



30 South Main Street, Suite B
Dayton, OH 45402
Telephone 937.223-4893
www.rtdayton.org

Dear Homeowner,

We understand your home is in need of some modifications. Please fill out the attached application and return it to our office via post mail. Do not bring the application in person.

To prevent delays to your application, we need **ALL** of the following:

- Rebuilding Together Dayton Application filled out completely
- Rebuilding Together Dayton Homeowner Agreement, signed and witnessed
- **Proof of Income** (copy of pay stub or other appropriate documentation)

Send all information to: Rebuilding Together Dayton
30 South Main, Suite B
Dayton, OH 45402

Please note: Submitting an application does not guarantee that services will be provided.

Rebuilding Together Dayton relies upon the donation of labor by our contractors and they do their best to fit us into their busy schedules as soon as time permits. If selected, please be flexible with your time when they contact you to schedule the work.

On the back of this letter is a list of other sources of assistance that you may qualify for and may be able to help you with other repairs to your home.

Rebuilding Together Dayton is a non-profit volunteer organization. Our mission is to preserve and revitalize homes and communities, assuring that low-income homeowners, particularly those who are elderly, disabled and families with young children, live in warmth, safety and independence.

Thank you for your interest,

Tonia Fish

Tonia Fish
Neighbor•Care Director
Rebuilding Together Dayton



Rebuilding Together Dayton Homeowner Application

*Return via post mail with a copy of proof of income.
Mail to: 30 South Main St., Suite B, Dayton OH 45402*

PROPERTY INFORMATION:

Address _____ Zip Code _____
 Home Phone Number _____ How did you hear about us? _____
 Owner occupied? Yes No Number of years Homeowner has lived in the home: _____

What is the nature of your urgent need?

Electrical Exterior Painting Interior Painting Wheelchair ramp
 Step-In Shower Senior Toilet Accessibility Modification Safety Repair
 Plumbing Wall Repairs Roof Repairs Concrete Repairs
 Yard Work Floor Repairs Door Repairs *Other:* _____

Other area agencies you work with: Area Agency on Aging, Senior Resource Connection, County Corp, The Dayton Fund, Meals On Wheels, East End Community Center, Wesley Community Center, Community Action Partnership, Catholic Social Services, MVRPC STEP Program

HOMEOWNER INFORMATION:

Homeowner 1: _____ Date of Birth _____ Sex: Male Female
 Marital Status: Married Unmarried
 Disabled: Yes No Nature of Disability if yes: _____
Homeowner 2: _____ Date of Birth _____ Sex: Male Female
 Disabled: Yes No Nature of Disability if yes: _____

HOUSEHOLD INFORMATION:

Relationship of Homeowners (spouses/parent-child/other) _____
 Other members of household disabled? Yes No Nature of Disability: _____
 Have you missed a mortgage payment in the last 12 months? Yes No If yes, how many? _____
 Is any family member currently residing in the home employed? Yes No
 If yes: Name of Employer _____ Number of Years with Employer _____
Is any family member currently residing in the home a U.S. Armed Forces Veteran? Yes No
 Number of adults living in the home _____ Number of adults receiving income _____
 Number of children living in the home _____ Ages of children _____
 Do you own other property: Yes No Use of other property _____
 Emergency Contact:
 Name: _____ Address: _____ Phone _____
 Referral Source: (A personal reference or social worker we can contact to verify information)
 Name: _____ Relationship: _____ Phone _____

Voluntary Race Disclosure (used for HUD reporting purposes only)

Homeowner 1		Homeowner 2
<input type="checkbox"/>	White (non-Hispanic origin)	<input type="checkbox"/>
<input type="checkbox"/>	Black (non-Hispanic origin)	<input type="checkbox"/>
<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
<input type="checkbox"/>	Asian or Pacific Islander	<input type="checkbox"/>

OFFICE USE ONLY

____ Age	____ National Rebuilding Day
____ FPG%	____ MCFE
____ Disabled	____ Seasonal Revitalization
____ # Years in Home	____ Seniors Safe @ Home
____ Year Built	____ General Fund
____ SqFt	____ Other
____ Annual Income	

MONTHLY INCOME INFORMATION:
Must include any income from ALL persons living in the home.

Salary \$ _____
 Retirement \$ _____
 Social Security/Disability \$ _____
 Social Security/Disability \$ _____
 Child Support/Alimony \$ _____
 Rental Income \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____

MONTHLY EXPENSE INFORMATION:
List all monthly household expenses.

Mortgage Payment \$ _____
 Property Taxes & Ins. \$ _____
 Gas & Electric \$ _____
 Water Bill \$ _____
 Telephone \$ _____
 Cellular Phone \$ _____
 Cable TV/Satellite TV \$ _____
 Other: _____ \$ _____

TOTAL MONTHLY INCOME \$ _____

TOTAL MONTHLY EXPENSES \$ _____

Return this application with a copy of proof of income.

