HOMEOWNER APPLICATION

945 West Wilshire Blvd, Oklahoma City, OK 73116
405.607.0464
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 provide repairs at no cost to qualifying homeowners. Program qualifications include:

- 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.
- Mortgage must be current.
- Proof of all income for each resident in the home must be provided 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.*
- Proof of income documents include the current year SS Benefit Award Letter (may also be known as Cost-of-Living Adjustment), statements for pensions, retirement benefits, annuities, and 30 days of paystubs, if employed.
- The income standards are 50% to 80% or below of the Area Median Income limits, depending on the repairs needed.
- If you are in doubt about the eligibility requirements, please submit the application for review and determination.

Acceptance into our program does not guarantee that any repairs will be made. Rebuilding Together Oklahoma City reserves the right to prioritize repairs made.

DOCUMENTS CHECKLIST
☐ Copy of driver's license or birth certificate for all household members/homeowners [REQUIRED]
☐ Proof of income for all household members/homeowners [REQUIRED]
☐ DD214 for veterans
☐ Copy of current mortgage statement. [REQUIRED]
*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.

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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 OKC?		
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
Current on Mortgage? Y N	Current on Property Taxes? Y N

Household Members

List ALL people 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. **NH** (non-Hispanic) if you are 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

List any disabilities we should be aware of when assessing the repair needs at your home: _____

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 the 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

List repairs needed:

_____

_____

_____

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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contact@rebuildingtogetherokc.org

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

EQUAL HOUSING OPPORTUNITY