Dear Homeowner,

Rebuilding Together Central Alabama (RTCA) is a charitable nonprofit volunteer organization that has worked in Montgomery, Elmore and Autauga counties since 1993 to provide critical home repairs and modifications at no charge to homeowners in need—primarily seniors, those with disabilities, veterans and families with young children. Our mission is to enable homeowners to live in a safe and healthy home. This work is performed at the convenience and expense of volunteers, most of whom are not tradesmen.

We invite you to submit an application if you meet our eligibility requirements:
- You have owned and occupied your home for a minimum of five years (no rentals or manufactured/mobile homes).
- Your home is located within Montgomery, Autauga, or Elmore county.
- The total household income (for all residents living in the home) does not exceed the following (HUD Low Income) guidelines.

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<tr>
<th>1 person</th>
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<td>$31,100</td>
<td>$35,500</td>
<td>$39,950</td>
<td>$44,400</td>
<td>$47,950</td>
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We will not process your application until we have received copies of your proofs of income for ALL residents of the home and copies of the proof of your home ownership.

When submitting your application, include (copies only) proof of income; either your most recent income tax return, a recent pay stub, or an official document from the Social Security Administration and proof of your home ownership. After receipt of your application, proof of income and home ownership, our staff may call you or visit your home to gather more information. Work by volunteer groups is performed during the spring and summer. Our ability to help homeowners is dependent upon the skills of our volunteers and our financial resources. There is no guarantee that your home will be selected or, if selected, that RTCA will have volunteers or resources to perform the work. We will make every effort to assist you. Homeowners submitting applications for work on homes that are not selected are encouraged to re-apply the following October, November or December.

Submitting an application does not guarantee that services will be provided but we will make every effort to assist you.

If you have any questions about this process, please call us at 334-625-9062.

Dee Moody
Executive Director
First name: ___________________________ M.I. ________ Last name: ____________________________

Mailing Address ___________________________________________________________

Mailing Address ___________________________________________________________

City _________________________ State ___________ Zip _____________________

Physical Address (if different) _____________________________________________

Physical Address (if different) _____________________________________________

City _________________________ State ___________ Zip _____________________

Home phone _______________________ Work phone ______________________ ext. __________

Cell phone _____________________ E-mail address _______________________

County: ________ Montgomery, __________ Autauga, ___________ Elmore

Ethnicity ___________________________ Gender: M   F   Date of Birth __________

If you are NOT the homeowner filling out this application, enter your information here. Otherwise, enter emergency contact information.

Name __________________________________________ Relationship to homeowner __________

Address __________________________________ City __________________ St ______ Zip _______

Home phone ___________________ Work phone __________________ Cell phone _________

Today’s Date ________________

General areas needing critical help: (check all that apply)
___ADA   ___Appliances   ___Carpentry   ___Concrete   ___Doors   ___Electrical   ___Energy   ___Exterior paint
___Flooring   ___Furnace   ___Grab bars/Handrails   ___Gutters   ___Hot water heater   ___Locks   ___Other
___Plumbing   ___Roof   ___Ramp   ___Safety   ___Stairway/Porch   ___Trash Removal   ___Tub/Tile
___Wall Repair/Paint   ___Windows   ___Yard work

Comments: ________________________________________________________________

Year house built __________ Previous Recipient Y   N If yes, Year __________ Best time to call __________

Other Contact name __________________________ Relationship __________________________

Other contact phone __________________________ Other contact email ______________________

How did you hear about RTCA _______________________________________________

Age _____________ Employed Y   N Is the Head of Household a Grandparent? Y   N

Disabilities Y   N

Please indicate any special needs _________________________________________________

Household monthly gross income __________________________ Annual Income ________________

Monthly mortgage payment __________________________ Head of Household Y   N

Assistance received: ___SSI   ___SSDI   ___Food Stamps   ___VA Benefits   ___TANF

___Medicare   ___Medicaid   ___Home and Community based services

Caseworker name __________________________ Caseworker phone ______________________

Other Governmental Assistance: _________________________________________________

Ckg/Savings Account balance ______________________ IRA,401(k) or similar acct. balance __________

CD balance __________________________ Stock/bond value ____________________________

Own other property (besides home you live in?) Y   N Receive rent on other property? Y   N
Number of residents living in household (including head of household) __________

