



Application For Free Home Repairs

For the Low-Income Elderly, People Living with a Disability, and Families with Children

Homeowner's Name:

(Please Print) _____
Last Name First Name Middle Initial

Address:

_____ Street City Zip Code

Phone Number:

() () () _____
Home Work Cell

Are there any family members living in this household that are disabled? Yes _____ No _____ if yes, please list the person(s) person's name and their disability. Name _____ Name _____

Occupants

How many people are living in this home? _____ How many are 60 years and older? _____
Name and ages of **all persons** living here, starting with the oldest and ending with the youngest.
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

Medical Cost

Average monthly amount of out-of-pocket expenses for medication (**not covered by insurance**) _____

PROPERTY INFORMATION

Is this home jointly owned? Yes _____ No _____ if yes, please list the name and address of the co-owner.

Is this home a single-family home? Yes _____ No _____ Is this an extended family home? Yes _____ No _____
(Extended Family home is a home where older family members are living here for one reason or another.)
Is any portion being rented? Yes _____ No _____ If yes, what is the amount of rent income _____

Please check what best describes your home: One story home _____ Two story home _____
One and a half story home (Bungalow) _____ Two and a half story home (duplex) _____
Basement: Yes _____ No _____ Garage: Yes _____ No _____ Shed: Yes _____ No _____

Are the Taxes paid up, or are they being paid on an installment plan? Yes _____ No _____
If installment plan, is it monthly or quarterly. (Circle one). Amount of monthly payment _____

Household Income Information:

Please provide the following information about the combined monthly income received by **All Family Members** residing at this home.

Sources of income received and amount by **all members** of this household.

Check yes for each source of income and write in the amount received.

	<u>Monthly Income</u>
Wages or salaries from employment	\$
Income from self-employment	\$
Unemployment compensation	\$
Social Security, SSI, SSIE, Disability Foster Care, Adoption Assistance	
Other Government Income	\$
Pension income	\$
Child Support	\$
Rental income from property owned	\$
Income from any other sources (please list)	\$
TOTAL HOUSEHOLD INCOME	\$

What Repairs Are Needed? If your home is chosen to receive free home repairs provided by **Rebuilding Together Greater Milwaukee** and its Volunteers, what specific home repairs are you applying for? Please check off those repairs you are looking for, that would provide warmth, safety and comfort.

Check off needed repairs:

Outside Work Needed

- Scrape/paint exterior walls, trim or windows
- Repair porch deck, steps, rail
- Repair or replace gutters, downspouts
- Repair doors and or weather-proof them
- Repair or replace broken windows
- Yard work needed
- Address broken walkways
- Accessibility to home (wheel-chair ramp)

Inside Work Needed

- Replace unsafe flooring
- Install grab-bars in bathroom for safety
- Repair or replace unsafe electrical items
- Repair or replace plumbing leaks
- Repair or replace broken doors or locks
- Repair or replace stairs and or railings
- Painting
- Other (please explain below)

Applicant's Certification of Accurate information:

I (name of applicant, please print) _____ certify that the information provided in this application is true and correct to the best of my knowledge. I authorize **Rebuilding Together-Greater Milwaukee and its volunteers** to check any references necessary to complete the process of my application to receive free home repair that are done by **Rebuilding Together Greater Milwaukee** and it's volunteers. I understand that all information well be kept confidential and will be used strictly for the purpose of determining my eligibility to receive free home repair through **Rebuilding Together Greater Milwaukee**. I also understand that providing any false information may make me ineligible for services from **Rebuilding Together Greater Milwaukee**.

Applicant's Signature: _____ Date: _____

Please Mail Application to: **Rebuilding Together Greater Milwaukee P.O. BOX 510287
Milwaukee WI 53203, Questions? Please call our Voice Mail at: 414-319-9828**