

## Chatham County Home Repair Collaborative Initial Application

Thank you for inquiring about home repair services provided by Rebuilding Together of the Triangle, Inc. (RTT). In an effort to provide you with improved services, we participate in the Chatham County Home Repair Collaborative, which includes the following organizations: Rebuilding Together of the Triangle, Inc. (RTT), Central Piedmont Community Action, Inc., Chatham County Aging Services, Central Pines Regional Council, and other future partners participating in the Collaborative.

Together, these organizations seek to make a sustainable impact on preserving and revitalizing homes and communities and making necessary accessibility modifications and weatherization assistance to support homeowners in remaining in their homes. We help coordinate these services when the disrepair of a home imposes discomfort, the environment of a home is unsafe or the home presents a health hazard to its occupants and the homeowners are unable to make repairs themselves.

By signing this form, you are agreeing to submit an application to RTT, but also allowing us to share the information you provide with all organizations within the Chatham County Home Repair Collaborative so that we can work together to better serve you! If you meet the initial criteria, staff from RTT will contact you by telephone to set up a home visit to assess the requested repairs listed to evaluate whether or not your home is a fit for one or more of the organizations' programs.

**Date of Application:** \_\_\_/\_\_\_/\_\_\_ **Applicant Name:** \_\_\_\_\_  
Last First

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** (\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Gender:** \_\_\_\_\_ **Race/Ethnicity:** \_\_\_\_\_ **Disability Status:**  Yes  No

1. Does the homeowner live in the house? Yes  No

If not, what is your relationship to the owner? \_\_\_\_\_

2. Has anyone in the home served in the Armed Forces? Yes  No  If yes, which person? \_\_\_\_\_

3. What is your total annual household income (before taxes)? \$ \_\_\_\_\_

**4. Language Preference (if you would like to be contacted in a language other than English):**

English	Spanish	Arabic	Mandarin	Other, specify:
I speak English	Yo hablo español	أنا أتحدث اللغة العربية	我讲国语/普通话	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**5. Provide information below for everyone who lives in this home:**

Name	Birthdate	Relationship	Disability Status
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

**6. Best alternative contact for you (caregiver/social worker/case manager):**

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Other Ph. No.: (\_\_\_\_) \_\_\_\_\_

7. Can you get in and out of your home in case of an emergency? Yes  No

**8. We would like to help you remain in your home as long as you'd like to be there. Which of these statements best describes you?**

I would like to continue living here.

I would prefer to live elsewhere; If so, please check box(es) below:

I cannot afford to live here anymore.

The repairs my home needs are too expensive.

I would like more caretaking support.

I would prefer to describe: \_\_\_\_\_

**9. What repairs or modifications are needed on your home?**

Repairs/Modifications

**10. What other concerns do you have about your home or living situation?**

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**Sign for Releases:**

I hereby certify that:

- 1) I own and occupy the home described above as my primary residence.
- 2) The above information is complete and true to the best of my knowledge.
- 3) This information is provided to qualify me for weatherization, energy efficiency, urgent repair, or other related services (program assistance).
- 4) I give permission to Rebuilding Together of the Triangle, Inc. (RTT), Central Piedmont Community Action, Inc., Chatham County Aging Services, Central Pines Regional Council and other future partners to access information to verify the contents of this application and to facilitate the repair and or improvements to my home.
- 5) I understand program grant and or loans may not rectify all deficiencies in my home nor make the home conform to any local, state or federal housing quality standards.
- 6) I have been advised that my gender, race and ethnicity will be determined based upon observation and/or surname if I do not self-disclose the information.
- 7) I understand that filling out this application does not guarantee that my household will receive program assistance.

**General Acknowledgement, Consent and Authorization**

- 8) I acknowledge that this is an application to Rebuilding Together of the Triangle, Inc. (RTT), and that RTT may share this application and its contents with its partners, including Central Piedmont Community Action, Inc., Chatham County Aging Services, Central Pines Regional Council, and other future partners for weatherization, energy efficiency, urgent repair and other related services (program assistance). These partners work collectively and will be referenced herein as the Chatham County Home Repair Collaborative (CCHRC).

9) I give consent and authorize Rebuilding Together of the Triangle, Inc. (RTT) and the CCHRC to maintain data concerning this application and any services provided to me on a database managed by Central Pines Regional Council and made accessible to the CCHRC to secure, perform, manage, record and evaluate energy services and program assistance.

10) I give consent and authorize Rebuilding Together of the Triangle, Inc. permission to enter my home at an agreed upon time and date in order to conduct a home repair assessment to assist in determining my eligibility for energy services and program assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION BY MAIL, FAX, OR E-MAIL TO:**

**Rebuilding Together of the Triangle, Inc.  
P.O. Box 4099  
Cary, NC 27519-4099**

**Telephone: (919) 341-5980  
Fax: (919) 651-0034**

**E-mail: [info@rebuildingtogethertriangle.org](mailto:info@rebuildingtogethertriangle.org)**

**FOR OFFICE USE ONLY:**

Referred By: \_\_\_\_\_

Income Verified:  Yes  No

Action Taken? If so, explain: \_\_\_\_\_

Date Verified: \_\_\_\_\_

\_\_\_\_\_

Documents Verified: \_\_\_\_\_