



Office: 713-659-2511  
Fax: 713-650-0871  
Post Office Box 15315  
Houston, TX 77220  
[www.rebuildingtogetherhouston.org](http://www.rebuildingtogetherhouston.org)

Dear \_\_\_\_\_,

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

Thank you for requesting an application from Rebuilding Together Houston (RTH) for essential repairs to your home. We appreciate this opportunity to be of service to you. RTH is not a government agency, but rather a nonprofit organization providing home repairs since 1982 to qualifying, low-income homeowners. Funding for these repairs, provided at no cost to you, comes through the generosity of corporations, foundations, congregations, individual donors, and public funding agencies. Rebuilding Together Houston has not authorized any other person or entity to act as its agent for purposes of this application. Any fees or costs associated with this application paid by the applicant to any such person or entity are not fees or costs charged by Rebuilding Together Houston.

**Rebuilding Together will not put a lien on your property. Rebuilding Together staff and contractors will never ask you for money.**

We use the services of certified local contractors for critical interior work. These certified local contractors warrant all repairs done on the home. Additionally, thousands of caring community volunteers are used for exterior repairs such as wood replacement, caulking, and painting. These dedicated volunteers give freely of their time and energy to help better our community.

Financial resources vary on a yearly and monthly basis, which affects the amount of service that can be provided to homeowners each year. If you qualify, we hope to be able to help you as soon as possible.

To be **eligible** for RTH administered home repairs the veteran applicant **must**:

- Be living on low income (*80% or lower of the Average Median Income*) **OR** receiving disability from the VA or Social Security;
- Be the owner of the home in which they live (*a single-family dwelling within Harris County*);
- Be current on property taxes or have an official payment agreement with Harris County Tax Office for delinquent property taxes.
- Be listed on the property tax statement.
- **Not** own more than 1 property.

If you have questions or need assistance in completing this request, please contact us at (713) 659-2511 or email [intake@rebuildinghouston.org](mailto:intake@rebuildinghouston.org).

Sincerely,

Rebuilding Together Houston



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**Application for Services - PLEASE COMPLETE ALL QUESTIONS**

(Complete information allows RTH to seek additional funding. Ex: If children live in the home, there may be additional programs available.)

Homeowner Name: \_\_\_\_\_ Number of people in Household: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you long-term disabled and receiving disability benefits (Check one)?  Yes  No

Does anyone living in the home use these assistances (Check all that apply)?  Cane  Walker  Wheelchair

Does anyone in the home have a chronic (or long-term) health condition that affects their breathing?  Yes  No

If so, who and what is the health condition? \_\_\_\_\_

Did you serve in the Military (Check one)?  Yes  No

Branch of Service: \_\_\_\_\_ Years of Service: \_\_\_\_\_ Rank (at discharge) if known: \_\_\_\_\_

Have you applied to RTH before (Check one)?  Yes  No If so, what year? \_\_\_\_\_

How did you hear about RTH? \_\_\_\_\_ Do you own more than one property?  Yes  No

Give the following information about **each** household member (including children):

African American or Black	Hispanic or Latino	White or Anglo	Asian or Pacific Islander	American Indian or Alaska Native	Other:
Name	Sex	Ethnicity See Categories Above	Date of Birth	<b>Gross Monthly Income for anyone 18+</b>	Source of Income
<b>Homeowner</b>	M / F / Other				
	M / F / Other				
	M / F / Other				
	M / F / Other				

**Combined Monthly Household Income: \$**

Information provided in this application is true and correct to the best of my knowledge and ability. Furthermore, I understand that RTH will utilize this application solely for determination of my qualification to receive services. In addition, I am opting in to receive text messages from RTH for status updates and other relevant information. If my application is approved, I pledge to remain in my home long-term and not seek to sell the property barring unforeseen circumstances. False, misleading or incomplete information may result in the termination of an application.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date of Signature

### **Application Completion Checklist:**

Applicant **must** provide clear/legible **copies of each of the checklist documents listed on page 3.**  
(Photos received electronically are acceptable if clear. **Do not mail original documents.**)

- **Client Verification:** Non-Expired Driver's License or Government ID.
  
- **Income Verification:** Document must be current and within the application year. Must provide income for **each person 18+** in your household. You can submit:
  1. All applicable documents in group 1: Social Security Award letter, all paycheck stubs from last month's wages, retirement, Pension, Veterans Affairs letter, Rental income from real/personal property, death benefits
  - OR**
  2. Any one-document in-group 2: Medicaid, health gold card, SNAP, TANF, NSLP, WIC, Federal Pell Grant, LIHEAP, Tribal assistance.
  - OR**
  3. Homeowner Bank statement copies for two consecutive months for each person (*Cannot be older than 3 months from application date.*)
  
- **Proof of Home Ownership:** Recorded Deed (*Document **must** be stamped with a file number and County seal with applicant name and lot/block description*)
  
- **Proof of Military Service:** DD214, Notice of Separation, or VA letter. (*If applicable*)
  
- **Proof of Disability Benefits:** Social Security Benefits Verification Letter **or** Disability Verification Letter [*Attachment B, Pg. 4*] (*If applicable*)
  
- **Completed Application:** Page 2.

### **When completed, please return by:**

**Email:**  
[intake@rebuildinghouston.org](mailto:intake@rebuildinghouston.org)

**Mail:**  
Rebuilding Together Houston  
Post Office Box 15315  
Houston, TX 77220

**Fax:**  
(713) 650-0871

**ATTACHMENT B**

**DISABILITY VERIFICATION LETTER**

TO BE SIGNED BY A MEDICAL OR SOCIAL SERVICE PROVIDER

I verify that I am a medical or social service for \_\_\_\_\_ [“Individual”]. This person has been under my care as of \_\_\_\_\_ [date].

I attest this individual has the following physical or mental impairment(s) that substantially limits one or more major life activities of such individual.

*Check all that apply:*

- Trouble, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, socializing, working, performing manual tasks, **OR** caring for oneself.
- Impairments to their immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

I am a qualified professional able to attest to this impairment.

Sincerely,

\_\_\_\_\_  
Signature and Title of Provider

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Phone Number