



SERVICE APPLICATION

200 Myrtle Street
New Britain, CT 06053
Phone: 860.832.4389
Fax: 860.832.8304

About Us

Rebuilding Together New Britain is a registered nonprofit organization that assists low-income New Britain homeowners in need, specifically the elderly, disabled, and families with children, with critical home maintenance and repairs that they are unable to manage on their own due to physical and/or financial limitations. RTNB's goal is to ensure that these homeowners are able to continue to live in comfort, warmth and safety in their own homes.

Our Programs

We provide our services year-round through programs that primarily utilize volunteers, to address the repairs and maintenance needs of our clients. We assist as many eligible applicants as our resources will allow. Many repair requests can be addressed; however, Rebuilding Together New Britain does not offer major structural repair or renovation work.

Basic Criteria

To be considered for our programs, homeowners must meet the following criteria:

- ✓ You must be the legal property owner and the home must be located in New Britain
- ✓ You must currently live in the home and plan to remain living in the home for at least the next 3 years
- ✓ You must be considered low-income by HUD standards and reasonably unable to complete the work on your own

Required Documents: Please attach complete copies of EACH of the following verification documents to your application.

- ✓ Income Verification—Acceptable verification includes your most recent tax return and copies of benefits or other income statements (i.e.: Social Security, pay stubs, unemployment, pension, etc.) Please include all income for every household resident.
- ✓ Asset Verification—Acceptable verification includes most recent full monthly statements for all checking and savings accounts, annuity amounts, and proof of other real estate, if applicable.
- ✓ (i.e.: full bank statements, annuity documents, deeds, etc.)

*There is no fee required to apply to receive assistance from Rebuilding Together. Rebuilding Together has not authorized any other person or entity to act as its agent for purposes of this application and any fees or costs associated with this application paid by the applicant to any person or entity are not fees or costs charged by Rebuilding Together.

Please mail your completed application and materials to:

Rebuilding Together New Britain, 200 Myrtle Street, New Britain, CT 06053

Application Submission and Processing

- ❖ Once your application is received, we will review it to ensure you meet our basic criteria for service.
- ❖ We will contact you if we have any questions or require additional documentation.
- ❖ Please note incomplete applications, including missing supporting documentation will delay processing.



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HOMEOWNER(S) INFORMATION
 (IF THERE ARE MORE THAN 2 HOMEOWNERS, PLEASE LIST IN HOUSEHOLD MEMBER SECTION BELOW)

MISSION:
*Repairing homes,
 revitalizing communities,
 rebuilding lives*

| | | | |
|---|--|---|--|
| Primary Homeowner | | Secondary Homeowner | |
| Phone Number | | Phone Number | |
| Email Address | | Email Address | |
| Date of Birth | | Date of Birth | |
| Primary Language | | Primary Language | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | |

Alternate Contact Name/Relationship/Phone:

| | | |
|------------------------------|--|-----------------------------------|
| ALL HOUSEHOLD MEMBERS | <i>Please list everyone who lives in the house, including children, temporary residents, renters and any additional homeowners</i> | RACE/ETHNICITY INFORMATION |
|------------------------------|--|-----------------------------------|

| Name | Relationship to Primary Homeowner | Date of Birth | White | Black/African American | Asian | American Indian | Other | Hispanic | Non-Hispanic |
|------|-----------------------------------|---------------|-------|------------------------|-------|-----------------|-------|----------|--------------|
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

PROPERTY INFORMATION

| | | | |
|-------------------------------------|--|--|--|
| Street Address | | Year Built | |
| City, Zip | | Year Purchased | |
| Type of House | <input type="checkbox"/> Single-Fam <input type="checkbox"/> Multi-Fam <input type="checkbox"/> Condo <input type="checkbox"/> Other | Number of Units | |
| Any existing liens on this property | <input type="checkbox"/> YES <input type="checkbox"/> NO | Are your property taxes current? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you have a mortgage? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Is your home insured? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Mortgage amount | \$ | Do you receive any utility assistance? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

