

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 <u>does not offer</u> 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:<br>Repairing homes,<br>revitalizing communities,<br>rebuilding lives |            |                                  |            |            |                  |  |
|--|---------------------------------|---------|--------------------------------------|---------------|----------------------------|------------------------|---|------------|----------------------------------|------------|------------|------------------|--|
| Primary<br>Homeowner   |                                 |         |                                      |               |                            | Secon                  | -   |            |                                  |            |            |                  |  |
| Phone Number   |                                 |         |                                      |               |                            | Homeowner Phone Number |   |            |                                  |            |            |                  |  |
|  |                                 |         |                                      | Email Address |                            |                        |   |            |                                  |            |            |                  |  |
| Date of Birth  |                                 |         |                                      |               |                            | Date of Birth          |   |            |                                  |            |            |                  |  |
| Primary Language   |                                 |         |                                      |               |                            | Primary Language       |   |            |                                  |            |            |                  |  |
| Gender □Male   |                                 |         | □Female                              | □Othe         | er                         | Gend                   | er  | □M         | ale 🗆                            | Femal      | e □01      | ther             |  |
| Alternate Contact<br>Name/Relationsh   |                                 | ne:     |                                      |               |                            |                        |   |            |                                  |            |            |                  |  |
| ALL HOUSEHOLD  MEMBERS  in the house, including children, temporary residents, renters and any additional homeowners |                                 |         |                                      |               | RACE/ETHNICITY INFORMATION |                        |   |            |                                  |            |            |                  |  |
| Name   |                                 |         | Relationship<br>Primary<br>Homeowner | to            | Date of<br>Birth           | White                  | Black/<br>African<br>American   |            | American<br>Indian               |            | Hispanic   | Non-<br>Hispanic |  |
|  |                                 |         |                                      |               |                            |                        |   |            |                                  |            |            |                  |  |
|  |                                 |         |                                      |               |                            |                        |   |            |                                  |            |            |                  |  |
|  |                                 |         |                                      |               |                            |                        |   |            |                                  |            |            |                  |  |
| PROPERTY IN  | IFORN                           | IATI    | ON                                   |               |                            |                        |   |            |                                  |            |            |                  |  |
| Street Address Year Built  |                                 |         |                                      |               |                            |                        |   |            |                                  |            |            |                  |  |
| City, Zip  |                                 |         |                                      |               |                            |                        |   | r Purchase | ed                               |            |            |                  |  |
| Type of House  | ☐Single-Fam ☐Multi-Fam ☐Condo ☐ |         |                                      |               |                            | Other Number of Units  |   |            |                                  |            |            |                  |  |
| Any existing liens on this property  | g                               |         |                                      |               |                            |                        | Are your property taxes current?  |            |                                  | s [        | □ YES □ NO |                  |  |
| Do you have a mortgage?  | □ YES □ NO                      |         |                                      |               | Is your home insured?      |                        |   |            |                                  | □ YES □ NO |            |                  |  |
| Mortgage<br>amount   | T . N                           |         |                                      |               |                            |                        |   | any        | you receiv<br>utility<br>stance? |            | □ YES □ NO |                  |  |
| What type of hea   | ting sys                        | tem d   | oes the home                         | have?         | □ oil                      |                        | GAS 🗆 E   | LECTR      | іс □ от                          | HER:       |            |                  |  |
| Do you own any   | addition                        | nal pro | perty? 🗆 YF                          | ES 🗆 ]        | NO If ye                   | es, plea               | se explair  | ı:         |                                  |            |            |                  |  |



