

Rebuilding Together Thurston County
809 Legion Way SE, #306
Olympia, WA 98501
360-539-7830
www.rebuildingtogethertc.org



Thank you for your interest in Rebuilding Together Thurston County. The first step to be considered for our assistance is to submit an application with all the required income documents. We review applications in the order they are received. If you meet our eligibility criteria, we will contact you for a home evaluation. Please be aware that our application process takes time and home assessments, repairs and ADA modifications do not happen immediately. Submitting an application **DOES NOT** guarantee services.

To be considered for a Rebuilding Together project, you must meet the following criteria:

- Live in Thurston County and plan to remain in your home for at least the next two years and
- Own your home and be current on your mortgage and property taxes and
- Have a disability, be a senior citizen (62+), a military veteran, and/or a family with young children and
- Be unable to complete the work on your own and
- **Your household must meet Thurston County HUD low income guidelines. Proof of income for EVERYONE IN THE HOUSEHOLD MUST BE SUBMITTED. Acceptable forms of income documentation include: award letters from Social Security and the military, two consecutive paystubs, and/or two months of bank statements showing income being directly deposited to your bank account.**

Rebuilding Together Thurston County has **two** repair programs. Projects that are larger in scale, have numerous repair needs, are more expensive, and require numerous skilled and unskilled volunteers are typically done on Rebuilding Day. **Rebuilding Day** typically occurs the first Saturday in May and anywhere between five and ten projects are done depending upon financial and volunteer resources. We usually do a second large project in the Fall for a military veteran between September 11th and Veterans' Day. Our second program is **Critical Repairs/Safe and Healthy Homes**. These projects are smaller scale, immediate need, critical health and safety repairs completed by skilled volunteers and contractors throughout the year. Typical Critical Repairs projects include: ADA modifications including wheelchair ramps, grab bars, and handrails; repair or replacement of hot water tanks; furnace repair; repair of minor electrical hazards; minor plumbing repair; and other projects considered on a case by case basis.

Rebuilding Together Thurston County typically does not do structural repairs such as: foundations, framing, additions, or septic drainfields. We may not be able to work on projects that include repairing work that was done without proper permits. We may not be able to work on projects that include hazardous and unsafe conditions. Rebuilding Together is limited in the type of work we can complete based on funding and volunteer availability. RTTC typically does not install roofs because of the expense but may make roof repairs.

Once received, your application will be reviewed to ensure it meets our guidelines. A project coordinator will then contact you to visit your home and assess your needs. Once your home assessment has been completed, the RTTC Board of Directors will determine if we will be able to assist you. Please be aware that this process takes time. It may be at least a month before a home assessment is scheduled and over a year before a Rebuilding Day project is done. RTTC tries to complete Critical Repair projects as quickly as possible after approval.

If you have any questions, please contact our office at 360-539-7830 or info@rebuildingtogethertc.org. Our office is staffed by volunteers and we do not have regular office hours. Phone calls and emails will be returned as soon as possible.

RTTC ID #: _____

DATE APP REC: _____

REBUILDING TOGETHER THURSTON COUNTY APPLICATION

HOUSEHOLD INFORMATION

First Name(s): _____ Last Name(s): _____

Address: _____ City: _____ Zip Code: _____

Mailing Address (if different): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Please list **EVERYONE** living in the home including children, starting with the homeowner (use additional page if needed).

First & Last Name	Relationship	Birthdate (mm/dd/yy)	Gender* Preference	Ethnicity*	Race*	Disabled?	Veteran?
_____	self	/ /	_____	H NH	_____	Yes No	Yes No
_____	_____	/ /	_____	H NH	_____	Y N	Y N
_____	_____	/ /	_____	H NH	_____	Y N	Y N
_____	_____	/ /	_____	H NH	_____	Y N	Y N

OUR FUNDERS REQUIRE US TO COLLECT THE ABOVE DEMOGRAPHIC INFORMATION. PLEASE ASSIST US BY CHOOSING GENDER, ETHNICITY, RACE, ETC..

