



Rebuilding Together Bismarck/Mandan

PO Box 874, Mandan, ND 58554

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Website: <http://www.rebuildingtogetherbisan.com>

Received
Database
Case#

GENERAL INTAKE AND APPLICATION FORM FOR HOME REPAIR

This application is extensive in order to help deliver the most effective and efficient home repair to you. If you have any questions while filling out this application, please call Rebuilding Together Bismarck/Mandan at (701) 221-3232 and a board member will contact you to provide assistance in completing the application.

A site team may call to schedule an inspection of the home and get more details of work requirements. The applicant will be notified by phone or mail as to whether or not selected.

1. APPLICANT

Name	Home Phone
Property Address	Work or Cell Phone
	Email
Mailing Address	Best Way to Reach You? <input type="checkbox"/> Home Phone <input type="checkbox"/> Work or Cell Phone <input type="checkbox"/> Email
	Best Time to Reach You? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening

2. EMERGENCY CONTACT

Name	Home Phone
Relationship to Applicant (example: daughter or friend)	Work or Cell Phone
	Email
Mailing Address	Best Way to be Reached? <input type="checkbox"/> Home Phone <input type="checkbox"/> Work or Cell Phone <input type="checkbox"/> Email
	Best Time to be Reached? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening

3. REFERRAL

How did you learn about us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Mail <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> Other _____	
<input type="checkbox"/> Referral by (Agency) _____ Contact Person _____	Phone _____
<input type="checkbox"/> Referred by (Person) _____	Phone _____
Have you applied with Rebuilding Together, formerly Christmas in April, before? <input type="checkbox"/> No <input type="checkbox"/> Yes	Has Rebuilding Together, formerly Christmas in April, visited your home before? <input type="checkbox"/> No <input type="checkbox"/> Yes
Please explain why you are unable to complete repairs on your own.	
Are any able-bodied household members willing to assist in repairs? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list members willing to assist.	
If other household members are unable to assist with repairs, please explain why.	

4. PROPERTY

Name on Deed	The Home <input type="checkbox"/> Owned <input type="checkbox"/> Rented by the Applicant
Mailing Address (if different than Applicant)	The Land <input type="checkbox"/> Owned <input type="checkbox"/> Rented by the Applicant
	If Property is Owned by Applicant, for how many years?
Phone (if different than Applicant)	Will the Home be Sold within the next <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> Other
Is the Home Insured? <input type="checkbox"/> No <input type="checkbox"/> Yes - List Insurance Company and Agent Name:	
Does the Applicant qualify for the Homestead Tax Credit or any other discount on property taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is the Home included in a Life Estate? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is the Home the Applicant's Current Residence? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is the Home the Applicant's Only Residence? <input type="checkbox"/> No <input type="checkbox"/> Yes
Does the Applicant own other property? <input type="checkbox"/> No <input type="checkbox"/> Yes - What is the other property used for:	

5. HOUSEHOLD EXPENSES

Estimate the amount you spend monthly. All of the expenses are defined as regular, recurring expenses paid by you (not your employer, group or program, or reimbursed expenses). Do not include amounts owed to doctors, clinics, etc. for any past treatment or one-time care. Verification of medical expenses may be required if your home is selected.

Mortgage	_____
Electricity/Utilities	_____
Water	_____
Telephone (Landline)	_____
Cell Phone	_____
Cable/Satellite TV	_____
Childcare	_____
Food	_____
Insurance (Car, Medical, etc.)	_____
Monthly Medical Expenses**	_____
Other Expenses	_____
Total	_____

**Prescriptions, doctor visits and hospital costs not covered by insurance, hearing aids, eyeglasses, dentures, nursing home/home health, etc.

6. HOUSEHOLD COMPOSITION, INCOME AND ASSETS

How many Adults (18+) live in the Home?	How Many Children live in the Home?
Have any household members been convicted of a crime (other than traffic violations)? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please explain:	

IMPORTANT: Review before completing the next section.

- Gross Income is defined as income before any deductions have been taken.
- Income sources include: Wages (including bonuses, commission and overtime), Salaries, Rental Income, Benefits, Pensions, Social Security, Unemployment, Worker's Compensation, Severance Pay, AFDC, Disability, Welfare, Child Support, Alimony, Food Stamps, Medicare, Medicaid, etc. If these payments are not being received properly, applicants must still count them unless the applicant can prove that the applicant has exhausted all means of attempting to collect the money.
- Do not include income from minors or income from a full-time student unless they are the head of the household or spouse to the head of the household.
- Attach additional sheets to further explain any item or for additional Household Members.