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| New Diltain  |                             |                    |                             |                  |   |      |                  |                   |                  |              |                |                                  |  |
|--|-----------------------------|--------------------|-----------------------------|------------------|---|------|------------------|-------------------|------------------|--------------|----------------|----------------------------------|--|
| HOUSEHOLD INCOME INFORMATION (Please list information for all household members)   |                             |                    |                             |                  | We require copies of all income and assets backup, for example: tax returns, benefit letters, monthly bank statements |      |                  |                   |                  |              |                |                                  |  |
| Household Member First Name (Please place a check mark under each item the household member is receiving)  | Monthly<br>Wages/<br>Salary | Social<br>Security | SSI/<br>Other<br>Disability | Child<br>Support |   | nony | Rental<br>Income | Unem-<br>ployment | Energy<br>Assist | Snap/<br>EBT | Cash<br>Assist | Total<br>Monthly<br>Income<br>\$ |  |
|  |                             |                    |                             |                  |   |      |                  |                   |                  |              |                | \$                               |  |
|  |                             |                    |                             |                  |   |      |                  |                   |                  |              |                | \$                               |  |
|  |                             |                    |                             |                  |   |      |                  |                   |                  |              |                | \$                               |  |
| Please list the number of a  | ccounts                     | you                | Checking                    | Savin            | gs  | CD   |                  | Stocks/<br>Bonds  | IRA's            | Oth          | ner            | Total<br>Value                   |  |
| Primary Homeowner  |                             |                    |                             |                  |   |      |                  |                   |                  | \$           |                |                                  |  |
| Secondary Homeowner \$   |                             |                    |                             |                  |   |      |                  |                   |                  |              |                |                                  |  |
| HOMEOWNER BACKGROUND AND HISTORY  Dates of Service and Branch:   |                             |                    |                             |                  |   |      |                  |                   |                  |              |                |                                  |  |
| Has anyone in the home serve   | d in the                    | nilitary           | ?□ YES                      |                  | )   |      |                  |                   |                  |              |                |                                  |  |
| Is anyone in the home disabled? $\square$ YES $\square$ 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 o Christmas in April (our former name)?   |                             |                    |                             | n or             | □ YES □ NO  |      |                  |                   |                  |              |                |                                  |  |
| REPAIRS AND ASSISTANCE NEEDED  |                             |                    |                             | on               | Many non-structural repairs can be considered based on available resources.   |      |                  |                   |                  |              |                |                                  |  |
| Please provide a brief description of the work needed, including:  Interior and exterior repairs Plumbing and electrical issues Security improvements Painting  Accessibility alterations including handrails and grab bars Yardwork Clutter removal |                             |                    |                             | ng               |   |      |                  |                   |                  |              |                |                                  |  |
| PLEASE USE THIS SPACE FOR ADDITIONAL INFORMATION (Homeowners, family members, assets, etc.)  |                             |                    |                             |                  |   |      |                  |                   |                  |              |                |                                  |  |
|  |                             |                    |                             |                  |   |      |                  |                   |                  |              |                |                                  |  |



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### HOMEOWNER RELEASE AND AGREEMENT

Directions: Please <u>read and initial every line</u> 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.

| <br>_ I understand that Rebuilding Together New Britain (RTNB) programs are a free service to homeowners in need and I certify that I do <u>not</u> have the financial means to pay for the repairs for which I am applying.  |
|---|
| <br>_ 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.  |
| <br>_ 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.  |
| <br>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.   |
| <br>_ I understand that any <u>able-bodied</u> 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.   |
| <br>_ 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.                                     |
| <br>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.  |
| <br>_ I give permission for trusted RTNB representatives to inspect my home for purposes of selection and/or repair, and to look at <u>all rooms/spaces</u> 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 program in which primarily volunteers rehabilitate the homes of understand that, if selected, I will not pay for any services provice covered by any health, medical, disability or liability insurance Together network.  | f disadvantaged New Britain homeowners. I ided. I also understand that I will not be   |
|--|--|
| In consideration of the opportunity afforded me, I hereby agree legal or temporarily assigned representatives, will not make a corganizations, or either of their officers or directors collectively materials or equipment that is used by the Program, or any of the me or damage to my property, however caused, arising from my limiting the generality of the foregoing, I hereby waive, release causes of action resulting personal injury or death to me, or dam with my relationship with Rebuilding Together New Britain. | laim against RTNB, or any of its affiliated or individually, or the supplier of any ne volunteer workers, for the injury or death to y participation in the Program. Without and forever discharge any rights, actions, or |
| I attest that I intend to remain in my home for the next three year independently. I realize that if I choose to change my address v service, I may be liable to reimburse RTNB for the market value   | within one year from the date of   |
| I understand that RTNB relies on publicity (social media, print, To help facilitate this, I consent to unrestricted use by RTNB are interviews, audio, or video recordings of my home and househouse is selected. I grant RTNB all rights, title, and interest in any and recordings, including publication, royalties, or other benefits de   | nd authorized persons of any photographs,<br>old in connection with the project if my home<br>d all said interviews, photographs and   |
| I consent to reporters and/or photographers coming to my proper working on my home to take photographs and/or interview volu *Other options of this clause are available upon homeowner recommendations.   | unteers and/or members of my household.  |
| My signature below indicates that all information provided in this entire best of my knowledge. I understand that if there is a change in my my residence, the ownership of my home, an increase in the number household income reported in this application, prior to receiving se immediately: failure to notify may result in an obligation to reimbur RTNB estimated value. I have read the application instructions and unall clauses in the disclosure above.  | noted residence, my intention to reside at<br>r of my household members and/or in<br>rvices, I must notify the RTNB office<br>urse RTNB for services rendered, at the  |
| Applicant's/Homeowner's Signature  | Date   |
| Co-Applicant's/Homeowner's Signature if applicable   | Date   |
| Notes:   |  |