



Please read carefully before proceeding!

Full Disclosure on the Home Repair Application is required! Leaving information out will disqualify you from being considered for and/or receiving services.

All residents living in the home and all income sources **must be disclosed**. ALL Homeowners listed on the deed must sign the application.

A resident includes individuals staying at the home 2 or more days a week. For example: Son/daughter/brother/sister/friend, etc. stays at the house a few or more days a month throughout the year, he/she is considered a resident. All income must be disclosed.

If an individual has open access to the home & has personal items such as clothing, personal property, etc., receives mail, uses address for work or identification, etc. this person is considered a resident. All income must be disclosed.

Any criminal charges in the past 5 years must be disclosed. We do run background checks. If this information is not fully disclosed the applicant will be disqualified from being considered for and/or receiving services.

If at any time during the selection process (this would include pre-selection & selection) it is discovered that information was left off the application, the applicant will immediately be disqualified from being considered for and/or receiving services.



Applicant Gender (Male or Female): _____ Date of Birth _____

Applicant Ethnicity: Caucasian Black/African American Native American Hispanic Asian Other

Applicant Home Phone (_____) _____ Work (_____) _____ Cell (_____) _____

Email Address _____ Best way to be reached _____

EMERGENCY CONTACT:

Emergency Contact Name _____ Relationship _____

Address _____
(Street)

(City) (State) (ZIP Code)

Home Phone (_____) _____ Work (_____) _____

Cell (_____) _____ Contact's best time & way to be reached: _____

REPAIRS NEEDED: We concentrate on work needed to make your home safe, secure and weatherproof.

Area to be repaired:

Brief description of work to be done: (Attach additional sheets if needed)

- Foundation _____
- Siding _____
- Floors/Flooring _____
- Insulation/Weatherization _____
- Exterior/Interior walls _____
- Roof/Ceilings _____
- Windows/Doors _____
- Bathroom _____
- Electrical _____
- Plumbing _____
- Porch/Steps/Ramp _____
- Grab bars/Handrail _____
- Other _____

Year House Built _____

Have you ever received home repair assistance from RTNCF? Yes (if yes, what year) _____ No

Have you applied with RTNCF before? Yes No Has RTNCF visited your home? Yes No

Best time to call _____

Other Contact Name _____

Other Contact Relationship _____

Other Contact Phone _____

Other Contact Email _____



How did you hear about us? Newspaper Mail TV Radio Internet Other _____
 Referred by (Agency) _____ Contact Person _____ Phone (____) _____
 Referred by (Individual) _____ Phone (____) _____

Applicant Age

Employed Yes No

Name & Address of Employer (Business Name) _____

Name & Phone Number of Employer (Contact Name) _____

Employment start date & hours per week: _____

Disabilities Yes No

Receive Disability Benefits (SSI, SSDI, etc.) Yes No

Please indicate any special needs _____

Applicant's Monthly Gross Income: _____ + Residents' Monthly Gross _____ = Household Total _____

_____ Total Annual Income for household

Monthly Mortgage Payment _____

Total Monthly Household Expenses (grand total of all your expenses per month) _____

Head of Household Yes No

Assistance Received (check all that apply) SS SSI SSID Food Stamps VA Benefits AFDC Medicare

Medicaid Home & Community Based Services Other _____

****HOUSEHOLD ASSETS:**

****ASSETS INCLUDE:** All cash held in savings and checking accounts, safe deposit boxes, stocks, bonds, treasury bills, certificates of deposits, money market accounts, home equity, retirement accounts, cash value of whole life insurance policies, any material item kept as an investment, etc. Count these assets in their entirety minus the penalty of early withdrawal.

ASSETS DO NOT INCLUDE: Clothing, furniture, cars, wedding rings, interest in Indian trust land, term life insurance policies, assets that are part of an active business, or equity in the cooperative unit in which the family lives.

There is no limit to the amount of assets that an applicant can possess as long as the income from those assets does not cause the applicant to exceed very low, low or moderate income brackets.

