



# HOMEOWNER APPLICATION

945 West Wilshire Blvd., Oklahoma City, OK 73116

Phone: 405.607.0464 • Fax: 405.607.0362

[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.

- 55 years of age or older for our programs.
- Live in Oklahoma County.
- You must own and reside in your home.
- Property taxes must be current.
- 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. There will be no action on the application until all information is provided.
- The income standards is 50% to 80% or below of the Area Median Income limits, dependent on the repairs needed.  
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.**

***Please keep this page for your records. On the back is a list of resources that may be useful.***

# HOMEOWNER RESOURCES

Rebuilding Together Oklahoma City | (405) 607-0464 | Home Repairs in Oklahoma County

ORGANIZATION	PHONE NUMBER	NOTES
2-1-1 Oklahoma	2.1.1	Resource Helpline
Areawide Aging Agency	405.942.8500	Resource Helpline
Habitat for Humanity	405.232.4828	Home Repairs
City of Edmond	405.359.4694	Home Repairs
City of Midwest City	405.739.1216	Home Repairs
Community Action Partnership- CAP	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- LIHEAP	405.522.5818	Utilities- Home Energy Assistance Program
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
Midwest City Operation Paintbrush	405.739.1009	Exterior Painting
Neighborhood Services Organization	405.236.0413	Dental Clinic
NewView	405.604.3408	Low Vision Clinic
OG&E	405.272.9741	Home Weatherization
Oklahoma Human Services	405.522.5050	Public Assistance
Oklahoma iTN	405.602.1558	Low-cost rides for Seniors
OK Dept of Veteran Affairs	405.523.4020	DD214 & Other Veteran Questions
OKC Strong Neighborhood Initiative	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
RSVP- Retired Senior Volunteer Program	405.605.3110	Community Resource
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	Disaster Home Response/ Repairs
Shepherd of Love Ministries	405.348.5195	Utility Assistance
Sunbeam Family Services	405.528.7721	Counseling and Support Groups
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

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

## HOME INFORMATION

Type of House (Circle Below) :

Single Family    Multi-Family    Condo    Mobile Home    Manufactured Housing

Year Built:	Move In Year:
Monthly Mortgage Payment:	Unit Insured? Y N
Up-to-date on Mortgage? Y N	Up-to-date on Property Taxes? Y N

## Household Members

*Below, please list ALL persons living in the home including all children, starting with the homeowner (use an additional sheet if needed):*

First & Last Name	Relationship	Date of Birth mm/dd/yy	Gender*	Ethnicity*	Race*	Employed	Disabled	Veteran
1.	Self	/ /		H NH		Yes No	Yes No	Yes No
2.		/ /		H NH		Yes No	Yes No	Yes No
3.		/ /		H NH		Yes No	Yes No	Yes No
4.		/ /		H NH		Yes No	Yes No	Yes No
5.		/ /		H NH		Yes No	Yes No	Yes No
6.		/ /		H NH		Yes No	Yes No	Yes No

Our funders require us to collect the above demographic information. Please assist us by choosing Gender, Ethnicity, and Race.

**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/Alaskan Native, **A** Asian, **B/AA** Black/African American, **NH/PI** Native Hawaiian/Pacific Islander, **W** White, **O** Other

**Please list** any disabilities we should be aware of when assessing the repair needs at your home: \_\_\_\_\_

**Below, please list ALL sources of income received by household members:**

Income Source	Proof of Income Included	
	Yes	No
	Yes	No
	Yes	No
	Yes	No

**Total Household Monthly Income: \$\_\_\_\_\_**

**PROOF OF INCOME EXAMPLES:**

- **A copy of all pages of the most recent benefit(s) verification letter(s)**
  - *SSA benefit letter, SSI benefit letter, etc...*
    - *For copies of benefit letters, contact the Social Security Administration at 1-800-772-1213*
- **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*

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

**Repairs**

**Please list repairs needed:**

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**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 Federal Home Loan Bank Topeka Affordable Housing Program and 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 I 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.***

