



788 Donald Avenue, Akron OH 44306

Phone: 330-773-4100 Fax: 330-773-4116 E-mail: info@rebuildingtogether-sc.org

Rebuilding Together Summit County's mission is to provide home rehabilitation services, in partnership with the community, to improve the quality of life of low-income elderly and disabled homeowners so they may live in warmth, safety and independence.

PLEASE READ CAREFULLY...

PROGRAM ELIGIBILITY

- Homeowner(s) age 60 or older And/Or Homeowner(s) that are disabled.
- Must meet income guidelines for Rebuilding Together's Program
(Federal Government adjusted income limits are used as income guidelines):

<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>	<u>5 Persons</u>	<u>6 Persons</u>
\$21,600	\$24,700	\$27,750	\$30,850	\$33,300	\$38,250
- Homeowner must occupy the home and the property must be in the homeowner's name.
- Homeowner must be current throughout the process in their payment of property taxes.
- Home must be a single family dwelling in sound structural condition.
- Homeowner's insurance is required and must be current.
- Homeowner must reside in Summit County.
- Homeowner must be current on their income taxes
- Mobile Homes are not eligible for repair by our program.
- If you had major work done on your home by Rebuilding Together in the last 5 years you are not eligible for this year.

PLEASE COMPLETE AND SIGN ALL SECTIONS OF APPLICATION!!! PLEASE PROVIDE ALL REQUESTED DOCUMENTATIONS BELOW!!!

AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED!!!!

To apply submit the following:

- **Submit the attached application.**
- **Submit proof of identity documents**
A copy of your driver's license, state identification card, or birth certificate.
- **Submit proof of Ownership documents**
A copy of deed, land trust, life estates, or divorce decrees on property.
- **Submit proof of disability documents**
A letter/note from physician documenting the disability or SSI verification
- **Submit proof of income documents**
You **MUST ATTACH COPIES** of income sources, i.e. Payroll Stubs, Social Security, Pension, etc. **Make sure you include information for all residents living in your home.**
- **Submit proof of Homeowner's Insurance**
A copy of the declaration page of your homeowner's insurance policy.

OFFICE USE ONLY:

Date Received:

____/____/____

Rebuilding Together Summit County, Inc.

2008-2009 HOMEOWNER APPLICATION

Applications accepted year-round for work, as funding will accommodate

Section 1:

HOMEOWNER INFORMATION

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Birthdate: _____

Single Married Widowed Divorced

Do you own your home? Yes No Number of years at the above address: _____

Are you buying your home on land contract? Yes No

Are you currently employed? Yes No If Yes, please provide us with the name and phone number of your employer: _____

Please list the name and telephone number of a person to contact in case of an emergency?

Name: _____ Phone: _____

Relationship to you: _____

Do you have a social worker or case worker? Yes No If Yes, please provide us with name and phone number of your social worker or case worker: _____

Are you disabled? Yes No If yes, please indicate by checking below all that apply:

Hearing impaired Sight impaired Wheelchair bound
 Uses a walker Mentally challenged Other _____

Are you a veteran? Yes No

Do you have homeowner's insurance? Yes No If yes, please provide us with the following information:

Insurance Company Name: _____

Agent's Name: _____

Phone: _____ Policy No.: _____ Expires on: _____

Rebuilding Together Summit County, Inc.

2008-2009 HOMEOWNER APPLICATION

The following information is required by the Federal Government for reporting purposes:

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

Please check ethnicity:

- White Black/African American Asian American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White
 American Indian/Alaskan Native & Black/African American Asian & White
 Black/African American & White Other Multi Racial Hispanic

Rebuilding Together will not deny any services to people on the based on race, color, religion, national origin or sex.

Please fill in below....including yourself and all person(s) living with you in your house who receive income:

NAME	SOCIAL SECURITY #	BIRTHDATE	RELATIONSHIP TO HEAD OF HOUSE	ANNUAL INCOME

Please attach supporting documentation for each person named above with income (page 3).

Please fill in below.... all person(s) living with you in your house who DO NOT receive income:

Dependent's Name (First & Last)	Social Security No.	Relationship to Dependent	# of months living at your address this year?

If a child was claimed as a dependent and does not live with you, but is claimed because of child support payment, please list their name(s):

1. _____
2. _____

Rebuilding Together Summit County, Inc.

