



APPLICATION FOR FREE HOME REPAIRS EARLY BIRD DEADLINE: October 1, 2022

Rebuilding Together Metro Chicago is thrilled to partner with Blue Island to provide free home repairs.

Applicants will be considered for all current programming including:

- Safe at Home—grab bar installation & safety repairs (Spring 2023)
- Veterans Repair Services (Fall 2022 through Summer 2024)
- Warm the Metro—furnace maintenance and repair (Fall 2022 and Fall 2023)
- National Rebuilding Day, April 29, 2023—interior home repairs

Qualification for free home repair is based on a completed application, financial eligibility, and a review of the work needed. If selected, you will be asked to provide proof of your household income and homeownership. Priority is given to seniors and disabled residents, but all Blue Island Homeowners are encouraged to apply.

Rebuilding Together Metro Chicago is so impressed with the community spirit of Blue Island and look forward to our continued partnership. Together we can ensure that the investment you have made in your family home is preserved for generations to come.

Rebuilding Together Chicago Metro is proud to work with Blue Island Mayor Fred Bilotto.

Additional applications are available at their offices:

Blue Island City Hall 13051 Greenwood Avenue Blue Island, IL 60406

Mail completed applications to:
Rebuilding Together Metro Chicago
P.O. Box 180016
Chicago, IL 60618

1	APPLICATI	ON FOR FREE HO	ME REPAIRS	
	HOM	EOWNER INFORM	NOTTAN	
Name:			Age:	
Address:				and the second of the second o
City:	State:	NATIONAL CONTRACTOR OF THE STATE OF THE STAT	ZIP Code:	ing the second of the second o
Home Phone:		Cell Phone:		
Email:	manifold of the state of the st	Marital Status:		
Do you have any physi	cal or mental imp	pairments that limit	your activities?:	☐ YES ☐ NO
If YES , please list:		THE THE PERSON OF THE PERSON O	and the second s	and a company of the second paper of the second paper and the second paper and the second paper and the second
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Do you have a home h				At 1 the related Topology of the second second second second second second
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Home Phone:		Cell Phone:		. The control of the
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C	OWNER OR	POUSE EMPLOYI	MENT INFORM	ATION
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Address:		The state of the s	Term Carles	The state of the s
City:	State:		ZIP Code:	in any sides file. It is not seen to recommend the second
Phone:	anny i and in	Cell Phone	Constitution of the second sec	and the second s
Relationship:				
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How did you hear abo	out our program	? (Check all that ap	DIY)	the first of the f
☐ Church ☐ Alderr	nan 🗌 City Dep	oartment 🗆 Mail [☐ Friend ☐ Oth	er:
Have you ever receiv	ed assistance fro	om Rebuilding Toge	ther Metro Chica	go
or Christmas in April				and the second s
		Transferred and when all and makes the many and the set of the set	The second of th	And the second s
⇒ If YES , what year	The second second representation of the secon	A STATE OF THE STA	and the second second	inger eggeggeren i inn som inner til som er et i flir flir i i som en som er Til som er en som er

HOUSEHOLD ANNUAL INCOME INFORMATION HOMEOWNER AND CO-OWNER/SPOUSE

Indicate whether you receive income form the sources listed below by marking the "Yes" box and enter and the corresponding annual income received from that source.

SOURCES OF INCOME	YES	HOMEOWNER INCOME	CO-OWNER OR SPOUSE INCOME
Employment wages?		\$	¢.
Self-employment wages?	· • • • • • • • • • • • • • • • • • • •	\$	4
Social Security benefits?		The state of the same and the second	3
Disability income?	1 Inc. 12.22	· · · · · · · · · · · · · · · · · · ·	\$
Pension income?		• •	\$
Rental Income?		t	\$
SSI/AABD income?	. A	: t	\$
Unemployment compensation?		. ¢	\$
Child support?	•		<u> </u>
AFDC income?		d	\$
Other (please describe)	· · · · · · · · · · · · · · · · · · ·	The second secon	\$
(Figure 1)		\$	\$
TOTAL ANNUAL INCOME		\$	ė.
			

