



Homeowner Application

Date of application: _____

Rebuilding Together Minnesota (RTMN) has been preserving homes and revitalizing communities since 1997. We work year-round to sustain healthy neighborhoods and ensure that people in need can live independently and safely in their homes.

Application Process:

Our application process includes three steps before we're able to start repairs.

1. **Application Form** - A complete application will support us in determining if you qualify for one of our existing programs. The criteria changes year to year, so it's important to include as much information as you can.
2. **Applicant Interview** - If your application is selected a staff member will be in touch for more details including documentation required for the program.
3. **Site Visit** - Once your interview is complete and documents are received, we'll set up a time to visit your home to assess the kind of repairs we can offer.

Upon receipt of your application, RTMN will notify you within 30 days as to the status of your application. You will be notified at that time if your application is being declined or selected for further review. Should your application be selected for further review, staff will reach out directly with the next steps, typically within 30 days of approval. **Applications not selected will be held for one year, in the event new program opportunities become available.**

Provided all goes as planned, the application steps can take up to six months to complete. Home repair work typically takes an additional three months to complete as we work with contractors or volunteers and pull appropriate permits. Please note, we are not able to support emergency repairs needs.

Application Form:

Please have the following information on hand:

- Names, date of birth and demographic information for all occupants of the house
- Each person's annual gross income (AGI). If your application is selected for further review, proof of income will be required. Please do NOT send any income documentation at this time.

While not every field is required, providing all the requested information you can will support us in finding the right program to support your needs.

Send Materials to:

If you are mailing your applications, please send it to:

Mail: Rebuilding Together Minnesota, 1050 SE 33rd Ave., Suite 200, Minneapolis, MN 55414

To send your application digitally, please send it to:

Email: Homeowners@RTMN.org

Fax: 612-767-8578

Section 1: Homeowner Information

This form must be completed by a resident of the home.

First Name: _____ Last Name: _____

Email: _____ Home Phone: _____

Birthdate: __/__/____ Primary Language Spoken: _____

Mailing Address:

Street: _____ City: _____ State: _____ Zip: _____

County: _____

If you are completing this on behalf of the homeowner receiving assistance, please complete this section:

Name of person assisting in completion of application: _____

Relationship to homeowner: _____

Phone: _____ Email: _____

Section 2: House Information

While this section is optional at this stage in our process, the information you share here ensures we can match you with as many programs as you might be eligible for. We encourage you to complete as much information as you have available.

Type of House: Single Family Multi Family Condo/Townhouse Mobile Home Manufactured Housing

Year Built: _____ Move-in Year: _____

Is there a mortgage on the house? Yes No Is the mortgage current? Yes No

Are the property taxes current? Yes No

Has the property been cited for any building or health code violations? Yes No

Are you a member of a homeowners association? Yes No

Name, phone number & email for homeowners association: _____

Section 3: Needed Repairs

Rebuilding Together Minnesota has four programs that support low-income homeowners: Home Repair, Roofing, Safe at Home and Ramps. Please check which program(s) you'd like to be considered for:

Home Repair Program - repairs things in a home that are broken or replaces those that are worn out. This could include plumbing, electrical, HVAC and many other issues. It does not include replacing appliances. Please complete the Home Repair Questions on the next page. ****Please Note: Home Repair applications are closed for the 7-county Twin Cities Metro Area until 2025.****

Roofing Program - replaces or repairs roofs. Please complete the Home Repair Questions on the next page.

Safe at Home Program - makes modifications to prevent falls and supports older adults who desire to age in place. Please complete the Safe at Home Questions on the next page.

Ramp Program - builds accessibility ramps. Please complete the Safe at Home Questions on the next page.

Section 5: Household Members, continued

Please list the names of **all people living in the home** including yourself, children under 18 and renters. Please use additional copies of this page if needed to include more than 3 household members.

Resident's First and Last Names: _____ **Date of Birth:** __/__/----

Relationship to Homeowner: Homeowner Spouse Child Sibling Parent Grandchild
 Grandparent Aunt Uncle Niece Nephew Friend

Gender: Male Female Transgender Non-binary/non-conforming Other _____

Race: American Indian or Alaska Native Asian Black or African American Other _____
 Native Hawaiian or Other Pacific White

Ethnicity: Hispanic or Latino Not-Hispanic or Latino

Identities: Single Parent Female-headed Household LGBTQIA+ Preferred pronouns _____

Accessibility: Chronic Illness Cognitive Impairment Environmental Allergies
 Mental Health Mobility Impairment Hearing Impairment
 Other _____

U.S. Military: Active Duty Veteran, Honorable Veteran, Discharged

U.S. Military Branch: Air Force Army Coast Guard Marines
 Navy National Guard Reserves Space Force

U.S. Military Service Start Date: __/__/---- **U.S. Military Service End Date:** __/__/----

Resident's Annual Gross Income (AGI): \$ _____

Resident's First and Last Names: _____ **Date of Birth:** __/__/----

Relationship to Homeowner: Homeowner Spouse Child Sibling Parent Grandchild
 Grandparent Aunt Uncle Niece Nephew Friend

Gender: Male Female Transgender Non-binary/non-conforming Other _____

Race: American Indian or Alaska Native Asian Black or African American Other _____
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Ethnicity: Hispanic or Latino Not-Hispanic or Latino

Identities: Single Parent Female-headed Household LGBTQIA+ Preferred pronouns _____

Accessibility: Chronic Illness Cognitive Impairment Environmental Allergies
 Mental Health Mobility Impairment Hearing Impairment
 Other _____

U.S. Military: Active Duty Veteran, Honorable Veteran, Discharged

U.S. Military Branch: Air Force Army Coast Guard Marines
 Navy National Guard Reserves Space Force

U.S. Military Service Start Date: __/__/---- **U.S. Military Service End Date:** __/__/----

Resident's Annual Gross Income (AGI): \$ _____