***Gender Preference:** **M** (Male), **F** (Female), **O** (Other)

***Ethnicity:** Circle **H** (Hispanic) if you are a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin **OR NH** (Non-Hispanic) if you are a person from any other culture or origin.

***Race:** **AI/AN** American Indian/Alaska Native, **A** Asian, **B/AA** Black/African American, **M** Mixed Race **NH/PI** Native Hawaiian/Pacific Islander, **O** Other, **W** White

RTTC is committed to providing equal opportunities for all applicants for our program services. All selection decisions are made without regard to unlawful considerations of race, sex, religion, national origin, age, sexual orientation, sexual identity, disability, or any other legally protected status. Immigration status is also not a consideration and homeowner files are kept confidential. Demographic information does NOT impact eligibility for our programs.

INCOME INFORMATION

Please record the **total monthly gross income of all individuals 18 and over living in the home, including renters and roommates. PROOF OF INCOME DOCUMENTATION MUST BE SUBMITTED: award letters from Social Security or military, or 2 consecutive paystubs, or 2 months of bank statements showing income being directly deposited to your bank.**

Name	Income Source (Social Security, Disability, Salary, VA, Pension, etc.)	Monthly Amt.
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Calculated Household Annual Income (office use):		\$ _____

Please list any assets, other than your primary residence, valued at more than \$5,000. This includes other properties, boats, rentals, bank accounts, etc. _____

PROPERTY INFORMATION

Year purchased: _____ Purchase Price: _____ Square feet: _____ # of Bedrooms: _____
Manufactured home: _____ Mobile home: _____ Stick built: _____ Permanently placed RV or 5th wheel: _____
Monthly house or MH space payment: \$_____ Current on house or space payment and taxes? Yes _____ No _____

HOMEOWNER QUESTIONS AND AGREEMENT

Is this your first time applying to Rebuilding Together Thurston County for assistance? Yes _____ No _____
If you previously applied to RTTC, what was the outcome of your application? Application denied? Application approved? Was work performed? If yes, what repairs, etc. were done on your home? _____

Do you plan on living in your home for at least the next two years? Yes _____ No _____
Are you comfortable having volunteers make repairs in your home? Yes _____ No _____
Are you a military veteran (page one)? Yes _____ No _____ Has anyone in your household served in the military? Yes _____ No _____ Are you the widow(er) of someone who served in the military? Yes _____ No _____ If you answered yes to any of these questions, please list the branch of military and dates of service: _____
Do you or someone in your household have a disability diagnosed by a physician (page one)? Yes _____ No _____ Do you or does someone in your household have a physical limitation diagnosed by a physician? Yes _____ No _____ If you answered yes to one or both of these questions, please provide a description: _____

Do you have any household members or family willing and physically able to assist in repairs? Yes _____ No _____
If yes, please provide names/abilities: _____
Has any other agency made repairs to your home in the last five years? Yes _____ No _____
If yes, please list agency name and work done: _____
Have you or any household member been charged with a crime in the last five years? Yes _____ No _____
If yes, please explain: _____
Do you have a social worker, case worker, or conservator? Yes _____ No _____
Were you referred to RTTC?: _____ No _____ Yes If yes, who/agency: _____
If yes, may we work with him/her? Yes _____ No _____
Name: _____ Relationship/Agency: _____
Phone #: _____ Email: _____

REPAIRS/MODIFICATIONS/HELP REQUESTED

What are the four most important repairs/ADA modifications needed for your home?

1. _____
2. _____
3. _____
4. _____

ADA Modifications: Grab bars _____ Handrails _____ Wheelchair ramp _____ High Profile toilet _____

Tub removed and shower installed _____ Other _____

Bathroom(s): Faucets not working/leak _____ Sink drain leaks _____ Toilet leaks/not working properly _____ GFCI outlet needed _____ Exhaust fan needed/not working _____ Other _____

Deck/Patio: Concrete needs repair _____ Deck needs repair/replacement _____ Stairs need repair/replacement _____ Other _____

Doors: Interior doors need repair/replacement _____ Exterior doors need repair/replacement _____ Weatherstripping _____

