



Miami-Dade

Rebuilding Together Miami-Dade
 3628 Grand Ave.
 Miami, FL, 33133
 Office: 305.200.5711

******Property must be an owner occupied, single family home; homeowner cannot own additional properties or receive income from rental properties. Mobile homes, manufactured homes, condos, townhouses, and apartments are not eligible at this time.**

We would love to know: HOMEOWNER APPLICATION

How did you hear from us?
 Do you plan to eventually leave this home to a family member?

Full Name(s) of Homeowner(s): *****Homeowner's Name Must Appear on the Deed of the Property**

	Age:	Date of Birth:
	Age:	Date of Birth:
	Age:	Date of Birth:
Address:	City:	Zip:
Home Phone:	Cell Phone:	
Email Address:		

Emergency Contact:	Relationship to Homeowner:	Phone:
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Disabilities – List all disabilities for all disabled household members:

List **ALL** persons living in the home including children:

Name:	Relationship:	Date of Birth:	Age:	Gender:	Disabled?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

VETERAN STATUS

Are you or anyone living at this address a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the widow or widower of a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what branch of Service?	Rank:
Still active in the military: <input type="checkbox"/> Yes <input type="checkbox"/> No	Injured or wounded during service? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or anyone living at this address a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the widow or widower of a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what branch of Service?	Rank:
Still active in the military: <input type="checkbox"/> Yes <input type="checkbox"/> No	Injured or wounded during service? <input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD INFORMATION

Number of Bedrooms:	Number of Bathrooms:	Year Built:	Year You Moved In: <small>**Applicant must own and have resided in home for a minimum of two years</small>
Property taxes current? <input type="checkbox"/> Yes** <input type="checkbox"/> No <small>**Required to qualify for our services</small>			
Does the property still have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>**Must be current on mortgage payments to qualify for our services</small>			
Have you taken out a reverse mortgage on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>**Applicant must not have a reverse mortgage or liens on the property</small>			
Do you own homeowner's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? <input type="checkbox"/> too costly <input type="checkbox"/> house uninsurable <input type="checkbox"/> other: _____			
Type of construction: <input type="checkbox"/> Wood <input type="checkbox"/> Cinderblock <input type="checkbox"/> Other:		Any Additions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What are your repair needs?		If yes, what type of addition(s)?	
<input type="checkbox"/> Wall or Ceiling Repair <input type="checkbox"/> Door & Windows <input type="checkbox"/> HVAC Repair <input type="checkbox"/> Floor Repair <input type="checkbox"/> Plumbing Repair <input type="checkbox"/> Interior Painting <input type="checkbox"/> Exterior Painting <input type="checkbox"/> Debris Removal	<input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom <input type="checkbox"/> Roof Repair/ Replacement <input type="checkbox"/> Fence/Gate Repair <input type="checkbox"/> Handrails or Grab Bars <input type="checkbox"/> ADA Ramp <input type="checkbox"/> Siding <input type="checkbox"/> Other:	What year was/were the addition(s) made? Did the addition(s) require permits? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have documentation of the addition(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

INCOME VERIFICATION

Please list **ALL** sources of income, taxable and nontaxable for **ALL** the individuals living in the home. This information will remain confidential to Rebuilding Together Miami-Dade. Supporting documentation **must** be provided for each of the areas that are completed.

Total Annual Household Income (We abide by Miami Dade County's AMI Low Income Limits): \$ _____

Homeowner(s) – Check **ALL** that applies:

Source of Income	Monthly Total
<input type="checkbox"/> Salaries	\$ _____
<input type="checkbox"/> Social Security	\$ _____
<input type="checkbox"/> Pensions	\$ _____
<input type="checkbox"/> Disability	\$ _____
<input type="checkbox"/> VA Benefits	\$ _____
<input type="checkbox"/> Alimony/Child Support	\$ _____
<input type="checkbox"/> Government Support	\$ _____
<input type="checkbox"/> Other:	\$ _____

Other Members of the Household – Check **ALL** that applies:

Source of Income	Monthly Total	Whose Income? (Name)
<input type="checkbox"/> Salaries	\$ _____	_____
<input type="checkbox"/> Social Security	\$ _____	_____
<input type="checkbox"/> Pensions	\$ _____	_____
<input type="checkbox"/> Disability	\$ _____	_____
<input type="checkbox"/> VA Benefits	\$ _____	_____
<input type="checkbox"/> Alimony/Child Support	\$ _____	_____
<input type="checkbox"/> Government Support	\$ _____	_____
<input type="checkbox"/> Other:	\$ _____	_____

ADDITIONAL INFORMATION

What is your primary language?

- English
- Spanish
- Creole
- Other:

Biography:

*Please tell us a little more about yourself: place of birth, education, past jobs, children, marriage information, community involvement, hobbies, pets, what **home** means to you?*

AUTHORIZATION & VERIFICATION

By signing this document, I guarantee that I am eligible to receive assistance and that I accept and agree to the below-stated provisions:

- I am the owner of the home at the above address and the same house is my full-time residence
- I have no present intention to move or offer my home for sale over the **next three years**. I understand that if I should sell my home within the three years following Rebuilding Together Miami’s work, I will be responsible to pay Rebuilding Together Miami-Dade for the cost of the completed home repairs
- Rebuilding Together Miami-Dade is a nonprofit which funding comes entirely from grants, corporate sponsorships, and individual donations. Therefore, I understand that if my home is selected, RTMD might not be able to provide all the repairs needed but will prioritize renovations that make my home healthier, safer, and more accessible

- I understand and agree that, should my application be selected, work on my home might be done by volunteers and that it is my responsibility to secure any valuables present in the house
- I understand that applications are selected according to available monetary and labor resources, and that there might be an extensive waiting period before I am able to receive services by Rebuilding Together Miami-Dade
- I understand that Rebuilding Together Miami-Dade is funded by charitable donations and grants to help vulnerable homeowners and their families, who have no other means to afford home repairs. I hereby confirm that there are no other financial resources available to myself or members of the household, which could be applied to these repair needs
- I understand that, if my home is selected, able-bodied household members are expected to assist with repairs to the best of their abilities and work alongside volunteers
- I, the undersigned, certify subject to disqualification, that the information provided in this application is true and correct
- A background check will be conducted and a criminal record will be taken into consideration. **Sex offenders and homeowners with violent crimes are not eligible.**

Homeowner(s) Signature(s): _____

Homeowner(s) Print Name(s): _____

Date: _____

REQUIRED DOCUMENTS

Required Documents for ALL members of the household:

Failure to provide ALL the required documents for ALL the members of the household and to fill out & sign this application will result in the disqualification of your request for services.

Picture ID (Valid Driving License, Valid ID Card, or Passport)

Copy of electrical & water bills from past 2 months

Proof of Income (All that applies):

- Most Recent Tax Return or W2 or Paystubs
- Social Security Letter
- Pension Statement
- Disability
- VA Benefits
- Alimony/Child Support
- Government Support (SNAP Benefits, WIC Benefits)
- Other

US Veterans, US Reserves National Guard, Coast Guard Reserves must submit a copy of the DD-214 (discharge certificate) or military ID until DD-214 is obtained

Return all information via mail or email to:

Rebuilding Together Miami-Dade
3628 Grand Ave.
Miami, FL, 33133

E-mail: samantha@rebuildingtogethertmiami.org