



# HOMEOWNER APPLICATION

945 West Wilshire Blvd., Oklahoma City, OK 73116

Phone: 405.486.0776 • Fax: 405.486.0776

[www.rebuildingtogetherokc.org](http://www.rebuildingtogetherokc.org)

**Dear Homeowner:**

Thank you for your interest in Rebuilding Together Oklahoma City. Our mission is to repair homes, revitalize communities, and rebuild lives. Through the contributions of time, labor, materials, and funding from neighbors who care, we are able to provide repairs at no cost to qualifying homeowners. Acceptance into our program does not guarantee that any repairs will be made. Rebuilding Together Oklahoma City reserves the right to prioritize any repairs made. Our waiting list can be up to 1 year, with the exception of ADA Ramps.

- 55 years of age or older for our programs.
- Live in Oklahoma County.
- You must own and reside in your home.
- You must not owe any back property taxes.
- Proof of any and all income for each resident must be provided to Rebuilding Together Oklahoma City as soon as possible after submitting this application, with copies of all mandatory documents.
- The income standards is 50% or below of the Area Median Income limits. RTOKC will determine financial eligibility as it relates to repairs needed.
- If you are in doubt about any of the eligibility requirements, please submit the application for review and determination.

## DOCUMENTS CHECKLIST

- Copy of driver's license or birth certificate for all household members [REQUIRED]
- Proof of income for all household members [REQUIRED]
- DD214 for veterans

**\*We are happy to make copies of required documents and return originals.**

## HOMEOWNER RESOURCES

ORGANIZATION	PHONE NUMBER	NOTES
2-1-1 Oklahoma	2.1.1	Resource Helpline
Areawide Aging Agency	405.942.8500	Resource Helpline
Capitol View in Action	405.427.9446	Home Repairs
City of Edmond	405.359.4694	Home Repairs
City of Midwest City	405.739.1216	Home Repairs
Community Action Partnership	405.232.0199	Utility Assistance/Emergency Repairs/ Food Assistance
Crossing Community Clinic	405.749.0800	Medical, Dental, & Vision Clinic
Daily Living Centers	405.702.8640	Day Care & Respite Care
Department of Human Services	405.522.5818	Utilities
Edmond Mobile Meals	405.341.3111	Food Assistance
EMBARK	405.235.7433	Transportation
Hope Chest Ministries	405.204.9108	Furniture & Household Goods
Indian Health Services	405.951.3782	Home Repairs
Legal Aid Services of Oklahoma	405.421.1641	Legal Services
Meals on Wheels OKC	405.609.1035	Food Assistance
Metropolitan Better Living Center	405.525.3024	Day Care, Transport, & Meals
Midwest City Operation Paintbrush	405.739.1009	Exterior Painting
Neighborhood Services Organization	405.236.0413	Dental Clinic & Housing
NewView	405.232.4644	Low Vision Clinic
OG&E	405.272.9741	Weatherization
OK Dept of Veteran Affairs	405.523.4020	DD214 & Other Veteran Questions
OKC SNI Home Assist. Repair	405.297.2846	Home Repairs
Oklahoma Community Cares Partnership	2.1.1. or 405.653.9440	Housing Stability
Oklahoma Healthy Aging Initiative	405.271.6424	Caregiver Training & Resources
Pet Food Bank & Pantry	405.316.3663	Pet Food Assistance
Restore OKC	405.642.0886	Home Repairs *Northeast OKC
Retired Senior Volunteer Program	405.605.3110	Transportation
Salvation Army	405.246.1060	Utilities & Summer Cooling
Senior Farmer's Market	405.521.3444	Nutrition Program
Senior Law Resource Center	405.528.0858	Legal Services
Serve More	405.735.3060	Home Repairs
Shepherd of Love Ministries	405.348.5195	Utilities
Sunbeam Family Services	405.528.7721	Respite Care & Grandchildren
The Gatekeeper Program	405.713.1893	Resource Helpline
VA Health Care System	405.456.1000	Health Care Services to Veterans
Valir PACE Services	405.609.3688	Home Health Care