2008-2009 HOMEOWNER APPLICATION

SECTION 2:

ANNUAL INCOME

**LIST THE YEARLY COMBINED INCOME OF ALL PERSONS LIVING IN YOUR HOME
(Attach latest W-2 Statement, monthly statement or appropriate documentation)**

- 1. Wage, salaries, tips \$ _____
- 2. Interest Income \$ _____
- 3. Dividend Income \$ _____
- 4. Rent, royalties, partnerships, trusts \$ _____
- 5. Business Income \$ _____
- 6. Alimony received \$ _____
- 7. Unemployment Compensation \$ _____
- 8. Pensions, Annuities, IRA's, 401K Plans \$ _____
- 9. Social Security Benefits (SSI) or (SSD) \$ _____
- 10. General Relief/ADC \$ _____
- 11. Child Support \$ _____
- 12. Disability Retirement Benefits (Employment) \$ _____
- 13. Workman's Compensation \$ _____
- 14. Insurance, Proceeds or dividends \$ _____
- 15. Gambling, raffle or lottery winnings \$ _____
- 16. Money or Property received in estate settlements \$ _____

TOTAL YEARLY INCOME \$ _____

TYPE OF ACCOUNT

Name & Address of Bank	Checking	Savings	C.D.	Balance

Rebuilding Together Summit County, Inc.

2008-2009 HOMEOWNER APPLICATION

SECTION 3:

APPLICANT HISTORY

Where did you hear about Rebuilding Together Summit County?

- TV, Radio, Newspaper, Friend/Relative, Neighbor, Church, Flyer, Agency, Other:

Have you applied to Rebuilding Together Summit County before? Yes No

If yes, what year? 2008 2007 2006 2005 2004

Has Rebuilding Together Summit County worked on your home in the past? Yes No

If yes, what year(s)? 2008 2007 2006 2005 2004 Other

Have you received any home repair assistance from other programs? Yes No

If yes, list program and year assistance was given:

Each year we share our story with the community through our news media. The coverage helps spread the word about our services and means more financial support from the community for homeowners like you. If you application is approved, we hope you will be willing to speak with reporters (newspaper, TV, radio) should there be an opportunity for you to be interviewed. (initials)

SECTION 4:

TYPE OF REPAIRS

(NOTE: Rebuilding Together DOES NOT provide any assistance with windows, siding, basement waterproofing, insulation or exterior painting.)

Do you have problems or need assistance with (please mark all that apply):

- Plumbing, Electrical, Roof, Water Heater, Walls, Ceilings, Floors, Yard Work, Furnace, Grab Bars, Carpentry Repairs, Chimney, Doors, Pest Control, Gutters/Downspouts, Wheelchair Ramp, Interior Painting, Other:

What improvements and/or repairs do you feel are the most important to be completed? Please list work requested and the location of the work within the home (attach additional sheets if necessary).

Blank lines for listing improvements and repairs.

Rebuilding Together Summit County, Inc.

2008-2009 HOMEOWNER APPLICATION

_____ (initial) I/We understand that if chosen, this program **CANNOT GUARANTEE** that all work requested will be completed.

_____ (initial) I/We understand that the **REPAIRS ARE PROVIDED TO ME FREE OF CHARGE BY VOLUNTEERS AND/OR SKILLED LABORERS.**

_____ (initial) I/We have read (or had read to me/us) and do thoroughly understand and by mine/our signatures here below do affirm the above.

X _____ Date: _____/_____/_____
Primary Applicant's Signature

X _____ Date: _____/_____/_____
Co-Applicant's Signature

SECTION 7:

CLIENT GRIEVANCE PROCEDURE POLICY

When a client has a grievance regarding the provision of information about a program or service of the Rebuilding Together Summit County, the implementation process of a service, or the quality of the actual service itself, assurance will be made to the client that their concern will be addressed in an efficient, expedient manner.

Any client that has a grievance should begin by contacting the Executive Director of the agency, whose responsibility will be to resolve this concern as quickly as possible.

If the client is not pleased with the efforts made by the Executive Director, the grievance will be taken to the President of the Board of Directors through the Executive Committee of the Rebuilding Together Summit County.

The last step in the grievance process if the above are not successful is for the concern to be taken to the entire Board of Directors of Rebuilding Together Summit County.

I/We have read (or had read to me/us) and do thoroughly understand and by mine/our signatures here below do affirm the above.

X _____ Date: _____/_____/_____
Primary Applicant's Signature

X _____ Date: _____/_____/_____
Co-Applicant's Signature

Rebuilding Together Summit County, Inc.

2008-2009 HOMEOWNER APPLICATION

SECTION 8:

DISCLAIMER

The home repair programs of Rebuilding Together Summit County are not “public procurement” programs. All contracts for repair work are signed by the contractor and homeowner with the assistance/input of Rebuilding Together Summit County. Homeowners are made aware of the following in agreeing to accept the home repair funding from Rebuilding Together Summit County. “If the repair work is a roof or porch, homeowners must be aware that bushes, flowers, shrubs, and trees may be damaged, or need to be cut or even removed in order for the repair to proceed.”