Household Asset Description	Cash Value	Monthly Income from Asset
Total		

(Assets continued)

Do you own other property? Yes No Do you receive rent on other property? Yes No

If yes, what is the other property used for? _____

HOUSEHOLD MEMBER INFORMATION:

PLEASE REVIEW THE FOLLOWING FOR COMPLETION OF PAGES 4, 5 & 6:

ELIGIBLE PERSON/HOUSEHOLD: Anyone living in your household (adult or child)

GROSS INCOME: (Income before any deductions have been taken)

INCOME SOURCES INCLUDE: Wages (including bonuses, commission and overtime), Salaries, Benefits, Pensions, Social Security, Unemployment, Worker’s Compensation, Severance Pay, AFDC, Disability, Welfare, Child Support, Alimony, Medicare, Medicaid, etc. If these payments are not being received properly, applicants must still count them unless the applicant can prove that the applicant has exhausted all means of attempting to collect the money.

INCOME SOURCES DO NOT INCLUDE: Income from minors or income from a full-time student unless they are the head of the household or spouse to the head of the household.

****How many members are in your household including you? _____**

PLEASE COMPLETE THIS SECTION FOR YOURSELF

Applicant (Homeowner)	Name of Applicant (Homeowner):	
	Relationship to Applicant: SELF	
	Date of Birth (mm/dd/yyyy):	Age: If attending school, what grade level
	Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other:	
	Disabilities:	
	Name of Employer (Business Name):	
	Name of Employer (Contact Name):	
	Address of Employer:	
	Phone Number of Employer:	
	Date First Employed	Hours Per Week:
	Income Source #1:	Gross Monthly Income- Source #1: \$
	Income Source #2:	Gross Monthly Income- Source #2: \$
	Income Source #3:	Gross Monthly Income- Source #3: \$
	Income Source #4:	Gross Monthly Income- Source #4: \$
	Total Gross Monthly Income (All Sources): \$	
Total Gross Yearly Income (All Sources): \$		

Additional Household Members Information Continued on Pages 5 & 6

If you have anyone living with you, please complete the following section for additional household member information

Household Member Information COMPLETE FOR ADDITIONAL HOUSEHOLD MEMBERS ONLY

Household Member #1	Name of Household Member:	
	Relationship to Applicant:	
	Date of Birth (mm/dd/yyyy):	Age: If in school, what grade level
	Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other:	
	Disabilities:	
	Name of Employer (Business Name):	
	Name of Employer (Contact Name):	
	Address of Employer:	
	Phone Number of Employer:	
	Date First Employed	Hours Per Week:
	Income Source #1:	Gross Monthly Income- Source #1: \$
	Income Source #2:	Gross Monthly Income- Source #2: \$
	Income Source #3:	Gross Monthly Income- Source #3: \$
	Income Source #4:	Gross Monthly Income- Source #4: \$
	Total Gross Monthly Income (All Sources): \$	
Total Gross Yearly Income (All Sources): \$		

Household Member #2	Name of Household Member:	
	Relationship to Applicant:	
	Date of Birth (mm/dd/yyyy):	Age: If in school, what grade level
	Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other:	
	Disabilities:	
	Name of Employer (Business Name):	
	Name of Employer (Contact Name):	
	Address of Employer:	
	Phone Number of Employer:	
	Date First Employed	Hours Per Week:
	Income Source #1:	Gross Monthly Income- Source #1: \$
	Income Source #2:	Gross Monthly Income- Source #2: \$
	Income Source #3:	Gross Monthly Income- Source #3: \$
	Income Source #4:	Gross Monthly Income- Source #4: \$
	Total Gross Monthly Income (All Sources): \$	
Total Gross Yearly Income (All Sources): \$		

Household Member Information COMPLETE FOR ADDITIONAL HOUSEHOLD MEMBERS ONLY

Household Member #3	Name of Household Member:	
	Relationship to Applicant:	
	Date of Birth (mm/dd/yyyy):	Age: If in school, what grade level
	Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other:	
	Disabilities:	
	Name of Employer (Business Name):	
	Name of Employer (Contact Name):	
	Address of Employer:	
	Phone Number of Employer:	
	Date First Employed	Hours Per Week:
	Income Source #1:	Gross Monthly Income- Source #1: \$
	Income Source #2:	Gross Monthly Income- Source #2: \$
	Income Source #3:	Gross Monthly Income- Source #3: \$
	Income Source #4:	Gross Monthly Income- Source #4: \$
	Total Gross Monthly Income (All Sources): \$	
	Total Gross Yearly Income (All Sources): \$	

