



Dear Homeowner:

Rebuilding Together Aurora (RTA) is a safe and healthy housing organization which utilizes skilled and general volunteers to provide home repairs for qualified, low-income homeowners. RTA provides these services at no cost to qualified homeowners.

RTA Qualifications for services:

1. The property must be the only residence and be owner occupied.
2. The property may not be fully rented. If the homeowner is collecting rental income for a portion of the home, this may be acceptable. All rental income must be considered as income and evidence provided as part of the documentation requirements.
3. Income must fall within or below the chart listed here:
4. The home must be the residence of an elderly person, a person with disabilities, a veteran, or children under 18 living in unhealthy conditions.
5. The homeowner is not able to do necessary repairs/modifications due to cost or physical constraints.

Household size	Annual income HUD 80% (rev. 2025)
1 person	\$67,150
2 people	\$76,750
3 people	\$86,350
4 people	\$95,900
5 people	\$103,600
6 people	\$111,250
7 people	\$118,950

In order for RTA to determine eligibility an applicant must complete the Homeowner Application and provide the following documentation that indicates:

1. Photo ID
2. Current total household income verification, of all persons living in the home. Using these types of acceptable documents:
 - a. Most recent filed tax return for all persons, **and**
 - b. Most recent 30 days of pay stubs, Social Security Benefit Statement, or a copy of your bank statement displaying public assistance, if applicable
3. A copy of your Insurance Declaration page as evidence that the Homeowners insurance policy is in force
4. Evidence that all mortgage payments are current

After the application is received you will be notified about the status of your application.

THERE IS NO GUARANTEE OF SERVICE BY APPLYING TO REBUILDING TOGETHER AURORA

To help with the safety of your home, if you're applying for a roof or weatherization needs, we highly recommend also applying to:

DuPage County Community Services 630-407-6500 421 N. County Farm Road Wheaton, IL 60187 Provides services to assist in many areas such as housing, utilities and health services.	The Neighbor Project 630-906-9400 32 South Broadway Aurora, IL 60505 Provides funding for roofs, porches, furnaces, electrical and plumbing upgrades.	Community Contacts 847-697-8800 100 S. Hawthorne St. Elgin, IL 60123 Provides weatherization needs for eligible homes
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Rebuilding Together Aurora (RTA) has various programs through which homeowners may be served:

I. Safe at Home Safety and Accessibility Modifications

Through the Safe at Home program, RTA provides no-cost, home safety and accessibility modifications for low-income homeowners who are seniors, living with a disability or caring for a loved one with a disability.

Safe at Home Program repairs may include:

- Flooring replacement
- Hand railings
- Accessibility ramps
- Broken, uneven, or weak steps
- Grab bars
- ADA accessible doorways
- Walk-in shower
- ADA height toilet
- Lever door knobs
- Lever faucets
- Additional lighting
- Other modifications to accommodate for a resident's disability

II. CRITICAL REPAIR SERVICES

1. Homeowners that do not qualify or who are seeking non Safe at Home services will be placed on a waiting list for this program.
2. Volunteer based service engaging corporate, faith based, and civic groups in providing a range of repairs, based on their skill level, during a special day of service during the year.
3. Because these services are provided through volunteers, there is no guarantee of service. RTA can only serve as many homeowners as resources allow.

III. ANNUAL APRIL REBUILDING EVENT "COMMUNITY BLOCK BUILD"

Through an annual Community Block Build, taking place during the last weekend of April, RTA provides no-cost home repairs, for homes in a neighborhood that has been selected by RTA. This program takes a block-by-block, house-by-house approach to improving the health and well-being of the neighborhood.

There is no warranty on work completed by Rebuilding Together Aurora.

Rebuilding Together Aurora

1 E. Benton Street, Suite 307
 Aurora, IL 60505
 Office Line: (630) 801-9044
 Fax Line: (630) 801-9048



Please fill in pages 3-6. To submit this application, please use one of the following options:

- **Mail to above address**
- **Scan and email to ramona.wood@rtaurora.org**
- **Call our office to make an appointment**

Office Use Only:

Received on: _____ Application # _____ FOIA# _____ Entered/Complete: _____/_____

NRSA: Y/N Ward: _____ Historic District: Y/N _____ Tax Code: City _____/Township _____

Approved Date : Program Funding: _____ Disqualified Date: _____

☐ **I have read and understand the introduction letter of application. (Required)**

I. Homeowner Information

Name of Applicant:		Birthdate:	Age:	Sex: F M	Disabled: (Yes) / (No)
Street Address:			Zip Code:		
Phone #		Alternate Phone #			
Primary Contact (if not homeowner)		Relationship:		Phone #	
Marital Status: ☐ Married ☐ Living with a partner ☐ Divorced/separated ☐ Widowed ☐ Single/never married	Race: ☐ African American/Black ☐ Asian ☐ American Indian/Alaskan Native ☐ Pacific Islander ☐ White/Caucasian		Ethnicity: ☐ Hispanic / Latino ☐ Not Hispanic / Latino ☐ Other(Please Specify) _____ _____		
What year did you move into your home?			Do you own your home? (Yes) / (No)		
Do you have a mortgage on the home? (Yes) / (No)			Are payments up to date? (Yes) / (No)		
Are there renters in your home? (Yes) / (No)			Is this your only residence? (Yes) / (No)		
Have you been issued a citation for housing code violations? (Yes) / (No) <i>(Please provide a copy of the citation with application)</i> Code violations:					
Have you applied before to Rebuilding Together Aurora or Christmas in April? (Yes) / (No) When:					