Most repairs will take one to five days to complete depending on the weather. If a repair is in process and bad weather occurs, the homeowner must help to take precautions to insure further damage does not occur to their home. If damage occurs to the home during the repair due to bad weather (wind, rain, hail, snow, ice, etc.) the homeowner and the contractor must work together to address the concern. The contractor will make an effort to secure the repair site at the end of each day, but unforeseen weather activity may cause damage in between work shifts. The homeowner must make efforts to move furniture and household goods, and persons out of the way in case weather begins to cause problems within the home around the repair site and outside of the home at the repair site.

Rebuilding Together Summit County is not responsible for any damage as a result of repair work on your home. The repair work is a separate agreement between the homeowner and the contractor, and thus any disputes due to the repair must be addressed to the contractor, and the contractor’s insurance company. By accepting this funding the homeowner agrees to arbitrate any disputes with the contractor through the Better Business Bureau in a shared arbitration service cost between the homeowner and the contractor. All warranties on labor and material are within the contracts the homeowner signs with contractor for this repair. Rebuilding Together Summit County is not responsible for this repair work during and after the warranty period (s); because the contract was signed between the homeowner and the contractor.

I/We have read (or had read to me/us) and do thoroughly understand and by mine/our signatures here below do affirm the above.

X _____
Primary Applicant’s Signature

Date: ____/____/____

X _____
Co-Applicant’s Signature

Date: ____/____/____

Rebuilding Together Summit County, Inc.

2008-2009 HOMEOWNER APPLICATION

SECTION 9:

AUTHORIZATION FOR RELEASE OF INFORMATION

This document is for authorization to release information regarding your application to any of the groups involved in the home repair(s) program for the purpose of securing additional home repair(s) funding for your repair(s), in verifying information supplied in you application, and for reports to the funders of this home repair(s) as well as to Summit County, City of Akron and Summit County Department of Job & Family Services.

I _____ hereby grant permission to the Rebuilding Together Summit County to release to all of the Rebuilding Together authorized representative the following information (all information pertaining to the application and all related documents). **PLEASE SEE PRIVACY POLICY BELOW!**

A photographic or fax copy of this authorization may be deemed to the equivalent of the original, and may be used as a duplicate original. The information is for confidential use in determining your eligibility for our program.

****If this form is returned with the application for home repair assistance, but this specific part of the form is unsigned, then consent to disclose information is assumed, since an application for home repair assistance has been made. If this form is NOT returned with the application, no assistance with home repairs can be provided.**

I hereby state that I/We have read and fully understand the above statements as they apply to me/us and do herein express my consent to disclosure for the purpose or need and the extent or nature as stated above.

X _____ Date: _____/_____/_____
Primary Applicant's Signature

X _____ Date: _____/_____/_____
Co-Applicant's Signature

Rebuilding Together Privacy Policy

This notice describes the privacy policy of Rebuilding Together Summit County, Inc. Rebuilding Together may amend this policy at any time. Rebuilding Together collects personal information only when appropriate. Rebuilding Together may use or disclose your information to provide you with services. Rebuilding Together may also use or disclose it to comply with legal and other obligations specifically if funds used to complete work on your behalf are provided through the City of Akron, Summit County, or Summit County Department of Job and Family Services. In that case, any information provided becomes part of the public record as mandated by applicable laws. Rebuilding Together assume that you agree to allow us to collect information and to use or disclose it as described in this notice. Applicants can inspect their personal information that we maintain at any time. Applicants can also ask us to correct inaccurate or incomplete information. Applicants can ask us about our privacy policy or practices. Rebuilding Together will respond to questions and complaints. Read the full notice for more details. Applicants can have a copy of the full notice upon request.

Rebuilding Together Summit County, Inc.

2008-2009 HOMEOWNER APPLICATION

SECTION 10:

WALK AWAY POLICY ACKNOWLEDGMENT

Regardless of eligibility, under certain circumstances, an applicant may not receive assistance through the Rebuilding Together Summit County program. Such circumstances include, but are not limited to:

- The homeowner and/or applicant becomes verbally or physically abusive and/or threatens Rebuilding Together staff members, contractors and/or their employees.
- During the course of the rehabilitation process, if the homeowner continually fails to cooperate with Rebuilding Together staff, the contractors or their employees and/or fails to meet his or her required responsibilities.
- An owner who knowingly misrepresents information relevant to his or her eligibility for assistance through the program.
- Following the initial inspection of the home, a determination is subsequently made that the home is not structurally sound.
- Failure on the part of the applicant/homeowner to demonstrate pride of ownership. Conditions included under pride of ownership include:
 - a. Abuse by animals: Evidence of unsanitary conditions or of severe damage to floors, carpets, furnishings, or yards caused by animal feces or urine.
 - b. Illegal or improper use of the property: Use of the property for purposes other than as a single-family residence in violation of building and zoning ordinances (e.g. maintaining or operating a junk yard, salvage, auto storage or repair, woodcutting or storage – other than for personal use, or similar activities on the property) when such use constitutes a health or safety hazard or is a visual detriment to the neighborhood.
 - c. Deliberate abuse: Excessive damage to the home or fixtures, not easily attributable to normal wear and tear.
 - d. Housekeeping and Maintenance: Extreme conditions of clutter or filth in or around the house when such conditions:
 - constitute a potential health or safety hazard to staff, contractors, employees or others; and/or
 - will severely hamper or increase the cost of rehabilitation work; and/or
 - adversely impact the appearance of the neighborhood.