What type of heating system does the home have? OIL GAS ELECTRIC OTHER:

Do you own any additional property? YES NO If yes, please explain:



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| HOUSEHOLD INCOME INFORMATION <i>(Please list information for all household members)</i> | | | | | | <i>We require copies of all income and assets backup, for example: tax returns, benefit letters, monthly bank statements</i> | | | | | |
|---|----------------------|-----------------|----------------------|---------------|---------|--|--------------|---------------|----------|-------------|----------------------|
| Household Member First Name <i>(Please place a check mark <input checked="" type="checkbox"/> under each item the household member is receiving)</i> | Monthly Wages/Salary | Social Security | SSI/Other Disability | Child Support | Alimony | Rental Income | Unemployment | Energy Assist | Snap/EBT | Cash Assist | Total Monthly Income |
| | | | | | | | | | | | \$ |
| | | | | | | | | | | | \$ |
| | | | | | | | | | | | \$ |
| | | | | | | | | | | | \$ |
| | | | | | | | | | | | \$ |

| Please list the number of accounts you own | Checking | Savings | CD's | Stocks/Bonds | IRA's | Other | Total Value |
|--|----------|---------|------|--------------|-------|-------|-------------|
| Primary Homeowner | | | | | | | \$ |
| Secondary Homeowner | | | | | | | \$ |

HOMEOWNER BACKGROUND AND HISTORY

Has anyone in the home served in the military? YES NO Dates of Service and Branch:

Is anyone in the home disabled? YES NO Which household member(s)?

Please describe any disabilities or limitations:

Do you intend to live in your home the next 3 years?
 YES NO If not, please explain:

Have you ever applied to Rebuilding Together New Britain or *Christmas in April* (our former name)?
 YES NO

REPAIRS AND ASSISTANCE NEEDED

Many non-structural repairs can be considered based on available resources.

Please provide a brief description of the work needed, including:

| | |
|--|--|
| <ul style="list-style-type: none"> Interior and exterior repairs Plumbing and electrical issues Security improvements Painting | <ul style="list-style-type: none"> Accessibility alterations including handrails and grab bars Yardwork Clutter removal |
|--|--|

PLEASE USE THIS SPACE FOR ADDITIONAL INFORMATION (Homeowners, family members, assets, etc.)



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HOMEOWNER RELEASE AND AGREEMENT

Directions: Please **read and initial every line** next to all statements below. Your signature and date are required on the last page, to complete your application.

Please call our office if you have any questions about the program or this form.

Note: This legal document is used for all RTNB programs, but some clauses may not apply to the assistance for which you are applying.

- _____ I understand that Rebuilding Together New Britain (RTNB) programs are a free service to homeowners in need and I certify that I do not have the financial means to pay for the repairs for which I am applying.
- _____ I understand that acceptance into RTNB programs is not guaranteed and subject to available funding and volunteers. Additionally, RTNB cannot guarantee that all the requested work will be done.
- _____ I understand that I may be asked to provide additional documentation. I authorize RTNB to verify any information, including conducting a personal or criminal background check, for any applicant or other adult living in the home.
- _____ I understand that RTNB retains the right to decline my application or end the project at any point during the program process. I understand that my application may be terminated due to misrepresentation of facts at any point in the process, detection or suspicion of illegal activities at my residence, or failure to meet the requirements of the program at the time of application.
- _____ I understand that any able-bodied member of my household age 12 and up will be expected to assist volunteers to the best of their ability during the project workday. Children under the age of 12 must be cared for off-site while the volunteer team is working.
- _____ I certify that any alcohol, drugs, and firearms or weapons are securely put away and will remain so during any visits or work performed by RTNB representatives or volunteers.
- _____ I understand that the goal of RTNB is to provide quality work that is completed within a reasonable amount of time; however, services rendered are not guaranteed or warrantied. In addition, I understand that RTNB is only responsible to complete the repair intended, and is not required to address any unforeseen issues, unless damage is caused by blatant negligence of a RTNB representative.
- _____ I understand that it is my responsibility to secure any valuable or breakable items in my home, prior to volunteers visiting my home to perform repairs. If I choose not to secure my belongings, I cannot hold RTNB responsible for any loss.
- _____ I give permission for trusted RTNB representatives to inspect my home for purposes of selection and/or repair, and to look at all rooms/spaces in my home. If my home is selected, I also give permission to trusted RTNB volunteers to complete the work at my home. Additionally, I understand that I, or my personally appointed representative, am required to stay on the premises while volunteers are working at my home.



