



General Homeowner Application
Rebuilding Together Greater Dallas
2060 Singleton Blvd., Ste. 106
Dallas, TX 75212
972-636-8039
www.rebuildingdallas.org
Email: info@rebuildingdallas.org

Date: _____

Dear Applicant:

Thank you for requesting an application from Rebuilding Together Greater Dallas (RTGD) for essential home repairs. RTGD is a not-for-profit organization providing home repairs to eligible homeowners **at no cost** to you through various programs. Due to the limited financial resources of this program, RTGD is restricted to serving a limited number of homeowners. Please understand that we are currently experiencing a significant backlog of applications and may not be able to respond to your request in a timely manner. Therefore, you may wish to contact the following resources:

The Senior Source (214) 823-5700 www.theseniorsource.org
City of Dallas – People Helping People (214) 670-7320
(Or contact your local City’s Housing Department / Community Service Department)
Dallas Leadership Foundation (214) 777-5520 www.dlftx.org
Local Church Groups
Local Community Centers
Local Scout Troops
Family Members

To be eligible for home repairs, you **must**:

- Be elderly (62 or older), disabled (documented), and/or a family with dependent children.
- Be living on a very low income according to HUD guidelines.
- Own the home and live in the house (single family dwelling in Dallas County).
- Be current with real estate taxes or have an agreement with DCAD for all delinquent real estate taxes.

It is necessary to verify your eligibility by mailing to our office **copies** of the following (DO NOT SEND ORIGINALS):

- Drivers License or Texas ID (*age and address verification*).
- Income information (*income verification* - SSI award letter, pay stub, check copies, tax returns, etc.). This information should be current, within 30 days, and reflect the **total household income**.
- Warranty Deed or Deed of Trust (*homeowner verification*).
- Payment agreement letter from DCAD regarding delinquent taxes, if any (*real estate tax verification*).
- Physician’s statement or SSI award letter (*disability verification*). This is needed only if you are under age 62 and/or applying for the Home Modifications Program.
- Electric bill with Reliant Energy (*electricity service provider verification*). This is needed only if applying for the Reliant Energy Efficiency Program.
- Military documentation (*veteran verification* – DD214, ID Card, VA benefits, etc.) This is needed only if applying for the Serve our Troops Program.
- If possible*, please attach a recent photo of your home. (*Not required*)

This information is confidential and will be used only to verify eligibility for our various home repair programs. Please send copies only! If you have any questions or if you need assistance in completing this request, please do not hesitate to call us at 972-636-8039. Please return your application to the above address. We look forward to receiving your request!

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Please retain this page of the application for your records.

Potential Program Eligibility:

(RD) Rebuild Day

(HM) Home Modifications

(RE) Reliant Energy

(ER) Emergency Repairs

(ST) Serve our Troops

**For Office Use
Only**

Homeowner/Household Information

Homeowner Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Address: _____ Zip Code: _____

Phone number: (____) ____ - ____ Alt. Phone Number: (____) ____ - ____

Length of Time at this Address: _____ Ethnicity: _____ Widowed?: _____

Emergency Contact: _____ Phone: _____

Others in Household:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

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Do you have children living in/near Dallas? Please list names and ages: _____

Please explain why you or your family members are unable to make repairs: _____

Are you disabled? If so, please specify disability and limitations: _____

Are you a veteran? Which war / Years of Service?: _____

How did you learn of Rebuilding Together Greater Dallas? (circle one & list specific name):

Newspaper _____ Radio _____ Magazine _____ Website _____

Referred by another Organization _____ Other _____

Have you ever received assistance from any other organization for your home? If so, list the name, date, and assistance you received: _____

Address _____

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Dwelling/Home Status

My house has issues in the following areas (*Please check all that apply and describe suspected problem*):

General Area

Description of Problem

<input type="checkbox"/> Windows	_____
<input type="checkbox"/> Grab Bars/Handrails	_____
<input type="checkbox"/> Wall Repair/Paint	_____
<input type="checkbox"/> Furnace	_____
<input type="checkbox"/> Hot Water Heater	_____
<input type="checkbox"/> Doors	_____
<input type="checkbox"/> Locks	_____
<input type="checkbox"/> Trash Removal	_____
<input type="checkbox"/> Electrical	_____
<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Carpentry	_____
<input type="checkbox"/> Roof	_____
<input type="checkbox"/> ADA	_____
<input type="checkbox"/> Ramp	_____
<input type="checkbox"/> Appliances	_____
<input type="checkbox"/> Safety	_____
<input type="checkbox"/> Energy	_____
<input type="checkbox"/> Flooring	_____
<input type="checkbox"/> Exterior Paint	_____
<input type="checkbox"/> Yard Work	_____
<input type="checkbox"/> Gutters	_____
<input type="checkbox"/> Stairway/Porch	_____
<input type="checkbox"/> Tub/Tile	_____
<input type="checkbox"/> Concrete	_____
<input type="checkbox"/> Other	_____

Address _____

Home Modification Status *(For elderly and/or disabled applicants only)*

1. List any medical conditions: (Such as low vision, hearing loss, arthritis, difficulty with

mobility, heart or lung conditions, diabetes, etc) _____

2. Living Situation and Social Support

You live: Alone With another person who is consistently able to help

With another person who is not able to help consistently

If you do not live with someone who can help out consistently, do you have access to a relative or caregiver who is available on a regular basis to help? Yes No

3. Falls

Have you ever fallen or nearly fallen in or around the home? Yes No

If yes, in what area(s)? _____

4. Daily Activities

What daily activities are difficult for you to do (list all that apply)? _____

In what areas in and around house do you have difficulty doing daily activities (list all that apply)? _____

5. Modifications

List any modifications that are already in place (grab bars, tub bench, etc). _____

6. List any modifications that you or your caregiver feel would benefit you. _____

Address _____