		MILY MEMBERS	OVERMS.	
	Name:	Name:	Name:	Name:
Employment wages?	\$	\$	\$	
Self-employment wages?	\$	\$	\$	\$
Social Security benefits?	\$	6		\$
Disability income?	\$	<u>+</u>	\$	\$
Pension income?	\$	d d	\$	\$
Rental income?	\$	7	\$	\$
SSI/AABD income?	<u> </u>	3	\$	\$
Unemployment compensation?	\$	\$	\$ \$	\\$ \$
Child support?	\$	<u> </u>		T
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Other (please describe)	·	3	\$	\$
(product describe)	\$	\$	\$	\$.
TOTAL ANNUAL INCOME	\$		\$	\$
TOTAL HOUSEHOLD INCO	ME	\$		4

VETERAN INFORMATION		
	YES	NO
Is the Homeowner a veteran?		· · · · · · · · · · · · · · · · · · ·
Is another member of your household a veteran of the U.S. armed forces?		l
Are you the widow or widower of a veteran of the U.S. armed forces?		F * * * * * * * * * * * * * * * * * * *
Is any member of your household currently serving in the U.S. armed forces?		
For all veterans living in your home, please complete the following infor	mation:	
Family member's name:		
Branch of Military:		
Years of Service:		
Location(s) of Deployment:		
Special Distinctions or Awards Received:		• •
MORTCACE-THEODMATION		
MORTGAGE INFORMATION		
Is there a mortgage on this property? ☐ YES ☐ NO		
Who is listed as the owner(s) on your mortgage document?	I	
Do you currently have a reverse mortgage? YES NO		
Are you currently behind in your mortgage payments? YES NO		
→ If YES, what date was your last payment made?	Prince of the State of the Stat	
Are you currently in danger of foreclosure? ☐ YES ☐ NO		and the second s
Do you have homeowner's insurance? ☐ YES ☐ NO		
Do you plan to sell your home within the next 2-3 years? YES NO		
PROPERTY INFORMATION	AND THE PARTY	EN CERT
What is the approximate age of your home?		
How long have you lived in your home?		
Is your home a single family home? ☐ YES ☐ NO		
Does your home have more than one unit or apartment? YES NO	s a mangaga ang mangangan danan manag nag-tapada sada	
→ If YES , in which unit do you (homeowner) reside?		
Are there rental units? YES NO If YES, number of units?		
→ If YES, how many rental units are occupied?		
→ If YES, what is the current total of rental income you receive? \$		
Do your own any other property/buildings in addition to the home you occupy?] YES	□ NO
→ If YES , please list address(es):		

	NEEDED REPAIRS
wainiy sale	sion of Rebuilding Together Metro Chicago is to accomplish repairs that make hom and dry. If you are chosen to receive free home repairs by Rebuilding Together o, what specific home repairs would be of most assistance to you?
1. 2.	3. 4.
Do you have	handrails on all your stairways and are they secure? YES NO
	difficulty getting in and out of the shower or bathtub? YES NO
Do you have	difficulty getting on and off of the toilet? ☐ YES ☐ NO
	a working smoke alarm? YES NO Carbon monoxide alarm? YES NO
	ur appliances broken? YES NO
If YES , which	n? Stove □ Refrigerator □ Washer □ Dryer □
Do you have	leaks? YES NO
If YES, where	e? Roof Basement Pipes Faucet(s)
	ater heater work? YES NO Currently heat your home? Boiler Furnace Space Heater Oven
	7701
Do you nave	a pest problem? ☐ YFS ☐ NO
	a pest problem? ☐ YES ☐ NO Rodents? ☐ VES ☐ NO
Bed Bugs?	☐ YES ☐ NO Rodents? ☐ YES ☐ NO
Bed Bugs? Do you often	☐ YES ☐ NO Rodents? ☐ YES ☐ NO use your backyard or garden? ☐ YES ☐ NO
Bed Bugs? Do you often When was the Would you be	☐ YES ☐ NO Rodents? ☐ YES ☐ NO use your backyard or garden? ☐ YES ☐ NO e last time the interior of your home was painted? enefit from assistance removing unwanted stored items from your home or garage
Bed Bugs? Do you often When was the	☐ YES ☐ NO Rodents? ☐ YES ☐ NO use your backyard or garden? ☐ YES ☐ NO e last time the interior of your home was painted? enefit from assistance removing unwanted stored items from your home or garage.
Bed Bugs? Do you often When was the Would you be If YES , desc Would you be	□ YES □ NO use your backyard or garden? □ YES □ NO e last time the interior of your home was painted? enefit from assistance removing unwanted stored items from your home or garage ribe items: e comfortable with a team of 25 volunteers in your home at one time? □ YES □
Bed Bugs? Do you often When was the Would you be If YES , desc Would you be	□ YES □ NO use your backyard or garden? □ YES □ NO e last time the interior of your home was painted? enefit from assistance removing unwanted stored items from your home or garage ribe items: e comfortable with a team of 25 volunteers in your home at one time? □ YES □
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Bed Bugs? Do you often When was the Would you be If YES , desc Would you be	□ YES □ NO use your backyard or garden? □ YES □ NO e last time the interior of your home was painted? enefit from assistance removing unwanted stored items from your home or garage ribe items: e comfortable with a team of 25 volunteers in your home at one time? □ YES □
Bed Bugs? Do you often When was the Would you be If YES , desc Would you be	□ YES □ NO use your backyard or garden? □ YES □ NO e last time the interior of your home was painted? enefit from assistance removing unwanted stored items from your home or garage ribe items: e comfortable with a team of 25 volunteers in your home at one time? □ YES □

