



Rebuilding Together North Central Florida (RTNCF) is a home repair non-profit organization that brings volunteers and communities together in order to address housing needs of low-income homeowners. Our goal is to preserve affordable home ownership in Alachua County, and help homeowners in need remain safe and healthy in their homes, through provision/ completion of critical home repairs and accessibility modifications at no cost to qualifying homeowners.

**Please read carefully before proceeding!**

To qualify, applicants must:

- √ Live in Alachua County
- √ Own and live in home with property taxes current
- √ Plan to remain in home for at least 5 years
- √ Meet the household income guidelines (generally HUD 50% and FED 150%)

|              |              |              |              |              |
|--------------|--------------|--------------|--------------|--------------|
| 1 Person max | 2 Person max | 3 Person max | 4 Person max | 5 Person max |
| \$25,000     | \$28,550     | \$32,100     | \$38,625     | \$45,255     |

- √ Complete the application during the open cycle
- √ **Provide proper documentation\* for all residents\*\* including:**
  - Identification for each individual living in the home
    - Examples include copies of: Photo ID, birth certificate, school documents, or Social Security card
  - Proof of income for all residents, from all sources of income
    - Examples include copies of: 3 current months of pay stubs, current Government declarations letter, court ordered payment letter, 3 bank statements showing monthly deposits, or any paper that documents income.
  - Proof of veteran status if applicable (DD 214)

*\*\*Resident includes all individuals staying at the home two or more days per week as well as all dependents claimed on federal income taxes.*

Please understand that our resources are limited, and that returning the application or even receiving a visit to your home by someone from RTNCF does not mean you will be accepted into the program. If you are selected for home repairs, we ask available, able-bodied homeowners and family members to work alongside our volunteers.

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**The application cycle for 2020 is January 6<sup>th</sup>, to January 17<sup>th</sup> (9:00am to 5:00pm)**

**Full Disclosure on the Home Repair Application is required! Please be through, our funders often require additional verifications and if information is found to vary from the original application, the applicant will be immediately disqualified from consideration and/or receiving services. All Homeowners listed on the deed must sign the application. Criminal charges in the past five years must be disclosed but do not automatically disqualify applicants. Please note, applications must be submitted in person at our office.**

**If anything is unclear, please ask us — we are always happy to clarify! Call us at (352)373-2573. Applications may be completed and required documents copied at our office during the application cycle.**

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# Homeowner Application

Rebuilding Together North Central Florida  
 4550 SW 41 Blvd #2  
 Gainesville, FL 32608  
 Main: (352) 373-2573  
[www.rebuildingtogetherncf.org](http://www.rebuildingtogetherncf.org)

**THERE IS NO APPLICATION FEE REQUIRED TO APPLY FOR ASSISTANCE FROM REBUILDING TOGETHER.** Rebuilding Together North Central Florida (RTNCF) does not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services.

## Please Complete all Sections on BOTH SIDES of the Application

Applicant (Homeowner) Name(s):

First

Middle Initial

Last

Date

Physical address:

City:

FL

Mailing (if different):

Zip:

Home Phone: ( ) -

Cell: ( ) -

Email:

Is there another person we may contact if we are unable to reach you?

Name:

Relationship:

Phone: ( ) -

How many people live in your home (including yourself)?

How did you hear about us?

Individual:

Agency:

## Property Information

Name(s) on Deed:

The home is:

Owned  Rented

The land is:

Owned  Leased

Are your property taxes current?

Y / N

Are you up to date on your mortgage?

Y / N

How many years have you lived in your home?

Do you own other property(s)? Y / N — If yes, do you receive rent on other property? Y / N

Do you plan on selling your home in the next 5 years? Y / N

Type of AC/Heating:

Utility Service Provider (s):

Average Monthly Utility Costs: \$

Water Supply: City  Well  Other

Wastewater: City  Septic  Other

Style of home: Timber frame  Concrete block  Mobile home  Other  \_\_\_\_\_

## Repair Wish List – What are the four repairs/modifications most needed at your home?

1)

2)

3)

4)

Please list any disabilities that we should be aware of when assessing the repair needs of your home:

Have you had any repairs/upgrades provided by other local organizations (GRU, Central Florida Community Action Agency, etc.)? Please provide details (date, organization, and repairs completed)

**Household Information:**

**Note: All forms of income must be reported and verified, including SSI, SSD, employment, retirement, pensions, child support, Worker’s Comp., Welfare, Alimony, Medicaid, rental income, etc.**

**Proof of income and identification is required for all household members. Applications without necessary documents cannot be considered for eligibility.**