How did you hear of Rebuilding Together Aurora? *(Please circle)*

Flyer Newspaper Alderman Senior Center Friend/Neighbor Other:

II. Residents *(Complete the following for ALL members of household)*

Name:	Birthdate:	Age:	Relationship:	Ethnicity/Race:	Disabled: (Yes) / (No)
Name:	Birthdate:	Age:	Relationship:	Ethnicity/Race:	Disabled: (Yes) / (No)
Name:	Birthdate:	Age:	Relationship:	Ethnicity/Race:	Disabled: (Yes) / (No)
Name:	Birthdate:	Age:	Relationship:	Ethnicity/Race:	Disabled: (Yes) / (No)
Name:	Birthdate:	Age:	Relationship:	Ethnicity/Race:	Disabled: (Yes) / (No)
Name:	Birthdate:	Age:	Relationship:	Ethnicity/Race:	Disabled: (Yes) / (No)
Name:	Birthdate:	Age:	Relationship:	Ethnicity/Race:	Disabled: (Yes) / (No)

III. Disabilities/Chronic Illness *(Please check what disabilities apply to any residents of the home)*

- | | |
|--|---|
| <ul style="list-style-type: none">☐ Mobility☐ Hearing Impairment☐ Sight Impairment | <ul style="list-style-type: none">☐ Health Impairment☐ Mental Disability☐ Other |
|--|---|

If other was selected please describe:

Does anyone in the home suffer from a chronic illness? (Yes) / (No)

Please describe:

Do you have caregiver that comes to the home? (Yes) / (No)

IV. Military Background

Are you a Veteran or is any household member a Veteran? (Yes) / (No)

Branch of Service:

Dates of Service:

Is anyone in the home currently serving in the Armed Forces? (Yes) / (No)

Who:

Branch of Service:

Dates of Service:

V. Verification of current income *(Please add **ALL income sources for all member in the household 18 years of age and older** : (All income sources: employer, self-employment, unemployment, pensions, VA benefits, disability, Social Security, child support, foster care, adoption assistance, rental income, etc.)*
Please attach proof of these documents with application when submitted:

Annual Salaries and Wages	\$
Rental Income	\$
Pensions, Retirement, Death Benefits	\$
Social Security Benefits	\$
Unemployment, Disability, and Worker's Comp	\$
Other (Child Support, TANF, Military Comp, etc.)	\$
Total	\$

VI. Homeowner Requested Repairs

RTA prioritizes our efforts towards safe and healthy home repairs. The final decision on what work can be done on your home with consideration of volunteer and financial resources will be made at the discretion of RTA. Attach a separate piece of paper if there is not enough space to list all repairs. We cannot promise or guarantee assistance or the extent of repairs done.

☐ *I have read the above statement and understand that there is no guarantee of service.*

What is the nature of the problem(s) for which you are requesting assistance?

General:

- | | |
|--|--|
| ☐ Plumbing Repair | ☐ Electrical repairs |
| ☐ Appliances | ☐ Door/Window |
| ☐ Carpentry Repair | ☐ Basic Roofing Repair |
| | ☐ Painting |

Accessibility Modifications:

- | | |
|--------------------------------------|--------------------------------------|
| ☐ Ramp | ☐ Grab Bars |
| ☐ Low Rise Steps | ☐ Walk In Shower |

VII. Homeowner Priority Repairs *(Please list your top-priority repairs for the home, **detailed**)*

1.
2.
3.
4.
5.

VIII. Homeowner Agreement (Required - Please read and initial next to each statement)	
	I understand that Rebuilding Together Aurora (RTA) is funded by charitable donations and grants to provide assistance to low-income seniors, veterans, people living with disabilities and families with children who have no other means to afford home repairs.
	I understand that RTA does not guarantee service, regardless of application status or homeowner eligibility.
	I have no intention of selling this home or transferring ownership of this home within three (3) years of the signature date of this document.
	I authorize RTA and its representatives to complete any required paperwork for obtaining building permits that may be necessary to repair my home.
	I understand that RTA is a neighbor-helping-neighbor organization, and I will do everything possible to get family and friends to help me.
	I understand that in the presence of RTA volunteers and contractors, the use of alcohol, sale or use of drugs other than as prescribed by a doctor or any behavior which threatens or creates discomfort to the volunteers or contractors is cause for immediate cancellation of all scheduled work at my home.
	I further authorize RTA and its representatives to conduct investigation as it deems necessary including criminal background checks and consultation with city and county government, local police and fire departments. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation.
	I certify that the above information is true and correct to the best of my/our knowledge. I also understand that this information will be kept confidential and will be used strictly for the purpose of determining my/our eligibility for the RTA programs.

I have included the following documents with this application (REQUIRED):

- ☐ Photo ID for all persons over 18 years old living in the home
- ☐ Current income verification , including total household income of all persons living in the home
- ☐ Evidence that the Homeowners insurance policy is in force
- ☐ Evidence that all mortgage payments are current

Signature of Applicant		Date
Printed Name		
Preparer Signature (if not homeowner)		Date
Printed Name	Phone	Relationship

Rebuilding Together Aurora does not discriminate against, nor exclude from participation, any applicant for assistance on the ground of their race, color, religion (creed), sex, age, disability, sexual orientation, ancestry, national origin, citizenship status, or any other basis prohibited by applicable law.