ No

Do you have Power of Attorney? ☐ Yes ☐ No

PLEASE PROVIDE ALL REQUESTED DOCUMENTATION

- **Submit the attached application and proof of identity:**
 - A copy of your driver's license or state identification card.
- **Submit Proof of Homeowner's Insurance:**
 - A copy of the declaration page of your homeowner's insurance policy. You may contact your insurance agent and have them fax a copy directly to our office at 330-773-4116 or email to info@rebuildingtogetherneo.org

SECTION 6: APPLICANT'S AGREEMENT AND RELEASE

I/We certify that the information on the application is true and correct to the best of my/our knowledge.

I/We consent to allow Rebuilding Together Northeast Ohio to check the validity of the personal information I/We provided to establish my eligibility for this program.

I/We hereby give permission for Rebuilding Together Northeast Ohio employees, contractors and/or volunteers to enter onto my property in order to perform yard clean up as part of Kent Senior Service Day.

I/We understand that only a limited number of homes will be chosen and that my home may not be chosen, even if it meets all qualifications.

I/We understand that if chosen, this program cannot guarantee that all work requested will be completed.

I/We understand that if applicant, or any family member/friend, disrupts the work of Rebuilding Together Northeast Ohio employees, volunteers and/or contractors or refuses to cooperate during the process, Rebuilding Together Northeast Ohio will not perform or complete the services for the home.

I/We agree not to ask the volunteers and/or contractors to perform projects that are not on the approved project list. I/We understand that the volunteers and contractors are not permitted to take on additional projects. If for whatever reason, additional work is undertaken but not completed by the volunteers and/or contractors, I/We agree that is my/our responsibility to see to the completion of such projects.

I/We understand that the repairs are provided to me ***free of charge*** by volunteers and/or skilled laborers **unless I desire and agree to participate in Rebuilding Together's *Safe at Home* program (separate application and verification).**

I/We understand that no alcoholic beverages are to be consumed by anyone associated with the project during the work day.

In consideration of the work to be performed free of charge by the volunteers and/or contractors, organized by Rebuilding Together Northeast Ohio for the benefit of the applicant, and in light of the aims and purpose of the community service provided the applicant agrees to release and hold harmless Rebuilding Together Northeast Ohio, its officers, directors, employees, agents, program sponsors and volunteers from any case of action, claim or suit arising from such work.

In connection with the project the applicant consents to unrestricted use of their name and image (and that of family members/friends) including, but not limited to, any photographs, audio/video recordings, interviews, videotapes, motion pictures for the use with television, radio or print media by Rebuilding Together Northeast Ohio and its program sponsors, or any person authorized by Rebuilding Together Northeast Ohio.

I/We acknowledge that I/We have read and do thoroughly understand the Applicant Agreement/Release.

X _____
Applicant's Signature

Date: ____/____/____

X _____
Co- Applicant's Signature

Date: ____/____/____