Rebuilding Together Miami-Dade

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

Thank you for your interest in our repair programs. Due to the high volume of applicants, please know that we have an extensive waiting list. **Qualification into our program does not guarantee that work will be provided. Single family homes only- no condos, townhomes, apts, etc.**

HOMEOWNER APPLICATION

Full Name(s) of Homeowner(s):		
	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:
Disabilities – List all disabilities for all disabled household members:		
List ALL persons living in the home including children AND yourself:		

Name:	Relationship:	Date of Birth:	Age:	Gender:	Disabled?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

VETERAN STATUS

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

HOUSEHOLD INFORMATION

In order to be approved the home must currently be occupied and in livable conditions. Applications for homes that are abandoned or gutted, will not be approved.

Number of Bedrooms:	Number of Bathrooms:	Year Built:	Year You Moved In **(Must have lived in the home for 2 years):**

Property taxes current? ☐ Yes ☐ No **Required to qualify for our services

Does the property still have a mortgage? ☐ Yes ☐ No

Do you own more than one property? ☐ Yes ☐ No **You must only own one property to qualify

Have you taken out a reverse mortgage on the property? ☐ Yes ☐ No ** We cannot work on homes with a reversed mortgage

Do you own homeowner's insurance? ☐ Yes ☐ No If not, why? ☐ too costly ☐ house uninsurable ☐ other:_____

Type of construction: ☐ Wood ☐ Cinderblock ☐ Other:

Any **Additions**? ☐ Yes ☐ No

What are your repair needs? **Marking a box does not guarantee the work will be done.**

- ☐ Wall or Ceiling Repair
- ☐ Door or Window Repair
- ☐ HVAC Repair
- ☐ Floor Repair
- ☐ Plumbing Repair
- ☐ Interior Painting
- ☐ Exterior Painting
- ☐ Debris Removal
- ☐ Kitchen
- ☐ Bathroom
- ☐ Roof Repair/ Replacement
- ☐ Termite/ Pest Control
- ☐ Handrails or Grab Bars
- ☐ ADA Ramp
- ☐ Electrical
- ☐ Other:

If yes, what type of addition(s)?

What year was/were the addition(s) made?

Did the addition(s) require permits?

☐ Yes ☐ No

Do you have documentation of the addition(s)?

☐ Yes ☐ No

INCOME VERIFICATION

*Please list **ALL** sources of income, taxable and nontaxable for **ALL** the individuals on the deed **AND** living in the home. This information will remain confidential to Rebuilding Together Miami-Dade.*

To qualify, your household must be under the current Miami Dade County 80% AMI limit.

Total Annual Household Income: $_____

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

Source of Income	Monthly Total	Whose Income? (Name)
☐ Salaries	$_____	_____
☐ Social Security	$_____	_____
☐ Pensions	$_____	_____
☐ Disability	$_____	_____
☐ VA Benefits	$_____	_____
☐ Alimony/Child Support	$_____	_____
☐ Government Support	$_____	_____
☐ Other:	$_____	_____

ADDITIONAL INFORMATION- OPTIONAL

What is your primary language?	What is your household race?	What is your household ethnicity?	
☐ English ☐ Spanish ☐ Creole ☐ Other:	☐ Black or African American ☐ White ☐ American Indian or Alaska Native ☐ Multiracial	☐ Non-Hispanic ☐ Latin- Hispanic ☐ Latin - non-Hispanic	

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 five years. I understand that if I should sell my home within the five 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 a background check on all residents will be preformed. Rebuilding Together cannot approve applications with residents who are convicted of violent felonies or sexual crimes.
- By my signature, I acknowledge that all information I have provided is true and correct to the best of my knowledge. I am aware that if I make any willful false statement in this application or any other following documentation that I provide for program eligibility, I may be punished with fines and may be subject to civil and/or administrative penalties and sanctions. If work is halted due to false information, I may be liable for re-paying Rebuilding Together Miami-Dade Inc. for all work provided.
- I, the undersigned, certify subject to disqualification, that the information provided in this application is true and correct.

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** for all residents above the age of 14 (Valid Driving License, Valid ID Card, School ID or Passport)

☐ If there is a child under the age of 14 in the home, please provide the birth certificate.

☐ Utility bills- electric **and** water/sewer.

☐ Documentation that the mortgage payments are up to date, **or** the mortgage is paid off.

☐ Proof of Income **for all people on the title and residing in the home above the age of 18.** Send all that apply to your home:

- ☐ Most Recent Tax Return – **REQUIRED FOR ALL APPLICANTS**
- ☐ Social Security Letter
- ☐ Pension Statement
- ☐ Disability
- ☐ VA Benefits
- ☐ Alimony/Child Support
- ☐ Government Support (SNAP Benefits, WIC Benefits)

Proof of Income that is **NOT ACCEPTED**:

- ☐ Pay stubs/salary letter
- ☐ Notarized letter claiming no income
- ☐ Bank statements

☐ 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:

Attn: Programs Department
3628 Grand Ave.
Miami FL, 33133

E-mail: info@rtmiami.org