



Home Repair Application

Please read each question carefully and answer each question to the best of your ability. If you have any questions about this application call 864-603-2708.

- | | |
|---|---|
| 1. In what SC county is the home located?
<input type="checkbox"/> Greenville <input type="checkbox"/> Pickens
<input type="checkbox"/> Anderson <input type="checkbox"/> Oconee
<input type="checkbox"/> Other - please contact 211 to find resources for your area (Dial 211 and call or visit 211.org online) | 2. Is any resident or frequent guest of the home a registered sex offender?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

Referring Individual

3. If you are submitting this application on behalf of someone else, fill in the information below.
Please skip to the Homeowner section if not.

Name _____ Phone # _____ - _____ - _____
Email _____

Check the box that applies to you

- | | |
|---|---|
| <input type="checkbox"/> I am a case worker / manager | <input type="checkbox"/> I am with a church |
| <input type="checkbox"/> I am a friend or relative of the applicant | <input type="checkbox"/> Other |

Homeowner Information

4. Please fill in the information of the **homeowner** below. There will be a section to include other members of the household later.

First Name _____ Last Name _____

Date of Birth ___/___/___ Phone Number _____ - _____ - _____

Can we text the number provided? Yes No

Email Address _____

(If email is provided we will send updates via email. Do not provide an email address if you do not have regular access or do not check your emails regularly.)

Home Address _____

City _____ Zip _____

Homeowner Information Continued

5. Do you live within the City limits?

Yes No

6. Please provide a secondary contact name and phone number (someone outside of the home)

Name _____

Phone Number ____ - ____ - ____

9. Is the Homeowner disabled? Yes No

7. What is the homeowner's

MONTHLY income? \$ _____

8. Do you need assistance beyond home repair? e.g. food stamps, utility assistance, Medicaid

Yes No

(If you select yes, your contact information will be shared with our AmeriCorps Program.)

Additional Residents

10. If anyone else lives in the home with you, please enter their information below. *This information will be verified later in the home repair process.*

Name	Date of Birth	Disabled?	Monthly Income
	/ /	Y / N	\$
	/ /	Y / N	\$
	/ /	Y / N	\$
	/ /	Y / N	\$
	/ /	Y / N	\$
	/ /	Y / N	\$
	/ /	Y / N	\$
	/ /	Y / N	\$

Veteran Status

11. Check all that apply.

Homeowner is a Veteran

Homeowner is a widow(er) of a veteran

A Veteran lives in the home, but is not the homeowner

A widow(er) of a veteran lives in the home but is not the homeowner

None of the Above

Homeownership

12. Do you own or rent the home?

- Own the home **and** the property Own the home, rent the property
 Rent the home

13. Skip to Question 15 if you **Rent**.

1. Enter the date your name was added to the deed of the home.

____-____-____

2. Do you own any other properties or is *your name on the deed of any other properties*? Yes No
3. Outside of an original mortgage, are there any liens/loans against the home or a second mortgage on the home? Yes No
4. Do you have insurance on the home? Yes No
5. Is anyone outside of the home listed on the deed? Yes No

14. Is your home a mobile home? Yes No

Year it was manufactured _____

Environmental

15. Check all that apply

- I can see outside because of damage to my roof, walls or floor
- I have no running water in my house
- I have a sewage backup and cannot use the bathroom in my home.
- I have no heat in my house at all
- I have visible black mold, lead paint, or asbestos in my home.
- None of the above

Safety

16. Check all that apply

- I have a hole in my floor that I could fall through
- I have exposed electrical wires in my home.
- I have windows that I cannot open or close.
- I have one or more doors to the outside of my home that will not close or lock.
- None of the above

Disability

17. Check all that apply

- I am unable to get in and out of my home. I am unable to get in and out of my bathtub or shower.
- My walker or wheelchair will not fit through any bedroom or bathroom doors. I have fallen in my home in the last 3 months.
- None of the above

Home Repairs

18. What repairs are needed in your home? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Steps/Handrails | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Grab bars | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Trip Hazards | <input type="checkbox"/> Doors |
| <input type="checkbox"/> Raised Toilet Seat/Taller Toilet | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Shower Chair | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Ramp | <input type="checkbox"/> Floors in bathroom |
| <input type="checkbox"/> Walk-In Shower | <input type="checkbox"/> Floors in bedroom / living room / kitchen |
| <input type="checkbox"/> Change doorknobs to handles | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Handicap Accessible Sink | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Widen Doorways | <input type="checkbox"/> Heating and Cooling |

Please return this application with the following documents to the address listed below.

Your application will not be processed until we have received the necessary documents.

- Identification for everyone living in the home (over the age of 18)
- Proof of income for everyone living in the home
- Proof of Homeowners Insurance for those that have insurance
- Copy of the DD214 form if there is a veteran or widow(er) of a veteran in the home

*Please return by mail to:
Rebuild Upstate
PO Box 8693
Greenville, SC 29604.*

Important things to know about your application

- Once we receive your application in the mail, you will be placed on our waiting list. We will only reach out to you when we are ready to schedule your home visit. Due to the number of applications coming in.
- You will receive a letter in the mail if we are unable to serve you.
- We will not be able to provide you with any updates or a time frame for repairs. Our ability to assist you is regulated by:
 - Availability of funding
 - Funding restrictions
 - Availability of Volunteers
- If your repair is time sensitive, we encourage you to reach out to other organizations in your area. You can find other resources by dialing 211 on your phone or visiting SC211.org on the web.
- Our wait times can vary anywhere from 6 months to multiple years. Contacting the office for updates can slow the process down for everyone, as we are limited in staff and resources.
- If any of your information changes, please contact the office by email info@rebuildupstate.org, or phone 864-603-2708 ext 2.