Please list **EVERYONE** (including yourself) who lives in your home (use additional sheet if necessary):

|                   |                 |                                       |      |
|-------------------|-----------------|---------------------------------------|------|
| 1) <b>Name:</b>   |                 | Relationship: <b>SELF</b>             | Age: |
| Gender:           | Ethnicity/Race: | Employed [ ] Veteran [ ] Disabled [ ] |      |
| Income source(s): |                 | Monthly Income Total (gross):<br>\$   |      |

|                   |                 |                                       |      |
|-------------------|-----------------|---------------------------------------|------|
| 2) <b>Name:</b>   |                 | Relationship:                         | Age: |
| Gender:           | Ethnicity/Race: | Employed [ ] Veteran [ ] Disabled [ ] |      |
| Income source(s): |                 | Monthly Income Total (gross):<br>\$   |      |

|                   |                 |                                       |      |
|-------------------|-----------------|---------------------------------------|------|
| 3) <b>Name:</b>   |                 | Relationship:                         | Age: |
| Gender:           | Ethnicity/Race: | Employed [ ] Veteran [ ] Disabled [ ] |      |
| Income source(s): |                 | Monthly Income Total (gross):<br>\$   |      |

|                   |                 |                                       |      |
|-------------------|-----------------|---------------------------------------|------|
| 4) <b>Name:</b>   |                 | Relationship:                         | Age: |
| Gender:           | Ethnicity/Race: | Employed [ ] Veteran [ ] Disabled [ ] |      |
| Income source(s): |                 | Monthly Income Total (gross):<br>\$   |      |

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

Other Assets valued at >\$5,000 (such as properties, boats, rentals, savings/checking account balances, stocks, bonds, CDs)

Have you or any household members been charged with a crime in the past 5 years? Y / N

If yes, please explain:

**If someone other than the homeowner has prepared this form, or if assistance was given to the homeowner, please complete the following**

Name of Preparer: Relationship/Agency: Phone: ( ) -

**Is the homeowner aware of this application Y / N** Signature: X

**Homeowner Disclosure Agreement**  
**(Signature is required to complete the application)**

- ✓ My signature indicates that all of the above statements and information provided are accurate and complete.
- ✓ I certify that I do not have the financial means to perform the repairs for which I am applying.
- ✓ I understand that I may be asked to provide documentation as proof of my answers.
- ✓ I authorize investigation and verification of all information provided, including a personal background check as may be necessary for my involvement with RTNCF.
- ✓ I have read the information provided by RTNCF and understand the program and its processes.
- ✓ I give permission for RTNCF representatives and volunteers to inspect my home for purposes of home selection and/or repair.
- ✓ I understand that if my home is selected, work will likely be done by volunteers (skilled and unskilled)
- ✓ I understand that most volunteers are not professionals and they may not be able to complete all repairs at my home.
- ✓ I understand that there is no cost to the homeowner for these repairs if I remain in the home for 5 years or longer from repair completion date.

\_\_\_\_\_ X \_\_\_\_\_  
 Applicant Name (Print) Applicant Signature Date

\_\_\_\_\_ X \_\_\_\_\_  
 Applicant Name (Print) Applicant Signature Date

**Information Release**  
**(Signature is optional)**

Rebuilding Together NCF works with various partnering agencies here in Alachua county to meet homeowner housing needs including the Community Weatherization Coalition, which provides free energy audits to applicants who have received services from RTNCF.

May we share this application with other agencies, like the CWC for which you may also qualify?

I grant permission for the information on this form, as well as other information about my family and household needs to be shared with partner agencies in effort to fulfill the needs of at my home

X \_\_\_\_\_  
 Applicant Signature Date

**OFFICE USE ONLY**

|  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Proof of ID (all residents) _____<br><input type="checkbox"/> Proof of Income _____<br><input type="checkbox"/> Gross monthly income for household entered & calculated correctly _____<br><input type="checkbox"/> Veteran status & proof (if applicable) _____<br><input type="checkbox"/> Homeowner Disclosure Signature _____ | Tax Parcel #: _____ - _____ - _____   | Home Value: _____   |  |
|  | Year Built: _____ Type: _____ Sq.Ft: _____  | "Special considerations"<br><input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other |  |
|  | Total adjusted household Income:<br>If cash value of assets >\$5,000, add 2% to monthly income.   |   |  |
|  | Monthly: \$ _____ Yearly: \$ _____  |   |  |
|  | <b>HUD</b> <input type="checkbox"/> < 30% <input type="checkbox"/> < 50% <input type="checkbox"/> < 80% <input type="checkbox"/> Over<br><b>FED</b> <input type="checkbox"/> < 100% <input type="checkbox"/> < 110% <input type="checkbox"/> < 125% <input type="checkbox"/> < 150% <input type="checkbox"/> < 175% <input type="checkbox"/> < 200% <input type="checkbox"/> Over |   |  |