****IF YOU HAVE MORE THAN 4 HOUSEHOLD MEMBERS IN YOUR HOUSEHOLD, PLEASE ATTACH ADDITIONAL SHEET WITH HOUSEHOLD INFORMATION FOR EACH PERSON**

Do residents pay rent? Yes (if yes, how much) _____ No

Do any residents have disabilities? Yes No If yes, please indicate special needs:

Have you or any household members been charged with a crime in the past 5 years? Yes No

**If yes, please explain:

****Full disclosure is important as we do perform background checks.**

HOUSEHOLD INFORMATION:

How many years have you lived in home? _____

Is the home: owned rented is the land: owned rented

Name(s) on Deed: _____ Phone (_____) _____

Address (if different than above): _____
(Street)

(City) (State) (ZIP Code)

Do you plan to sell your home within the next: 1 year 2 years 5 years Other _____?

Do you have homeowner's Insurance? Yes No Company: _____

Is this home your **current** residence? Yes No is this home your **only** residence? Yes No

Move in Date (mm/yyyy) _____



HOUSEHOLD INFORMATION CONTINUED: (Please complete to the best of your ability)

Style of home (check one): House Mobile home Other _____

Number of Rooms: Bedrooms: _____ Bathrooms: _____ Sq. Ft: _____

Is there tax or other liens on home? _____ Current Taxes Paid? Yes No

Utility service provider(s): _____

Average monthly utility bill (electric/water/septic/trash): \$ _____ \$ _____ \$ _____ \$ _____ =Total \$ _____

Water supply (check one): None City Water Well Cistern Spring

Does your wastewater go to (check one): City sewer Septic Gray water other

Central Air: Yes No Central Heat: Yes No

Type: Electric Natural Gas Propane Oil Kerosene Wood

HOME REPAIR INFORMATION:

Have you had any repairs/upgrades? (GRU LEEP Program, and /or Central Florida Community Action Agency, etc.)

Please give details (date and repair/upgrade completed)

Please explain why you are unable to complete repairs on your own and how will these repairs be important to you or help?

Tell us about yourself. VERY IMPORTANT!!

**The more you share the more information we can submit to the selection committee.
If more space is needed, please attach additional pages.**

Are any able-bodied household members willing to assist in repairs? Yes No

If you are unable to assist in repairs, please explain why: _____

List all household members, friends and neighbors willing to assist:

MISCELLANEOUS

In & Out Shower with ease: Yes No

Get to bathroom easily: Yes No

Smoke/Fire/Monoxide Detectors: Yes No

Veteran or Widow of Veteran in the home: Yes No

Single/Widowed: Yes No

Home Construction Type (check one): Timber frame Concrete Block Brick other _____



OFFICE USE ONLY

All fields on the application are required; please check & initial the following before accepting application:

- Proof of identity (all residents)** Photo ID, birth certificate on which the applicant's name is listed, school records which provide the applicants name and address, court ordered letter of guardianship, divorce decree, letter of adoption or social security card. _____
- Proof of Income:** 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. _____
- Page 4: Gross monthly/yearly income for entire household entered & calculated correctly** _____
- Page 8: Veteran status & proof (if applicable)** _____
- Page 8: Tell us about yourself completed?** _____
- Page 8: Miscellaneous items checked?** _____
- Page 9: Homeowner Disclosure Signature (Information release signed Y or N)** _____

OFFICE USE ONLY

Tax Parcel #: _____ - _____ - _____ Taxes Current: Yes No

Built prior to 1978: Yes No Actual Year Built _____ Type _____ Sq. Ft. _____

If the cash value of assets exceeds \$5,000, add 2% to monthly income. Adjusted monthly income: \$ _____

Total adjusted yearly income for household: \$ _____

Percent Annual Median Income (MSA) (HUD)

- Below 30% (Extremely Low)
- Below 50% (Very Low)
- Below 80% (Low)
- Over

Federal Poverty Level (FED)

- Below 100%
- Below 110%
- Below 125%
- Below 150%
- Below 175%
- Below 200%
- Over

Value of Home: \$ _____ Homestead Exemption? Yes No

Parcel City: _____ "Special Needs" SSI SSDI Other