

Rebuilding Together Aurora

31 W Downer Pl, Suite 402

Aurora, IL 60506

Office Line: (630) 801-9044

Fax Line: (630) 801-9048



To submit this application, please use one of the following options:

- Mail to above address
- Scan and email to shay.olson@rtaurora.org
- Call our office to make an appointment to drop off

Office Use Only:

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

NRSA: Y/N _____ Ward: _____ Historic District: Y/N _____

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

I. Homeowner Information

Name of Applicant:		Age:	Sex: F M	Disabled: (Yes) / (No)
Street Address:		Zip Code:		
Phone #		Alternate Phone #		
Primary Contact (if not homeowner)		Relationship:	Phone #	
Marital Status: <input type="radio"/> Married <input type="radio"/> Living with a partner <input type="radio"/> Divorced/separated <input type="radio"/> Widowed <input type="radio"/> Single/never married	Race: <input type="radio"/> African American/Black <input type="radio"/> Asian <input type="radio"/> American Indian/Alaskan native <input type="radio"/> Pacific Islander <input type="radio"/> White/Caucasian		Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic /Latino <input type="radio"/> Other(Please Specify) _____ _____	
How many years have you lived in your home?		Do you own your property? (Yes) / (No)		
Do you have a mortgage on the home? (Yes) / (No)		Are payments up to date? (Yes) / (No)		
Are there renters in the home? (Yes) / (No)		Is this your only residence? (Yes) / (No)		
Have you been cited by the city 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? <i>(Please circle)</i> Flyer Newspaper Alderman Senior Center Friend/Neighbor Other: _____				

II. Residents <i>(Complete the following for ALL members of household)</i>				
Name:	Age:	Relationship:	Ethnicity/Race:	Disabled: (Yes) / (No)
Name:	Age:	Relationship:	Ethnicity/Race::	Disabled: (Yes) / (No)
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III. Disabilities/Chronic Illness <i>(Please check what disabilities apply to the residents of the home)</i>	
<input type="radio"/> Mobility <input type="radio"/> Hearing Impairment <input type="radio"/> Sight Impairment	<input type="radio"/> Health Impairment <input type="radio"/> Mental Disability <input type="radio"/> Other
<i>If other was selected please describe:</i>	
Does anyone in the home suffer from a chronic illness? (Yes) / (No) <i>Please describe:</i>	
Do you have caregiver that comes to the home? (Yes) / (No)	

IV. Military Background		
Are you a Veteran or is/was your spouse a Veteran? (Yes) / (No)	Branch of Service:	Dates of Service:
Is anyone else listed as living in the home a Veteran? (Yes) / (No)		
Who:	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:

- | | |
|---------------------|----------------------|
| ○ Insulation | ○ Electrical repairs |
| ○ Plumbing Repairs | ○ Doors/Windows |
| ○ Appliances | ○ Roofing Repairs |
| ○ Carpentry Repairs | ○ 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)*

1.
2.
3.
4.
5.

VIII. Homeowner Agreement <i>(Please read and initial next to each statement)</i>	
	I understand that Rebuilding Together Aurora (RTA) is funded by charitable donations and grants to provide assistance to low-income seniors, veterans, disabled homeowners, or 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 years of the signature date of this document.
	I authorize Rebuilding Together Aurora and its representatives to complete any required paperwork for obtaining building permits that may be necessary to repair my home.
	I understand that Rebuilding Together Aurora 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 Rebuilding Together Aurora volunteers, 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 on my/our part or the part of my/guests or family is cause for immediate cancellation of all scheduled work at my home.
	I further authorize Rebuilding Together Aurora and its representatives to conduct such investigation as it deems necessary to confirm the safety of its volunteers, including the use of criminal background checks, the procurement of consumer reports, and the consultation with the local police department as to police reports at the residence. 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 authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation through Rebuilding Together. 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 Rebuilding Together programs.

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

- ☐ Proof of ownership via Title, Deed, Warranty Deed or Quit Claim Deed
- ☐ 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.