



## ARE YOU A HOMEOWNER IN NEED OF REPAIRS TO YOUR HOME?

THINGS LIKE MINOR BATHROOM OR KITCHEN REPAIRS, WINDOW CAULKING/SEALING, PAINTING, MINOR PORCH OR STEP REPAIRS, DOORS & LOCKS, OR EVEN INSTALLATION OF A WHEELCHAIR RAMP?

**THEN REBUILDING TOGETHER DETROIT**



**WANTS YOU!**

### **APPLICANTS MUST MEET THE FOLLOWING CRITERIA:**

Must be owner-occupant of Detroit home with proof of ownership via Title/Deed

Income less than or equal to 80% of the area median income (AMI)  
(see attached schedule)

Must be current on property taxes and homeowner's insurance policy

Borrowings against home may not be at-risk for foreclosure

*CALL US AT 313-438-2545*

*APPLY ONLINE AT [www.rebuildingtogethertodetroit.org](http://www.rebuildingtogethertodetroit.org)*

*OR MAKE AN APPOINTMENT TO PICK UP AN APPLICATION AT  
19800 Grand River, Detroit, MI 48223*



## INCOME LIMITS FOR HOME REPAIR FUNDING ELIGIBILITY

FAMILY SIZE	MAXIMUM HOUSEHOLD INCOME
1	\$39,750
2	\$45,450
3	\$51,100
4	\$56,800
5	\$61,350
6	\$65,900
7	\$70,450
8	\$75,000



# uilding Together Detroit

## Homeowner Application

In order to uphold the mission of Rebuilding Together, preference is given to those homeowners who are **low-income, elderly and/or disabled and/or have very young children living in the home, and who have lived in their homes for many years** as vital members of their community. **City of Detroit residents only.**

Requirements to be provided with application:

- Household income must be equal to or less than 80% of the area median income (AMI) adjusted for family size as published annually by HUD.
- Must be owner-occupants of the home to be rehabilitated (must be primary residence).
- Must provide proof of ownership (Title/Deed)
- Proof property taxes are current.
- Must provide proof of current homeowner's insurance policy.
- Credit reports will be ordered to provide information on credit obligation that may affect home retention only.

<b>SECTION 1 HOMEOWNER INFORMATION</b>	
Name(s) of Homeowner: _____	
Address City, State, Zip: _____	
Home Phone: _____	Birthdate: _____ Age: _____ Name: _____
Work Phone: _____	Birthdate: _____ Age: _____ Name: _____
Cell Phone: _____	Please check ethnicity:
Email: _____	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander
<b>SECTION 2 PROPERTY INFORMATION</b>	
Type of Home: _____ No. of Bedrooms: _____ No. of Bathrooms: _____	
1) List the names and ages of all people living in the home (attach list if more space is needed) including renters: Total number of people living in the home _____	
Name: _____	Age: _____ M or F      Disabled: Y or N
Name: _____	Age: _____ M or F      Disabled: Y or N
Name: _____	Age: _____ M or F      Disabled: Y or N

**For Office Use Only.**

ADC Map Reference: \_\_\_\_\_

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

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

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

Please list the repairs that you feel need immediate attention

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please list the name and telephone number of a person to contact in case of an emergency:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Rebuilding Together Detroit serves homeowners who live on a limited income **and own their own home**, with a special focus on the elderly and disabled. For this reason, we must ask you to certify the total household income for all the people who live within your home and we will verify property ownership.

**SECTION 6 VERIFICATION OF HOUSEHOLD INCOME – provide income for all household members**

Name	Wages/ Salary	Social Security Check	Disability	AFDC	Other (Eg. Pension)	Gross Annual Income
<b>Total</b>						

**Are there any special circumstances** regarding the amount of expenses within your household that we need to be made aware of such as home health care, hospital costs, medication expenses, etc. ?

Why do you feel your home should be selected for RTD? How will the improvements help you? Please give us any information about yourself that will be important for us to consider in evaluating your application:

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**Applicant Signature:** \_\_\_\_\_

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

RETURN APPLICATION TO:

**Rebuilding Together Detroit  
19800 Grand River  
Detroit, MI 48223**

Questions? Call 313-483-2545 or email: [info@rebuildingtogetherDetroit.org](mailto:info@rebuildingtogetherDetroit.org)

**Jan 2010**