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_____ I acknowledge that I have voluntarily applied to the Rebuilding Together New Britain, Inc.'s ("RTNB") program in which primarily volunteers rehabilitate the homes of disadvantaged New Britain homeowners. I understand that, if selected, I will not pay for any services provided. I also understand that I will not be covered by any health, medical, disability or liability insurance coverage provided by the Rebuilding Together network.

_____ In consideration of the opportunity afforded me, I hereby agree that I, my assignees, heirs, guardians, and legal or temporarily assigned representatives, will not make a claim against RTNB, or any of its affiliated organizations, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used by the Program, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation in the Program. Without limiting the generality of the foregoing, I hereby waive, release and forever discharge any rights, actions, or causes of action resulting personal injury or death to me, or damage to my property, sustained in connection with my relationship with Rebuilding Together New Britain.

_____ I attest that I intend to remain in my home for the next three years, providing I remain able to live independently. I realize that if I choose to change my address within one year from the date of service, I may be liable to reimburse RTNB for the market value of services and materials rendered.

_____ I understand that RTNB relies on publicity (social media, print, television, etc.) to promote our organization. To help facilitate this, I consent to unrestricted use by RTNB and authorized persons of any photographs, interviews, audio, or video recordings of my home and household in connection with the project if my home is selected. I grant RTNB all rights, title, and interest in any and all said interviews, photographs and recordings, including publication, royalties, or other benefits derived from such recordings.

_____ I consent to reporters and/or photographers coming to my property during the time that RTNB volunteers are working on my home to take photographs and/or interview volunteers and/or members of my household.
*Other options of this clause are available upon homeowner request.

My signature below indicates that all information provided in this entire application is accurate and complete, to the best of my knowledge. **I understand that if there is a change in my noted residence, my intention to reside at my residence, the ownership of my home, an increase in the number of my household members and/or in household income reported in this application, prior to receiving services, I must notify the RTNB office immediately: failure to notify may result in an obligation to reimburse RTNB for services rendered, at the RTNB estimated value.** I have read the application instructions and understand the application process. I understand all clauses in the disclosure above.

Applicant's/Homeowner's Signature

Date

Co-Applicant's/Homeowner's Signature if applicable

Date

Notes:



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Rebuilding Together New Britain, Inc. HOMEOWNER WELLNESS POLICY GUIDELINES AND ACKNOWLEDGEMENT

Rebuilding Together New Britain, Inc. (RTNB) prioritizes the health and safety of homeowners, contractors, volunteers, and staff. With the spread of the coronavirus or "COVID-19," we all must remain vigilant in mitigating the outbreak and protecting one another.

In order to be safe and maintain operations, we have developed the Wellness policies outlined below to be implemented throughout the organization and at all of our work sites. RTNB has also developed COVID-19 Exposure Prevention Policies for Contractors, which are available upon request. RTNB will seek to follow all applicable and relevant government recommendations and may update the above policies at any time.

