

Dear applicant,

Thank you for asking the support of our organization ***Rebuilding Together El Paso Inc.*** After your application, has reached us, it will be reviewed by the committee responsible for defining whether you qualify for our program or not. Our organization must follow the rules defined by the City of El Paso.

**To qualify, you must:**

* **Be the owner of the home for which you are asking for assistance**
* **Be at least 62 years of age or**
* **Be disabled, in case younger than 62**
* **Have a salary, pension, or social security income that falls under the guidelines which HUD has set in place to determine whether a person is of low income**
* **Live within the El Paso City Limits**

If the above requirements do not apply to you we ask that you don’t send in your application, as we will be unable to provide you with assistance. However, if you do fall within these parameters, please send your completed and signed application to the following address:

**Rebuilding Together El Paso Inc.**

**6400 Airport Rd., Bldg. A, Ste. G**

**El Paso, TX 79925**

Please be aware that our resources are limited for making repairs. Also please keep in mind that assistance is not immediate. We will focus on making repairs which affect your safety, health, and well-being. We do not have the resources to help you with payments for the home, utilities, clothes, or furniture.

Sincerely,

***Rebuilding Together El Paso***

915-832-7010

Dropbox>Standard Forms>Home Review Documents D02 – E Application/Eligibility Form

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**Family Composition:**

Are you the homeowner: \_\_\_ Yes \_\_\_\_ No Is the homeowner male: \_\_\_\_\_ female \_\_\_\_\_\_

Is the homeowner veteran: \_\_\_ Yes \_\_\_\_ No Is the homeowner disabled\*: \_\_\_\_ yes \_\_\_\_ no

If so, are you a grandparent head of the household (Grandchildren in home): \_\_\_\_\_\_ yes \_\_\_\_\_\_ no

How many years have you lived in the home: \_\_\_\_\_ In which year was the home built :\_\_\_\_\_\_\_

Do you have a home insurance : \_\_\_\_ Yes \_\_\_\_ No

List the number of people in your home and their age (including yourself):

Number of males \_\_\_\_\_\_\_\_ Ages \_\_\_\_\_\_\_\_ Number of females \_\_\_\_\_\_\_ Ages \_\_\_\_\_\_\_\_\_\_\_

Number who are severely disabled \_\_\_\_\_\_\_ (See definition on back of this form).

Number adults working: \_\_\_\_\_\_\_ Full time \_\_\_\_\_ Part Time \_\_\_\_\_\_

How often did you fall in your bathroom last 12 months : \_\_\_\_\_\_

How did you hear about Rebuilding Together : \_\_\_\_ Neighbor/Friend \_\_\_\_\_\_ Referral \_\_\_\_\_\_\_\_ Other : \_\_\_\_\_\_\_\_

**Income:**

List the amount of money and source that you receive each month from the following recourses:

Pension(s) : $ \_\_\_\_\_\_\_\_ Social Security $ \_\_\_\_\_\_\_\_ Food Stamps $ \_\_\_\_\_\_\_ SSI $ \_\_\_\_\_\_\_\_\_

VA compensation : $ \_\_\_\_\_\_\_\_ other (please specify) $ \_\_\_\_\_\_\_\_ from : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List the amount of money and source that anyone living in your house receives each month:**

Social Security : $ \_\_\_\_\_\_\_\_ Disability Check $ \_\_\_\_\_\_\_\_ VA Compensation $ \_\_\_\_\_\_\_

Food Stamps : $ \_\_\_\_\_\_\_\_ other (please specify) $ \_\_\_\_\_\_\_\_ Suppl. Soc. Sec. (SSI) $ \_\_\_\_\_\_\_

Add the **TOTAL INCOME YOU AND ALL OTHERS** living in your home receive per month listed above and put the total amount here:

**TOTAL HOUSEHOLD INCOME**: $ \_\_\_\_\_\_\_\_\_\_\_\_ PER MONTH

Does your home need painting ? \_\_\_\_ Interior \_\_\_\_ Exterior \_\_\_\_

In your opinion, what repairs are most necessary in your home? Please list and explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Flood zone Y/N : \_\_\_\_\_\_*

**Application Form for Home Repairs**

*Application # \_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_ (for official use only*

*District : \_\_\_\_\_\_ Year Built : \_\_\_\_\_\_\_. Value : \_\_\_\_\_\_\_\_*

***El Paso***

**Please print (MUST be filled out COMPLETELY and SIGNED , or it will be returned.**

**To be filled out by the homeowner or in his/her name**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative Phone # : \_\_\_\_\_\_\_\_\_\_\_\_. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

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**CERTIFICATION FORM FOR USE WITH PRESUMED BENEFIT CONTRACTS**

Please mail Application to: **Rebuilding Together El Paso Inc.**

**Attention: Home Review Committee**

**6400 Airport Rd. Ste. G, El Paso, TX 79925**

**\*Severely disabled :** The census definition states that persons are classified as having a severe disability if they : (a) use a wheel chair or have used another special aid for six months or longer; (b) are unable to perform one or more “functional activities” or need assistance with an activity of daily living (ADL) or instrumental activity of daily living (IADL); (c) are prevented from working at a job or doing housework; (d) have a selected condition including autism , cerebral palsy, Alzheimer’s disease. senility or dementia, or mental retardation. Also, persons who are under 65 years of age who are covered by Medicare or who receive SSI are considered to have a severe disability.

Your application will be reviewed by Rebuilding Together’s Home Review Committee to determine if you qualify under its guidelines (See cover letter sent with this application for details). You will receive notification if you do or not do qualify for assistance. Please keep in mind that even if you qualify, our assistance is contingent upon funds available and the extend of the work that we can do.

Rebuilding Together is an all-volunteer non-profit organization that relies on grant funding and donations. Qualified applicants will be placed on a Qualified Prospect List until funds become available. When funds become available, a home visit will be scheduled to review the repairs requested on your application. An adult family member must be present when a member of the Home review committee comes to your home.

Do you have/own animals, such as dogs, cats, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_\_

Please be advised that by signing this application you agree to be responsible for moving them from the premises until Rebuilding Together completes the scheduled repairs on your home. Be advised that NO WORK will be done by Rebuilding Together or Contractors with any of your animals on the work site.

Also, please be advised that falsifying any information on this application may result in immediate termination of Rebuilding Together’s services you may receive.

You must sign and date this application to be considered for assistance and to give your consent to performs on inspection if selected for assistance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant (Please print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submitted by: \_\_\_\_\_ self

Signature of applicant \_\_\_\_\_ Agency Social Worker

\_\_\_\_\_ Other

Agency/Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_

Social Worker’s/Representative name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_



