

**Free** Home Repair Services Provided by  
**Rebuilding Together Alexandria** formerly Christmas in April (July 2007-June 2008)

**HOMEOWNER APPLICATION: For Help, Call 703.836.1021**

<b>SECTION 1 HOMEOWNER INFORMATION</b>	
Name of Homeowner:	Age:
Street Address: Zip Code:	Number of years at this address:
Phone: Home: _____ Work: _____ Is your home listed as a historic property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check ethnicity of homeowner: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other Are you the female head of the household? <input type="checkbox"/> Yes <input type="checkbox"/> No Total number of people living at this address _____ Total number of renters living at this address _____ Are you or anyone living at this address a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Have we performed work on your home? <input type="checkbox"/> Yes <input type="checkbox"/> No When _____ How did you hear about the RTA program? <input type="checkbox"/> Mailing <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Social Worker <input type="checkbox"/> Neighbor <input type="checkbox"/> Alderperson	
List the names and ages of everyone else living at this address (attach a list if more space is needed): Name: _____ Age: _____ Relationship to you: _____ Employed? Yes No Disabled? Yes No Name: _____ Age: _____ Relationship to you: _____ Employed? Yes No Disabled? Yes No Name: _____ Age: _____ Relationship to you: _____ Employed? Yes No Disabled? Yes No Name: _____ Age: _____ Relationship to you: _____ Employed? Yes No Disabled? Yes No Name: _____ Age: _____ Relationship to you: _____ Employed? Yes No Disabled? Yes No	
<b>SECTION 2 SPECIAL NEEDS/ DISABILITIES</b>	
Is the homeowner or anyone in the home disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate by checking below all that apply: <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Sight impaired <input type="checkbox"/> Wheelchair bound <input type="checkbox"/> Uses a walker <input type="checkbox"/> Mentally challenged <input type="checkbox"/> Other: _____	
<b>SECTION 3 TYPE OF REPAIRS (RTA does not guarantee every item will be repaired)</b>	
<b>Outside Work</b>	
<b>Inside Work</b>	
<b>Need weatherization to doors &amp; windows in the fall?</b>	
<b>Do you have homeowner's insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please list insurance company and policy number  _____	<b>Emergency contact person <u>NOT</u> living with you:</b>  Name: _____  Phone: _____  Relationship to you: _____

**SECTION 4 VERIFICATION OF INCOME FOR ALL PEOPLE LIVING AT THIS ADDRESS**

A copy of each occupant's most recent Federal tax form is required to process this application, or copies of the most recent Social Security statements, and pension benefit statements.

\_\_\_\_\_ Initial I have attached a copy of the required form(s) for EVERYONE LIVING IN THIS HOME.

Are there any special circumstances regarding the amount of expenses within your household that we need to be made aware of, such as home health care, hospital costs, medication expenses, etc.? \_\_\_\_\_

**SECTION 5 HOMEOWNER AGREEMENT**

Rebuilding Together Alexandria is an all-volunteer home repair program for limited income homeowners who are unable to do the work themselves. This is a one-day event, for most repairs.

I understand and agree:

\_\_\_\_\_ Initial That all work is done by volunteers and will be skilled, semi-skilled & unskilled. They may not be able to complete all the repairs required within the home.

\_\_\_\_\_ Initial That the work will be performed in April or before. Additionally, if professional skills are required (electrician, plumber, etc.) these may be scheduled for alternate dates.

\_\_\_\_\_ Initial That there is no cost to the homeowner for these repairs.

\_\_\_\_\_ Initial **I understand that I am required to volunteer to the best of my ability, and that adult family members or friends on site during the workday will also participate.** Please list the names and phone numbers of family members and friends who may be willing to help. Lack of family or friends to help will not disqualify you but they **will not be permitted on site during workday.** \_\_\_\_\_

I hereby represent and warrant:

\_\_\_\_\_ Initial That the information on this application is accurate and complete.

\_\_\_\_\_ Initial That I own the property at the address given on this application (the "Property").

\_\_\_\_\_ Initial That, to the best of my knowledge, there are no hazardous materials in or on the Property.

\_\_\_\_\_ Initial That I enter into this Agreement with Rebuilding Together Alexandria ("RTA") in consideration for the repair work to be performed on the Property by RTA (the "RTA Work").

\_\_\_\_\_ Initial That I understand and agree that RTA will only perform the RTA Work upon my representation that I intend to use the Property as my principle residence, barring catastrophic illness or death, for a minimum of twenty-four (24) months immediately following completion of the RTA Work.

\_\_\_\_\_ Initial That if, for any reason other than death, any individual or entity rents the Property, or any part thereof, within twenty-four (24) months of the completion date of the RTA Work, and I am no longer living at the Property as my principle residence, I will reimburse RTA for its out-of-pocket costs for the RTA Work during the twenty-four (24) month period OR make a \$3000 donation to RTA, whichever is greater.

\_\_\_\_\_ Initial That if I sell or deed to beneficiaries the Property within twenty-four (24) months of the completion date of the RTA Work, I shall notify RTA in writing at least thirty (30) days prior to the closing and, at closing, reimburse RTA for its out-of-pocket costs for the RTA Work during the twenty-four (24) month period OR make a \$3000 donation to RTA, whichever is greater, at closing out of the proceeds of any sale of the Property.

\_\_\_\_\_ Initial That I hereby release Rebuilding Together Alexandria and all associated with it from any and all liability whatsoever.

RTA expressly relies on these Representation and Warranties in entering into this Agreement. If any of the information provided herein is inaccurate or incomplete, you may be disqualified from participation in the program. If you, as the homeowner/s, understand and are **willing to accept these conditions**, please sign below.

\_\_\_\_\_/\_\_\_\_\_  
Homeowner(s) Signature Date

**Return to: Rebuilding Together Alexandria, 2210 Mount Vernon Avenue, Alexandria, VA 22301**



**NOW ACCEPTING APPLICATIONS YEAR ROUND. First come, first served.  
Application due by 12/15/07 for 4/26/08 work.**

**FOR OFFICE USE ONLY**  
Date Received: \_\_\_\_\_ Date Previewed: \_\_\_\_\_

Do you have a friend or neighbor that might benefit from free home repairs services? Please include their name and address below!

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_