



Homeowner Application

Date of application: _____

Application Window
Oct. 1 - Dec. 31, 2026

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 Review** - 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 for staff and/or contractors to visit your home to assess the kind of repairs we can offer and schedule.

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 up to two years out which means that if your application is approved, it could take up to two years to see any requested repairs 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:

Please return applications via:

Mail: Rebuilding Together Minnesota, 2550 University Ave. W., Suite 200N, St. Paul, MN 55114
Email: Homeowners@RTMN.org
Fax: 612-767-8578

Section 1: Applicant Information

This form must be completed by a resident of the home. *While not every field is required, providing all the information you can will support us in finding the right program to support your needs. It is in your best interest to accurately describe your household.*

***Applicant's Full Name:** _____ ***Date of Birth:** ____ / ____ / ____

Email Address: _____

***Phone Number:** _____

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

Gender: ☐ Male ☐ Female

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

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:** ____ / ____ / ____

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

Section 2: Home Information

The information you share here ensures we are able to match you with as many programs as you might be eligible for. While not required at this stage, it is in your best interest to accurately describe your household. We encourage you to complete as much information as you have available.

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

Year Built: _____ **Move-in Year:** _____

Property Address: _____

City, State, Zip _____ **County:** _____

Home Conditions:

Check the box next to any conditions that apply to your home.

- ☐ The Mortgage is current.
☐ All property taxes are current.
☐ The property is currently insured.
☐ The property has a building or health code violation.

HOA:

If you are a member of a homeowners association, please complete the following:

Association Name: _____

Email address for homeowners association: _____

Phone number 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 to include all members of your household. Providing all the information you can will support us in finding the right program to support your needs. It is in your best interest to accurately describe your household.

NOTE:

** 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

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

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

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Section 4: Needed Repairs

Program Selection:

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.
- ☐ **Roofing** - replaces or repairs roofs.
- ☐ **Safe at Home** - repairs and modifications that support aging in place and prevent falls, as well as health and safety accommodations.
- ☐ **Ramp** - builds ramps that support increased mobility into and out of the home.

Repair Selection & Priority:

Please indicate the condition of your home, and potential repairs you are interested in receiving.

Due to limited resources, we are often unable to complete all requested repairs. It is for this reason we ask you to rank your top five (5) requests so that our team can focus on what you have deemed most impactful to your life. We use the following descriptions to support you in ranking your top five (5) repairs:

1 - Critical Repair: serious safety or health risks are actively happening, threats to remaining in your home.

2 - Urgent Repair: immediate attention needed to avoid or mitigate health and safety risks or loss of housing.

3 - Important Repair: major issues that impact functionality and efficiencies in the home. Could lead to more serious issues if not addressed within the year.

4 - Necessary Repair: moderate issues that could lead to more serious issues if not addressed within two years.

5 - Priority Repair: regular or deferred maintenance items, no immediate safety or health risks, and minimal impact into functionality.

When thinking about the condition of my home - my:

- _____ ☐ Roof is damaged, leaking, has gaps, or is missing shingles.
- _____ ☐ Siding is damaged, leaking, or has gaps.
- _____ ☐ Electrical system is damaged or has been cited as not up to code.
- _____ ☐ Plumbing is leaking or not working.
- _____ ☐ Windows are damaged or don't seal properly (*at least two*).
- _____ ☐ Exterior door is damaged, doesn't seal, or doesn't lock.
- _____ ☐ Interior walls, floors, or ceilings are damaged.
- _____ ☐ Outdoor safety lighting is missing or in need of repair.
- _____ ☐ Smoke detectors and carbon monoxide detectors are missing, damaged, or not working.
- _____ ☐ Fire extinguisher needs to be replaced or added.
- _____ ☐ Bath/shower doesn't support my safety.
- _____ ☐ Stairs/steps don't have secure handrails.
- _____ ☐ Home needs an external ramp so I can leave/enter without help

Please share more details about the repairs you selected:

Things like how long something has been in need of repair, how many are damaged, or if you are able to use the room as intended are very helpful to include.