Loans and Creditors:

Company Name/Address	Loan Amount	Monthly Pmt.	Balance	Is account delinquent? If yes, why?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WARNING!! It is a Federal crime punishable by fine and/or imprisonment, to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code, Section 1014.

IMPORTANT – READ CAREFULLY BEFORE SIGNING

Applicant's Statement:

I certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying. I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. This application shall remain the property of Rebuilding Together Dayton, to which it is submitted for the purpose of obtaining assistance. I hereby consent to and authorize Rebuilding Together Dayton, after giving reasonable notice, to enter the property for the purpose of determining the need and scope of the repair(s) specified above. I authorize the disclosure of the above information to only those persons or agencies as necessary to secure the assistance for which this application is submitted.

 Homeowner Signature

 Date

 Homeowner Signature

 Date

REBUILDING TOGETHER DAYTON HOMEOWNER AGREEMENT

In the event that my application is accepted, approved, and selected by Rebuilding Together:

I give permission for Rebuilding Together Dayton, its volunteers and/or participating trades workers to perform repairs on my home located at: _____.

I understand that Rebuilding Together Dayton is a volunteer initiative and that promises cannot be made as to the specific work that will be done.

I understand that the general plan the repair(s) will be explained to me. I further give Rebuilding Together Dayton, its volunteers and participating trade workers full authority to determine the extent of the repair(s) to be performed even if they should fail to notify me of any change from the original plan.

I understand that that modifications(s) will be performed free of charge by volunteers and/or participating trades workers, and Rebuilding Together Dayton, its volunteers and participating trades workers disclaim all warranties, expressed or implied concerning the repair(s).

I agree that I will cooperate with the Program Director, Project Manager and repair team.

In consideration of the modification(s), I further hold Rebuilding Together Dayton, its officers, directors, employees, agents, donors, volunteers, participating trades workers and other affiliates, collectively and individually, harmless from any claims and liabilities arising at any time as a result of the repairs, including, without limitation, any rights or causes of action resulting from personal injury or death, or damage to my property, directly or indirectly arising from any improperly performed modifications(s) or defects in material or workmanship.

I also grant Rebuilding Together Dayton permission to take or have taken, still and moving photographs and films, including television pictures of my home. I consent and authorize Rebuilding Together Dayton, its advertising agencies, news media and other persons interested in Rebuilding Together Dayton 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.

No inducements or promises have been made to me to secure my signature to this release other than the intention of Rebuilding Together Dayton to perform the repairs and improvements and to use such photographs, films and pictures for the primary purpose of promoting and aiding its program and its works.

Signed this _____ of _____, 200____
Date Month Year

HOMEOWNER 1 *Print Name*

Signature

HOMEOWNER 2 *Print Name*

Signature

WITNESS *Print Name*

Signature

Dayton Area Additional Sources of Assistance

DAYTON FUND

Ellen Trietsch: 937.223.6323 1

- Home must be owner occupied and located within Montgomery County
- Need must be an emergency (roof, furnace, gas/water line, plumbing, electric, some exterior)
- Usually a cap of \$4500-\$5000 for repairs (some roofs have been \$5500-\$6000)
- Generally 80% of median income and below (above 80% if owner in bankruptcy or low income due to loss of job or recent illness)
- Homeowner is unable to get assistance from any other source – last resort
- Must be able to support a loan re-payment (no interest, but must have ability to repay)
- Loans are secured
- Dayton Fund sends out inspector who looks at problem and gives ballpark estimate to the homeowner. Homeowner is then responsible for getting at least 2 estimates for repairs from skilled trades people
- “Materials Only” loans are also available
- Loans of up to \$5000 are available for homeowners with permanent physical disability, to be used for accessibility modifications. Up to half of the loan is forgivable.

CITYWIDE DEVELOPMENT

Erica Hubler: 937.853.2545

- Home must be owner occupied
- Home must be located in City of Dayton
- Low interest home rehab loan programs for low-income homeowners who qualify

COMMUNITY ACTION PARTNERSHIP

(CAP, formerly SCOPE)

Tamra Day: 937.341.5000 x107

- Home Weatherization Assistance Program
- HVAC (Furnace)

COUNTY CORP

Sue Pratt: 937.225.6328 x7044

- Home must be owner occupied
- Home must be within Montgomery County
- Emergency repairs for 50% of median income and below:
 - Grants available for repairs costing under \$500
 - 0% interest loans available for repairs over \$500 with \$25 per month payback
- General repairs/code upgrades for 50%-80% of median income:
 - 4%-7% interest loans available
- Access Program
 - 0% interest loans available for homeowner with permanent physical disability, to be used for accessibility modifications. \$25 per month payback