



**2026 Application Window
Jan. 1 to March 31, 2026**

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.

Unfortunately, we are unable to support emergency repairs at this time.

We endeavor to support as many people as possible each year, and typically receive more than 500 applicants and serve 200-250 individual homes across all of our programs. We schedule work two years out which means that if your application is approved, it could take up to two years to see any repair requests completed.

In order to be transparent about the timeline for applicants, you should expect to hear within 3 months if we are able to support at least some of your needs within the next two years.

Our timeline for services is dependent on multiple competing factors such as funding, skilled contractors to perform the work and overall staff capacity. We regret that we are unable to rush this process or support every applicant with every request.

INCOME & VERIFICATION DOCUMENTS:

Income information is required for all household members as part of the application. **When submitting your application, please use your best estimate for all sources of income for each person who lives in your home.** The more precise you can be, the better.

Should you be selected to be assessed for services, we will need to verify your household income and the ownership of your home. Documentation is not required until later in the process. **Please DO NOT send any documentation at this time.**

NOTICE OF CITIZENSHIP VERIFICATION IF APPLICATION IS SELECTED:

When required by a federal funding source, Rebuilding Together Minnesota will verify U.S. Citizenship or eligible status using federally accepted documentation. Verification will be conducted consistently, respectfully, and in a non-discriminatory manner, collecting only the minimum information necessary for compliance.

Send Materials to:

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

Mail: Rebuilding Together Minnesota, 2550 University Ave. W., Suite 200N, St. Paul, MN 55114

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: _____

Gender: ☐ Male ☐ Female **Identities:** ☐ Single Parent ☐ Female-headed Household

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

Accommodation: ☐ 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): \$ _____

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: Additional Household Members

Please complete the following questions for **all people living in the home** including children under 18 and renters. Please attach a separate sheet if more space is needed. * indicates a required field - applications cannot be processed without an answer in required fields. **Incomplete applications will be rejected.**

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 Identities: ☐ Single Parent ☐ Female-headed Household

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

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 Identities: ☐ Single Parent ☐ Female-headed Household

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

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

Section 4: 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** - repairs things in a home that are broken and/or replaces those that are worn out. This could include plumbing, electrical, HVAC and many other issues. It does not include replacing appliances or aesthetic changes. Please also complete the questions below.
- ☐ **Roofing** - replaces or repairs roofs. Please also complete the questions below.
- ☐ **Safe at Home** - repairs and modifications that support aging in place and prevent falls, as well as health and safety accommodations. Please also complete the questions below.
- ☐ **Ramp** - builds ramps that support increased mobility into and out of the home. Please also complete the questions below.

Please indicate “yes” or “no” to each of the questions below. To the right, please prioritize the six (6) repairs that are most needed. 1 = most urgent; 6 = least urgent.

1. Is your roof or siding damaged, leaking or does it have gaps or missing shingles? ☐ Yes ☐ No _____
2. Have any of your electrical systems sustained damage or been cited as not being up to code? ☒ Yes ☐ No _____
3. Does your home have any leaking or non-functioning plumbing? ☐ Yes ☐ No _____
4. Does your home need a new furnace, air conditioner or water heater, or need repairs
to your heating and/or cooling system? ☐ Yes ☐ No _____
5. Does your home have two or more windows or doors that are damaged or do not seal properly? ☐ Yes ☐ No _____
6. Does your home have interior walls, floors or ceilings that are damaged? ☐ Yes ☐ No _____
7. Does your home need exterior repairs for a driveway, walkway, steps, retaining wall or fence? .. ☐ Yes ☐ No _____
8. Can you navigate steps easily? ☐ Yes ☐ No _____
9. Are you able to access every room in your home easily? ☐ Yes ☐ No _____
10. Can you get in and out of your shower or bathtub with ease? ☐ Yes ☐ No _____
11. Do you feel capable of leaving and entering your home by yourself? ☐ Yes ☐ No _____
12. Do you have working smoke/carbon monoxide detectors as well as a fire extinguisher? .. ☐ Yes ☐ No _____
13. Do you have outdoor safety lighting? ☐ Yes ☐ No _____

Please share more details about the repairs and mobility items you need for your home.

[illegible]

Section 5: Additional Information

Please provide any additional information that will help us understand your situation. Use additional sheet if necessary.

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