It is necessary for all homeowners to read, sign, and abide by this policy if they wish for RTNB to proceed with the home repair activities at their home. If you choose to delay work at your home, understand that RTNB will try to keep you in the project pipeline, but cannot guarantee that it will be possible. This policy must be returned to the RTNB office immediately. The RTNB office address: 200 Myrtle Street. New Britain, CT 06053 (860) 832-4389

Guidelines:

- RTNB will suspend all home repair activities unless the homeowner has signed and returned this document.
- Homeowners authorizing home repairs are releasing RTNB, its contractors, its directors, and officers from any liability or claims that may arise from exposure to pathogens due to home repair activities.
- Homeowners will notify RTNB immediately if they or any other resident has tested positive or has been in contact with someone that tested positive for COVID-19.
- Homeowners will also notify RTNB staff if any member of the household is experiencing one or more of the following symptoms: coughing, fever, shortness of breath, difficulty breathing, chills, body aches, sore throat, headache, diarrhea, nausea/vomiting, or runny nose.
- RT staff and contractors will try to avoid physical contact with homeowners to the maximum extent possible.
- Conversations with homeowners will be limited to electronic or phone conversations to the extent possible.
- Should in-person conversations be necessary, those conversations will take place at a minimum of six feet distance to the extent possible, and masks covering the nose and mouth will be worn by all parties.
- When homeowner signatures are required, RTNB will attempt to obtain electronic signatures. If that is not possible, RTNB will deliver documents to be signed via USPS, or will leave at a designated spot on the Homeowner's property.
- Deadlines for receiving documents will be expressed verbally and/or in writing.
- When documents need to be collected from homeowners (such as copies of deeds, proof of income eligibility), those documents will be left at a mutually agreed upon location in the home for RTNB staff to take photos.
- Homeowner agrees to stay six feet away from any RTNB representatives (volunteers, staff or contractors) performing repairs on the home, in a separate room from repairs being made when possible.
- If possible, homeowner agrees to wear a face mask when RTNB representative are on site. If homeowner does not have one, notify RTNB staff, prior to any visit, and RTNB will provide.
- Homeowner understands that RTNB will provide a porta potty on volunteer rebuild days so they will not use the home's facilities.
- RTNB volunteers and contractors will need to use water on the premises. If Homeowner does not have any exterior access to a running water supply, RTNB must be notified prior to the project day, so other arrangements for hand washing can be made.
- RTNB contractors are not to use the homes facilities.
- Homeowner is encouraged to wipe down any surfaces a RTNB hired contractor or volunteer may have touched, with antibacterial cleaning products after repairs are completed.



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I/We, _____ have read and understood the Wellness policy. If I/we have any questions about the policies stated I will ask a Rebuilding Together New Britain (RTNB) Staff member to answer them. I/we, and any other household member or visitor, shall follow all the policies stated. In addition, I realize that Rebuilding Together may change the policies stated at any time.

I/we understand and acknowledge that even when following the RTNB Wellness policies there is still a risk for contracting or transmitting COVID-19 to others. I understand that failure to comply with the RTNB Wellness Policies will result in stoppage of work at my home. RTNB staff members will be monitoring for compliance of safety policies and will have ultimate authority in all safety matters. I hold harmless Rebuilding Together New Britain, its affiliates, officers, directors, employees, volunteers or agents (collectively "Rebuilding Together New Britain Affiliates") from any cause of action, claim, loss, demand, or suit arising from or related to: (1) the presence of any Rebuilding Together New Britain Affiliate or Contractor(s) on or about the Premises, (2) any services provided by any Rebuilding Together New Britain Affiliate or Contractor(s); (3) the negligence of any Rebuilding Together New Britain Affiliate or Contractor(s); (4) any damages to personal or real property; or (5) any injuries sustained by myself, any of my family members, or any of my invitees.

My submission of this application indicates that all information provided in this entire application is accurate and complete, to the best of my knowledge. I understand that if there is a change in my noted residence, my intention to reside at my residence, the ownership of my home, an increase in the number of my household members and/or in household income reported in this application, prior to receiving services, I must notify the RTNB office immediately: failure to notify may result in an obligation to reimburse RTNB for services rendered, at the RTNB estimated value. I have read the application instructions and understand the application process. I understand all clauses in the disclosure above.

Homeowner: _____

Co-Owner: _____

Address: _____ New Britain, CT

Date: _____