Household Member #1	
Name	Relationship to Applicant
Date of Birth (mm/dd/yyyy)	Age
Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian	
Disabled <input type="checkbox"/> No <input type="checkbox"/> Yes - Please explain:	Veteran (Optional question, will not impact application.) <input type="checkbox"/> No <input type="checkbox"/> Yes - Branch of service:
Employer (Business) Name	Supervisor Name
Employer Address	Employer Phone
Length of Time with Current Employer	Hours Worked per Week
Income Source #1: _____	Gross Monthly Income from Source #1 \$ _____
Income Source #2: _____	Gross Monthly Income from Source #2 \$ _____
Income Source #3: _____	Gross Monthly Income from Source #3 \$ _____
Income Source #4: _____	Gross Monthly Income from Source #4 \$ _____
Total Gross Monthly Income (From All Sources) \$ _____	
Total Gross Yearly Income (From All Sources) \$ _____	
Household Member #2	
Name	Relationship to Applicant
Date of Birth (mm/dd/yyyy)	Age
Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian	
Disabled <input type="checkbox"/> No <input type="checkbox"/> Yes - Please explain:	Veteran (Optional question, will not impact application.) <input type="checkbox"/> No <input type="checkbox"/> Yes - Branch of service:
Employer (Business) Name	Supervisor Name
Employer Address	Employer Phone
Length of Time with Current Employer	Hours Worked per Week
Income Source #1: _____	Gross Monthly Income from Source #1 \$ _____
Income Source #2: _____	Gross Monthly Income from Source #2 \$ _____
Income Source #3: _____	Gross Monthly Income from Source #3 \$ _____
Income Source #4: _____	Gross Monthly Income from Source #4 \$ _____
Total Gross Monthly Income (From All Sources) \$ _____	
Total Gross Yearly Income (From All Sources) \$ _____	
Household Member #3	
Name	Relationship to Applicant
Date of Birth (mm/dd/yyyy)	Age
Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian	
Disabled <input type="checkbox"/> No <input type="checkbox"/> Yes - Please explain:	Veteran (Optional question, will not impact application.) <input type="checkbox"/> No <input type="checkbox"/> Yes - Branch of service:

Employer (Business) Name	Supervisor Name
Employer Address	Employer Phone
Length of Time with Current Employer	Hours Worked per Week
Income Source #1: _____	Gross Monthly Income from Source #1 \$ _____
Income Source #2: _____	Gross Monthly Income from Source #2 \$ _____
Income Source #3: _____	Gross Monthly Income from Source #3 \$ _____
Income Source #4: _____	Gross Monthly Income from Source #4 \$ _____
Total Gross Monthly Income (From All Sources) \$ _____	
Total Gross Yearly Income (From All Sources) \$ _____	

Household Member #4

Name	Relationship to Applicant
Date of Birth (mm/dd/yyyy)	Age

Ethnicity
 White Black/African American Native American Hispanic Asian

Disabled <input type="checkbox"/> No <input type="checkbox"/> Yes - Please explain:	Veteran (Optional question, will not impact application.) <input type="checkbox"/> No <input type="checkbox"/> Yes - Branch of service:
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Employer (Business) Name	Supervisor Name
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Employer Address	Employer Phone
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Length of Time with Current Employer	Hours Worked per Week
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Income Source #1: _____	Gross Monthly Income from Source #1 \$ _____
Income Source #2: _____	Gross Monthly Income from Source #2 \$ _____
Income Source #3: _____	Gross Monthly Income from Source #3 \$ _____
Income Source #4: _____	Gross Monthly Income from Source #4 \$ _____
Total Gross Monthly Income (From All Sources) \$ _____	
Total Gross Yearly Income (From All Sources) \$ _____	

Review the following before completing the section requesting information about Household Assets.

- Assets include: All cash held in savings and checking accounts, safe deposit boxes, stocks, bonds, treasury bills, certificates of deposit, money market accounts, home equity, retirement accounts, cash value of whole life insurance policies, any material item kept as an investment, etc. Count these assets in their entirety minus the penalty for early withdrawal.
- Assets do not include: Clothing, furniture, cars, wedding rings, interest in Indian trust land, term life insurance policies, assets that are a part of an active business, or equity in the cooperative unit in which a family lives.
- There is no limit to the amount of assets that an applicant can possess as long as the income from those assets does not cause the applicant to exceed very low, low or moderate income brackets.