Electrical: Electricity not working _____ Dangerous electrical condition(s) _____ Electricity not working in one or more rooms (and location) _____ Ceiling fan needs repair/replacement _____ Other _____

Fence/Gate: Need to be repaired _____ Fence/Gate needed _____ Other _____

Floors: Floor covering in poor/hazardous condition (location(s)) _____

Floor(s) water damaged (please specify room) _____ Holes in floor (room) _____

Floors not level (room) _____ Other _____

Foundation: Holes _____ Broken/Not level _____ Pests getting under home _____ Other _____

Garage: Man door doesn't lock/broken _____ Garage door doesn't work/broken _____ Other _____

Heat: Not working/needs repair _____ Not working in some rooms (please specify) _____

Hot water tank: Not working _____ Old but works _____ Leaking _____ Floor damaged by water tank _____

Kitchen: Appliance(s) need repair/replacement (please specify) _____ Faucet _____ Sink/drain leaking _____ Cabinets _____ Floor _____ GFCI outlet needed _____ Other _____

Property Exterior: Landscape needs to be mowed, pruned, etc. _____

Items need to be removed (specify if it is green material, metal, garbage, etc.) _____

Other _____

Property Interior: Cleaning needed _____ Items need to be removed (explain) _____

Lighting: Motion lights needed _____ Lights need to be repaired/added _____

Mold present in the following rooms/areas: _____

Paint: Exterior painting needed _____ Interior painting needed (please specify location) _____

Pests: Interior pests present/type _____ Exterior pests present/type _____

Plumbing: Pipe leak and location(s) _____ Faucet(s) leak/not working and location _____

Exterior plumbing issue and location _____ Other _____

Porch: Roof needs repair _____ Flooring needs repair _____ Steps need repair _____ Landing needs repair _____

Roof: Roof needs to be replaced _____ Roof leaks _____ Gutters/flashing need cleaning, repair, or replacement _____ Other _____

Safety/Security: Fire extinguisher _____ Smoke detector(s) _____ CO2 detector _____ Motion detector lights _____ Door locks needed _____ Plants/trees pruned away from house _____

Septic: Pumping needed _____ Backing up into house _____ Pump doesn't work _____ System has failed _____

Walls/Ceiling(s): Sagging _____ Water damaged _____ Holes need patching _____ Other _____

Weatherization: Wall, floor or ceiling insulation _____ New windows _____ New doors _____ Faucet covers _____ Other _____

Windows: Broken (location) _____ Seal broken (location) _____ Old _____ Other _____

Other areas of concern not addressed above:

Please initial each line if you agree to the statements. Your signature is required to complete the application.

- _____ My signature indicates all statements and information provided are true, accurate and complete.
- _____ I have read the information provided by RTTC and understand the application process.
- _____ I certify that I do not have the financial or physical means to perform the repairs for which I'm applying.
- _____ I understand that I may be asked to provide documentation to support my application. I authorize RTTC to Contact my references and verify any and all information provided, including a personal background check.
- _____ I understand that my application for assistance is not a guarantee that RTTC will be able to provide repairs, assistance, help, etc. RTTC does not guarantee that any or all of the requested work will be done.
- _____ I give permission for trusted RTTC representatives to inspect my home for purposes of selection and/or repair, And look at both the interior and exterior of my home as well as the property.
- _____ I give permission for RTTC to take and use photos of me, my family, my home, and my repair needs.
- _____ I understand that RTTC's program is NOT for on-going maintenance.
- _____ I understand that if RTTC has provided assistance to me before, I may not be eligible for additional assistance.

 Applicant(s) Signature(s) Date

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone #: _____

If the application has been prepared by someone other than the homeowner(s), or if assistance has been given to complete the application, please provide the following information:

Name of Preparer: _____ Relationship: _____
 Agency/Employer: _____ Phone #: _____
 Email address: _____

Please return the completed application to:
 Rebuilding Together Thurston County
 809 Legion Way SE, Suite 306
 Olympia, WA 98501
 (360) 539-7830 info@rebuildingtogethertc.org
 HO application form 2020/operations/forms