



Metro Chicago

P.O. Box 180016
Chicago, IL 60618
312.201.1188

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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

APPLICATION FOR FREE HOME REPAIRS

HOMEOWNER INFORMATION

Name:		Age:	
Address:			
City:	State:	ZIP Code:	
Home Phone:		Cell Phone:	
Email:		Marital Status:	
Do you have any physical or mental impairments that limit your activities?: <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES , please list:			
Do you ever use a <input type="checkbox"/> cane <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> oxygen?			
Do you have a home healthcare provider? <input type="checkbox"/> YES <input type="checkbox"/> NO			

CO-OWNER OR SPOUSE INFORMATION

Name:	
Home Phone:	Cell Phone:
Relationship to Homeowner:	

HOMEOWNER EMPLOYMENT INFORMATION

Current employer:
Position:

CO-OWNER OR SPOUSE EMPLOYMENT INFORMATION

Current employer:
Position:

EMERGENCY CONTACT

Name of a relative or friend not residing with you:		
Address:		
City:	State:	ZIP Code:
Phone:		Cell Phone:
Relationship:		

How did you hear about our program? (*Check all that apply*)

Church Alderman City Department Mail Friend Other:

Have you ever received assistance from Rebuilding Together Metro Chicago or Christmas in April before? YES NO

➔ If **YES**, what year?

HOUSEHOLD ANNUAL INCOME INFORMATION
HOMEOWNER AND CO-OWNER/SPOUSE

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

SOURCES OF INCOME	YES	HOMEOWNER INCOME	CO-OWNER OR SPOUSE INCOME
Employment wages?		\$	\$
Self-employment wages?		\$	\$
Social Security benefits?		\$	\$
Disability income?		\$	\$
Pension income?		\$	\$
Rental income?		\$	\$
SSI/AABD income?		\$	\$
Unemployment compensation?		\$	\$
Child support?		\$	\$
AFDC income?		\$	\$
Other (please describe)		\$	\$
TOTAL ANNUAL INCOME		\$	\$

ADDITIONAL FAMILY MEMBERS OVER 18

	Name:	Name:	Name:	Name:
Employment wages?	\$	\$	\$	\$
Self-employment wages?	\$	\$	\$	\$
Social Security benefits?	\$	\$	\$	\$
Disability income?	\$	\$	\$	\$
Pension income?	\$	\$	\$	\$
Rental income?	\$	\$	\$	\$
SSI/AABD income?	\$	\$	\$	\$
Unemployment compensation?	\$	\$	\$	\$
Child support?	\$	\$	\$	\$
AFDC income?	\$	\$	\$	\$
Other (please describe)	\$	\$	\$	\$
TOTAL ANNUAL INCOME	\$	\$	\$	\$
TOTAL HOUSEHOLD INCOME		\$		

VETERAN INFORMATION

YES NO

Is the Homeowner a veteran?

Is another member of your household a veteran of the U.S. armed forces?

Are you the widow or widower of a veteran of the U.S. armed forces?

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 information:

Family member's name:

Branch of Military:

Years of Service:

Location(s) of Deployment:

Special Distinctions or Awards Received:

MORTGAGE INFORMATION

Is there a mortgage on this property? YES NO

Who is listed as the owner(s) on your mortgage document?

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?

Are you currently in danger of foreclosure? YES NO

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

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

→ 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 you own any other property/buildings in addition to the home you occupy? YES NO

→ If YES, please list address(es):

NEEDED REPAIRS

The core mission of Rebuilding Together Metro Chicago is to accomplish repairs that make homes **warm, safe and dry**. If you are chosen to receive free home repairs by Rebuilding Together Metro Chicago, 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

Do you have 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

Do you have a working smoke alarm? YES NO

Carbon monoxide alarm? YES NO

Are any of your appliances broken? YES NO

If **YES**, which? Stove Refrigerator Washer Dryer

Do you have leaks? YES NO

If **YES**, where? Roof Basement Pipes Faucet(s)

Do you have sparking at your electrical outlets? YES NO

Does your water heater work? YES NO

How do you currently heat your home? Boiler Furnace Space Heater Oven

Do you have a pest problem? YES NO

Bed Bugs? YES NO

Rodents? YES NO

Do you often use your backyard or garden? YES NO

When was the last time the interior of your home was painted?

Would you benefit from assistance removing unwanted stored items from your home or garage?

If **YES**, describe items:

Would you be comfortable with a team of 25 volunteers in your home at one time? YES NO

Please explain how receiving free home repairs would help you and your family.

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.*

If more than 8 people live in the home, use additional sheets.

NAME	AGE	GENDER	RELATIONSHIP TO HOMEOWNER	RACE/ETHNICITY
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

What gender is the head of household? (*the head of household is defined as the individual financially responsible for keeping up at least half of the home*). MALE FEMALE

Is the household a single parent household? (*a single parent is responsible for full guardianship of at least one child under the age of 18*). YES NO

Does anyone in the home have a disability? YES NO

➔ If "yes", please provide total number of occupants with a disability: _____

Description of disability/disabilities: _____

Are any of the people listed above moving out before April 2020? YES NO

If **YES**, please list who: _____

Do you expect anyone else to move in before April 2020? YES NO

If **YES**, please list who: _____

If your home is selected for the program, what special, interesting facts about you or your family would you like to share with your sponsor?

DISCLOSURES

Have you or any immediate family member worked for or been affiliated with Rebuilding Together Metro Chicago, the Governments of the City of Chicago, Cook County, or the village in which you reside? YES NO

If YES, please list person's name, position title and dates worked below:

Attach additional pages if necessary.

Name:	Title:	Dates:
Name:	Title:	Dates:

CERTIFICATION

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