Under any of these circumstances assistance may be withheld and/or terminated at the discretion of the Rebuilding Together staff.

By my signature below, I acknowledge that I have received a copy of this policy.

Home Owner

Date

Home Owner

Date

Rebuilding Together Summit County, Inc.

2008-2009 HOMEOWNER APPLICATION

Section 11:

APPLICATION CHECKLIST

- I have read and filled out all the sections of this application
- I have enclosed copies of the following:
 - ★ Proof of Identify i.e. copy of driver's license, state identification card, or birth certificate.
 - ★ Proof of Ownership i.e. copy of deed, land trust, life estates, current property tax bill or divorce decrees on property.
 - ★ Proof of Income i.e. copies of payroll stubs, social security, pension, etc, for ALL residents living in the home.
 - ★ Proof of Homeowners Insurance i.e. copy of homeowner's insurance policy and/or bill.
 - ★ Proof of disability i.e. letter from physician or SSI verification, etc.
- I have signed and dated the following sections on this application
 - ★ Section 6
 - ★ Section 7
 - ★ Section 8
 - ★ Section 9
 - ★ Section 10

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

Name: _____ Agency (if any): _____
 Telephone: _____ Relationship: _____
 Is the homeowner aware of this application? Yes No

Please return this with ALL required documentation to: Rebuilding Together Summit County, 788 Donald Avenue, Akron OH 44306. If you require assistance or have any questions about completing the application, please call Rebuilding Together at 330-773-4100.

OFFICE USE ONLY

1. RT Refer to City of Akron Refer to HWAP Refer to Other Program _____
2. Identify Verified Disability Verified Homeowners Insurance Verified
3. Income Eligible \$ _____ Total Annual Income
4. Ownership Verified Property Taxes Current Comments: _____
6. Recommendations: Major Rehab Minor Rehab Emergency
7. Accepted Letter Sent ____/____/____ 8. Declined Letter Sent ____/____/____
9. Comments: _____

Rebuilding Together Summit County, Inc.

2008-2009 HOMEOWNER APPLICATION

Below is a listing of other community agencies that might be able to assist you with your housing needs.

Info Line

703 S. Main Street, Suite 211
Akron OH 44311
(Information Hotline Only)
330-376-6660
330-650-2603 (northern Summit)

Akron Urban League/United Services for All
(Dominion Customers Only)
760 Edgewood Avenue
Akron OH 44306
330-762-7681

Neighborhood Conservation Services (NCS)

470 West Park Avenue
Barberton OH 44203
330-753-8500

Cuyahoga Falls Housing Rehab Program
2310 Second Street, P O Box 361
Cuyahoga Falls, OH 44222
(For Cuyahoga Falls Residents Only)
330-971-8140

City of Akron

Comprehensive Planning
166 South High Street, Room 405
Akron OH 44302
330-375-2090

Westside Neighborhood Development Corp.
1342 Copley Road
Akron OH 44320
330-869-8303

City of Akron

Housing & Community Services Division
One Cascade Plaza, Suite 1600
Akron OH 44308
330-375-2050

Salvation Army

190 South Maple Street
P. O. Box 22549
Akron, OH 44302
330-996-4255 Service/Intake
330-762-8481 Administrative
330-376-4850 Emergency Food Line

Summit County Department of Development

Home Weatherization Assistance Program
175 South Main Street, Room 208
Akron, OH 44308
330-643-2537

(Provides food, school clothing, shelter, utility assistance etc...)

United Way of Summit County

90 North Prospect Street
P.O. Box 1260
Akron, OH 44309-1260
330-762-7601

Summit County Housing Rehab

175 South Main Street, Suite 207
Akron, OH 44308
330-643-2568

Mature Services

415 S. Portage Path
Akron OH 44320
(Caseworkers-Does not provide assistance with housing repairs)
330-253-4597

East Akron Neighborhood Development

Energy Services
1035 Rosemary Blvd., Suite J
Akron, Ohio 44306
330-773-2095

United Disability Service

701 South Main Street
Akron, OH 44311
330-762-9755

Akron Lead-Base Paint Hazard Control Program
(Assist: Households with a child under the age of six)

1046 S. Arlington Street, Suite # 11
Akron OH 44306

330-773-2058

Tri-County Independent Living Center (Disabilities)

680 East Market Street, Suite 205
Akron, Ohio 44304
330-762-0007