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<tr>
<th>Name</th>
<th>Relation</th>
<th>Age</th>
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<th>Disabled</th>
<th>Gender</th>
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Residents Pay Rent?   Y   N   If yes, how much? ____________

Any Residents have disabilities?   Y   N

Please indicate any special needs: _________________________________________________________

You or any other residents been convicted of a felony?   Y   N

If yes, explain ____________________________________________________________

Number of pets ___________ What kind? _____________________________________________

Do you own your home?   Y   N   Years in home ___________ Plan to sell your home in the next year?   Y   N

Homeowner’s Insurance   Y   N   If no, please explain. If yes, include insurance company & policy number:

Number of bedrooms _____ Number of bathrooms _____ Number of living rooms ______

Number of Other rooms _____ Tax or other liens on home?   Y   N

Current taxes paid?   Y   N   Recent repairs/modifications ______________________________

If selected, how will these repairs/modifications be important to you or help you or your care giver?

____________________________________________________________________________________

Personal caregiver?   Y   N   Tell us something about yourself ___________________________

____________________________________________________________________________________

Any family members help with repairs?   Y   N   If no, why not? __________________________

In and out of shower with ease?   Y   N   Get to bathroom easily?   Y   N

On and off toilet with ease?   Y   N   Veteran   Y   N   Single/widowed?   Y   N

Home type:   ____ One story   ____ Two story   ____ Mobile/manufactured

**WARNING!!** It is a Federal crime punishable by fine and/or imprisonment, to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code, Section 1014.

**IMPORTANT – READ CAREFULLY BEFORE SIGNING**  Applicant’s Statement:

I certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying. I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. This application shall remain the property of Rebuilding Together Central Alabama, to which it is submitted for the purpose of obtaining assistance. I hereby consent to and authorize Rebuilding Together Central Alabama, after giving reasonable notice, to enter the property for the purpose of determining the need and scope of the repair(s) specified above. I authorize the disclosure of the above information to only those persons or agencies as necessary to secure the assistance for which this application is submitted.

________________________________________  ______________________________
Homeowner Signature                     Date

________________________________________  ______________________________
Homeowner PRINTED NAME                     Date
HOMEOWNER AGREEMENT
REBUILDING TOGETHER CENTRAL ALABAMA

In the event that my application is accepted, approved, and selected by Rebuilding Together:
INITIAL EACH PART OF THIS AGREEMENT TO AFFIRM YOUR ACCEPTANCE.

______ I give permission for Rebuilding Together Central Alabama, its volunteers and/or participating trades workers to perform repairs on my home located at (enter your address):

________________________________________

______ I understand that Rebuilding Together Central Alabama is a volunteer initiative and that promises cannot be made as to the quality of and the specific work that will be done.

______ I understand that the general plan for the repair(s) will be explained to me. I further give Rebuilding Together Central Alabama, its volunteers and participating trade workers full authority to determine the extent of the repair(s) to be performed even if they should fail to notify me of any change from the original plan.

______ I understand that modifications(s) will be performed free of charge by volunteers and/or participating trades workers, and Rebuilding Together Central Alabama, its volunteers and participating trades workers disclaim all warranties, expressed or implied concerning the repair(s).

______ I agree that I will cooperate with the Program Director, Project Manager and repair team.

______ In consideration of the modification(s), I further hold Rebuilding Together Central Alabama, its officers, directors, employees, agents, donors, volunteers, participating trades workers and other affiliates, collectively and individually, harmless from any claims and liabilities arising at any time as a result of the repairs, including, without limitation, any rights or causes of action resulting from personal injury or death, or damage to my property, directly or indirectly arising from any improperly performed modifications(s) or defects in material or workmanship.

______ I also grant Rebuilding Together Central Alabama permission to take or have taken, still and moving photographs and films, including television pictures of my home. I consent and authorize Rebuilding Together Central Alabama, its advertising agencies, news media and other persons interested in Rebuilding Together Central Alabama and its works, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

______ No inducements or promises have been made to me to secure my signature to this release other than the intention of Rebuilding Together Central Alabama to perform the repairs and improvements and to use such photographs, films and pictures for the primary purpose of promoting and aiding its program and its works. If you have any question, call our office at 334-625-9062.

Signed this ______ of ______________________, 2018

HOMEOWNER 1  Print Name

Signature

HOMEOWNER 2  Print Name

Signature

Witness

Print Name

Signature

Print Name

Signature