Household Asset Description	Cash Value	Monthly Income from Asset

Total	Total	Total

7. HOME DESCRIPTION

Type of Home (check one) <input type="checkbox"/> House <input type="checkbox"/> Mobile/Manufactured <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Other		Year Home was Built
Construction (check one) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Concrete Block <input type="checkbox"/> Brick <input type="checkbox"/> Other		Square Footage
Number of Bedrooms	Number of Bathrooms	Electrical Service Provider and Account Number
Water Supply (check one) <input type="checkbox"/> None <input type="checkbox"/> City Water <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Spring		Where does Home's Wastewater go? <input type="checkbox"/> City Sewer <input type="checkbox"/> Septic <input type="checkbox"/> Gray Water <input type="checkbox"/> Other
Central Air <input type="checkbox"/> Yes <input type="checkbox"/> No	Central Heat <input type="checkbox"/> Yes <input type="checkbox"/> No	Type <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Wood

8. REPAIRS NEEDED

We concentrate on work needed to make your home safe, secure and weatherproof. Briefly describe the work to be done. Attach additional sheets if needed.

Foundation/Siding
Floors/Flooring
Insulation/Weatherization
Exterior/Interior Walls
Roof/Ceilings
Windows/Doors
Bathroom
Electrical/Plumbing
Porch/Steps/Ramp
Grab bars/Handrail
Other

9. REQUIRED DOCUMENTS

Copies of the following documents are required.

- Proof of the Number of Individuals in the Household (number of dependents claimed by using most recent federal income tax return and one of the following: photo ID, birth certificate on which the applicant’s name is listed, school records which provide the applicant’s name and address, court-ordered letter of guardianship, divorce decree, letter of adoption, or social security card).
- Proof of Income: one month of pay stubs, government declarations letter, court-ordered payment letter, bank statements showing monthly deposits, or any paper that documents income.

10. HOMEOWNER DISCLOSURE AGREEMENT

- I certify that I do not have the financial means to perform the repairs for which I am applying.
- I understand that I may be asked to provide documentation as proof of my answers.
- I authorize investigation and verification of all information provided, including a personal background check, as may be necessary for my involvement with Rebuilding Together Bismarck/Mandan.
- I have read the information provided by Rebuilding Together Bismarck/Mandan and understand the program and its processes.
- I give permission for Rebuilding Together Bismarck/Mandan representatives and volunteers to inspect my home for purposes of home selection and/or repair. During the inspection the team may take pictures (still or video) in order to help in the selection process.
- I understand that if my home is selected, work will likely be done by volunteers (skilled and unskilled). I understand that most volunteers are not professionals and they may not be able to complete all repairs at my home.
- I understand that only part, not necessarily all, of the work may be completed even if my home is selected.
- I understand that there is no cost to the homeowner for these repairs.
- I understand that I am expected to participate with volunteers at my home to the best of my ability, and those adult family members or friends on site during workdays will also participate.
- If any of the material facts given by me on this application have changed during the selection process, I agree to update and/or communicate those changes with Rebuilding Together Bismarck/Mandan.

My signature below indicates that all of the above statements and information provided are accurate and complete.

Applicant Signature _____ Date _____

11. OPTIONAL RELEASE OF INFORMATION TO COMMUNITY ACTION AGENCY

Rebuilding Together Bismarck/Mandan works with our area Community Action Agency’s Weatherization Program which provides expanded services to clients including home repair, weatherization and more. Would you like more information regarding energy efficiency and Community Action programs? Yes No

I grant permission for the information on this form as well as other information about my family and household weatherization and/or repair needs to be shared with Community Action to fulfill the needs at my home.

Applicant Signature _____ Date _____

12. PREPARER INFORMATION - IF APPLICATION COMPLETED BY SOMEONE OTHER THAN HOMEOWNER

Name	Agency
Relationship to Applicant	Phone
Is the Homeowner Aware of this Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email

OFFICE USE ONLY

Tax Parcel #	Taxes Current <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Built Prior to 1978? <input type="checkbox"/> Yes <input type="checkbox"/> No
Adjusted Monthly Income (If the Cash Value of Assets Exceeds \$5,000, add 2% to Monthly Income)	Percent Annual Median Income (MSA) <input type="checkbox"/> Below 30% (Extremely Low) <input type="checkbox"/> Below 50% (Very Low) <input type="checkbox"/> Below 80% (Low) <input type="checkbox"/> Below 120% (Moderate)	
Total Adjusted Yearly Income for Household	Federal Poverty Level <input type="checkbox"/> Below 125% <input type="checkbox"/> Below 150% <input type="checkbox"/> Below 200%	
Value of Home	90% Purchase Price of Area	Does the Applicant Exceed this Limit? <input type="checkbox"/> Yes <input type="checkbox"/> No