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## HOMEOWNER INFORMATION

<b>Name of Homeowner:</b>	<b>Phone:</b>	<b>Age:</b>
<b>Name of Homeowner:</b>	<b>Phone:</b>	<b>Age:</b>
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Emergency contact name:</b>	<b>Emergency contact phone:</b>	
<b>Relationship to emergency contact:</b>	<b>Email:</b>	
<b>Do you own other property? Y N *If yes, what type</b>		
<b>Is a translator needed? Y N *If yes, what language?</b>		
<b>Tell us about yourself:</b>		
<b>How is your home impacting your health or making you feel less safe?</b>		
<b>How did you hear about Rebuilding Together? _____</b>		
<b>Have you applied for home repairs with another organization? Y N   Org: _____</b>		
<b>Do you plan to remain living in your home? Y N</b>		
<b>Is anyone in your family a Mason or Eastern Star Member? Y N</b>		
<b>Is anyone in the home a Veteran or are you a widow/widower of a Veteran? Y N</b>		

## HOME INFORMATION

**Type of House (Circle Below) :**

**Single Family    Multi-Family    Condo    Mobile Home    Manufactured Housing**

<b>Year Built:</b>	<b>Move In Year:</b>
<b>Monthly Mortgage Payment:</b>	<b>Unit Insured? Y N</b>
<b>Mortgage Current? Y N</b>	<b>Property Taxes Current? Y N</b>

## HOUSEHOLD MEMBERS

### PROOF OF INCOME EXAMPLES:

- A copy of all pages of the most recent benefit(s) verification letter(s)
- A copy of most recent 30 day pay stub.
  - *The pay stub must include the year to date income, company name, and employee name*
  - **We do not accept bank statements or tax forms**

Full Name	Date of Birth	Disabled Y or N	Gross Monthly Income	Income Source	Proof of Income Included*

**TOTAL HOUSEHOLD MONTHLY INCOME: \$ \_\_\_\_\_**

**\*We are happy to make copies of required documents and return originals.**

## DEMOGRAPHICS

**What is your gender or sex?** \_\_\_\_\_

**What is your race? Please check all that apply.**

<b>American Indian or Alaskan Native</b>	<b>Asian</b>	<b>Black or African American</b>	<b>Native Hawaiian or Pacific Islander</b>	<b>White</b>
<b>Other</b>	<b>I wish to decline a response</b>			

**What is your ethnicity?**

<b>Hispanic or Latino/a/x</b>	
<b>Not Hispanic or Latino/a/x</b>	

## REPAIRS

- Roof** Repair or Replace? \_\_\_\_\_
- Window** Repair or Replace? \_\_\_\_\_
- ADA Ramp**

**Safety modifications:**

- ADA Toilet**
- Grab Bars**
- Handrails**
- Shower Chair**

**Please list other concerns you have with your home:**

### **Please Read the Following Information Carefully**

My signature below certifies that the information provided above is true and complete to the best of my knowledge. I have read the information provided by Rebuilding Together Oklahoma City and have a basic understanding of the program, its process and the qualifications I must meet to participate. I understand that funds used to repair my home may include funding from the Areawide Aging Agency by way of a Grant from the Masonic Charity Foundation of Oklahoma. I give Rebuilding Together Oklahoma City staff or volunteers my permission to inspect my home for purposes of project selection and/or repair. I understand my application may be shared with Funders for inclusion in their services for which you may be eligible.

I also grant Rebuilding Together Oklahoma City permission to take or have taken photographs and film, including television, of my home. I consent and authorize Rebuilding Together Oklahoma City, its partners, funders, advertising agencies, news media interested in Rebuilding Together Oklahoma City and its work to use and reproduce the photographs and films and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material for the primary purpose of promoting and aiding its programs and its work.

**Signature of Homeowner[s]:**

**Date:**

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*This is an Equal  
Opportunity Program.  
Discrimination is  
prohibited by law.*