HOUSEHOLD STATISTICAL INFORMATION

List ALL persons living in your home including children and yourself. If it is a multi-unit home, only list people living in your unit. * Please note: The information on this page is for grant reporting purposes only.

It will not impact the consideration of your application.

NAME	AGE	GENDER	RELATIONSHIP TO HOMEOWNER	RACE/ETHNICITY
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4.				
on 5	4	1	I .	
6.			the same who is the contribution of the contri	
7.				
Does anyone in the home have If "yes", please provide total Description of disability/disabil Are any of the people listed about If YES, please list who:	number o	of occupants	with a disability:	□ NO
				nance (m. 1965). A second control of the control of
Do you expect anyone else to	nove in be	efore April 20	20? LYES LINO	and the second second second
If YES , please list who:	t Mars and a			Balance de Carlos (C. 1.17) - Commission de Carlos (Grandello) - Carlos d'Arques qu'est analèses de Carlos (G.
		ent period		P
If your home is selected for the would you like to share with you	e program our sponse	, what specia or?	al, interesting facts abo	out you or your family
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DISCLOSURES						
med o chicago, the Governi	family member worked for or I ments of the City of Chicago, Co IO	been affiliated with Rebuilding Together ook County, or the village in which you				
If YES, please list person's	name, position title and dates	worked below:				
Attach additional pages if n	ecessary.					
Name:						
Name:	Title:	Dates:				
	CERTIFICATION	N:				
I affirm that I/we am/are the homeowner/s, and I reside full time at the address listed on the Rebuilding Together Metro Chicago ("RTMC") application. I certify that the above information is true and correct to the best of my knowledge. I authorize RTMC to check any references necessary to complete the processing of this application for the purpose of receiving free housing repairs. I/We, the Homeowner(s), give RTMC permission to take still and moving photographs, including video pictures of the home and to use such photographs to publicize, in any manner RTMC deems appropriate, RTMC's home repair program. I understand that providing false or incomplete information to RTMC may make me ineligible for RTMC's home repair program or otherwise result in disqualification from the program. I also understand that any information received by RTMC will be kept confidential and will be used strictly for the purpose of determining my eligibility to receive free home repairs through RTMC and to recruit sponsors. I give RTMC permission to share my contact information (limited to my Name, Address, and phone number) with RTMC partner organizations for the sole purpose of finding additional free or discounted services for which I may qualify.						
Homeowner Signature: Date:						
Homeowner Print:	Date:					
Co-owner Signature:		Date:				
Co-owner Print: Date:						

Mail Completed Application To: Rebuilding Together Metro Chicago PO Box 180016 Chicago, IL 60618