

APPLICATION FOR HOME REPAIRS

Form Revised 06/14/2018

Rebuilding Together Kansas City (RTKC) is a non-profit organization that provides home repairs and safety modifications for residents in the Northland. Homes will be selected on the basis of greatest need and the ability of RTKC volunteers to accomplish the needed repairs. If necessary, professional laborers will be used. To Qualify for the Rebuilding Together program, you must: 1. Own only 1 residence and reside in the same residence; 2. Lack the finances, resources and or skills to have the repairs completed. **Applicant Initials** _____

Section 1. APPLICANT INFORMATION		APPLICATION RECEIVED		/	/
Name	DOB	Age	Marital Status		
Address	City	State	Zip		
Phone-Day	Night				
Email					
Additional Contact Name			Relationship		
Additional Contact Phone			Email		
How did you hear about our program?					
Have you received help from us before? YES NO If so, when?				Are you the owner of the home? YES NO	
If NO, who is?			How long have you lived at current address?		
How long do you plan to continue at this address?			In what year was your home built?		
If Date unknown, was it before or after 1978? (Circle one)		PRE-1978	POST-1978	Do you own any other property? YES NO	
<small>(Business, Second Home, farm etc?)</small>					
If YES, what type of property?					
Are you the widow of a veteran? YES NO		Is any resident of home a U.S. Armed Forces Veteran or currently serving? YES NO			
If YES, please list name(s):					

Section 2. RESIDENTS OF HOUSEHOLD

List ALL individuals living in the home including in the home including homeowners (race is used for reporting purposes only).

	Name	Age	Gender	Date of Birth	Race
1					
2					
3					
4					

Section 3. INCOME-Totals for 1 MONTH

Please enter **MONTHLY Income** information for ALL residents with an income living in the home.
In order for your application to be processed in a timely fashion, a copy of proof for EACH INCOME listed must be provided.

BY CHECKING THIS BOX I CHOOSE **NOT** TO PROVIDE INCOME INFORMATION, AND WILL PAY THE **TOTAL AMOUNT** OF THE REPAIR COSTS.

Name	Salary/Wages	Social Security (net)	Pension	Dividend/ Investment	Veterans	Other Income	Total
1	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$

Section 4. MEDICAL EXPENSES-OUT OF POCKET TOTALS FOR 1 MONTH

Please enter the total **monthly** medical expenses information for **ALL** residents.

Prescriptions & Medications	Medical Supplies <small>(supplements, briefs, walkers etc.)</small>	Out of Pocket <small>(hospital and physician co-pays)</small>	Insurance Premiums	Other	Total
\$	\$	\$	\$	\$	\$

Section 5. REPAIRS AND MODIFICATION NEEDED

Are modifications needed to make the home accessible for a disabled occupant? YES NO If YES, please describe the need below:

Please list the repairs or modifications needed in order to make your home safe, secure and weatherproof

Section 8. STATEMENT OF PARTICIPATION

I certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying. My signature below indicates that the information provided above is accurate and complete. I give RTKC volunteers my permission to inspect my home for purposes of home selection. I also realize that there is a limited number of homes that will be selected, and that I am not guaranteed of receiving repairs from RTKC even though I have applied. **I confirm that when RTKC volunteers are making repairs, any person residing in my home or visiting us at the time will work with the volunteers if they are physically able.** Applicant Initials_____

Section 9. HOMEOWNER LIABILITY WAIVER

As the homeowner(s) of this property, who is (are) requesting assistance with home repairs from Rebuilding Together Kansas City (RTKC), I (we) waive any and all rights that I (we) might otherwise have to bring any kind of legal action against RTKC, RTKC volunteers, and anyone participating on behalf of RTKC during the course of any construction, repair, and/or modification work. I (we) also agree to forever hold harmless the officers, directors, agents, volunteers, employees of RTKC or any funders or donors from any and all claims, demands, actions and causes of action relating to any injury or loss which the undersigned may sustain in any way connected with the undersigned's home participating in the Rebuilding Together Kansas City program. I (we) acknowledge and agree that in the event that I (we), or any heirs, executors, personal representatives or assigns violates this provision, I (we) will be required to compensate RTKC for full amount required to defend such claim. The undersigned agrees and understand that the undersigned is to assume all the risks and grant this release in consideration for whatever rehabilitation or modification work is provided to the undersigned's residence. The undersigned also fully understands that all work provided is on a voluntary basis and the undersigned agrees to accept whatever work is provided. The undersigned understands that no promises or assurances have been made that any particular work will be done or that any particular result will be achieved. The undersigned also understands that no city officials will be required to inspect any work done by volunteers from Rebuilding Together Kansas City. If the undersigned is selected as a recipient, as well as all other residents in the home, authorize Rebuilding Together Kansas City to use and/or publish any and all photographs or video taken to be used for reporting and/or marketing purposes. Finally, the undersigned fully understands the meaning of the terms of this release and the undersigned has freely agreed to be bound by its' terms. Applicant Initials_____

Homeowner Name (Printed) Signature Date

Please return the completed application by one of the following ways: **Any questions regarding application** please call 816-781-8985 or Email Info@RebuildingTogetherKC.org
Mail to: Rebuilding Together Kansas City
2050 Plumbers Way #150
Liberty, MO 64068
Fax: 816-781-9789
Scan and email to: Info@RebuildingTogetherKC.org