

PO Box 2691 Charleston, WV 25330 T: (304)343-4663 info@rtwv.org www.rtwv.org

Charleston

Thank you for your interest in Rebuilding Together Charleston (RTC). Our mission is to improve the health and safety of homes for low-income homeowners and revitalize their communities through essential repairs and modifications. We are excited to help you begin the process of making your home safer and healthier. However, please note that this process can take time. Because we rely on funding and the availability of volunteers and contractors, the timeline for reviewing and completing your application varies significantly. Some projects may take several months or even over a year to complete, depending on the scope of work and resources available.

IMPORTANT INFORMATION ABOUT THIS APPLICATION

This application is for **residents of the 25302 ZIP code area**. If you live in another area of **Kanawha or Putnam County,** please contact us for our **general Safe at Home** application instead.

The **Healthy Homes Production Program**, funded by the U.S. Department of Housing and Urban Development (HUD), focuses on identifying and addressing health and safety hazards in homes. Eligible repairs and modifications may include correcting moisture or ventilation issues, reducing fall hazards, improving electrical and plumbing safety, and making accessibility modifications.

Important Points About the Process:

- 1. **Thorough Applications Are Key:** To help us assess your needs effectively, it is important that you **complete the entire application** and submit all required documentation. Each question we ask is essential to ensure we understand your situation and prioritize your needs appropriately.
- 2. **Eligibility Requirements:** Before applying, please ensure that you meet **all** the following criteria:
 - √ You must own and occupy your home as your primary residence.
 - ✓ Your home must be located within the 25302 ZIP code area on the Westside of Charleston.
 - ✓ Your total household income must fall at or below 50% of the HUD Area Median Income for Kanawha County. *All household members age 18 and older must disclose and document income.
 - √ Property taxes and homeowner's insurance must be current or on an approved payment plan.
 - √ Your home must be a single-family residence (no rental or multi-unit properties).

After submitting your completed application with the required documents, you will receive written confirmation that it has been received. Next, an RTC representative will contact you to schedule a visit to assess your home's condition to determine the scope of work needed. **Please understand that submitting an application does not guarantee services.** All projects must undergo board approval, environmental review, and the timeline depends on several factors including funding, volunteer, and contractor capacity.

If you have any questions or concerns while completing your application, don't hesitate to reach out. We are here to assist you.

If you have any questions, please contact the office at (304) 343 – 4663 or email us at info@rtwv.org.

Mail Application to:

Rebuilding Together Charleston PO Box 2691 Charleston, WV 25330

Our process follows these steps: 1. Fill out the application and submit all required documents, *an application is not a guarantee of service. 2. If you meet our eligibility requirements, and your needs are within our capacity, your home will be reviewed by an RTC representative to assess the work needed. 3. RTC determines if we have volunteers, contractors, and resources to do the work needed on your home. 4. You will be notified if we can provide home repair services for you. 5. If we can provide services for you, we find the funding and match volunteers so we can discuss project planning and completion with you. To qualify for service, you must meet ALL eligibility requirements listed in the application. These requirements ensure fairness and compliance with funding regulations. 1. To verify home and land ownership please include a copy of one of the following: a. Deed to the home, homeowner insurance policy, property tax bill, property tax waiver. 2. To verify total household income please include a copy of one of the following: a. Tax returns, pay check stub, letter from Social Security or a copy of SSI check, or unemployment documentation. 3. Photo Identification for the homeowner and any adult household member. How long does it take from a requirement and any adult household member. The timeline for work to be completed on a home varies for each home. Every project is different based on the type of repairs, cost, funding availability, and volunteer or contractors schedules. Some projects may take several months or longer to complete. What work do you do? What work do you do? What work do you do? Past repairs have included repairing or installing doors, locks, ramps, porches, grab bars, handrails, patching, painting, caulking, minor carpentry, electrical, plumbing, and more. No. Repairs completed under the Healthy Homes Production grant are limited to work that directly improves the health and safety of your home. Repairs must fall within the program's guidelines and funding availability. Perso									
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	be at or below		26,900	30,750	34,600	38,400	41,500	44,550	47,650

			Date of Application / /			
SECTION 1 - HOME	OWNER INFORM	ATION				
=			Divid I is			
First Name:	Las	t Name:	Birthdate:			
Address:	City	<u>r:</u>	Zip Code:			
Home Phone:	Mo	bile Phone:	Email:			
Employer:	Prir	nary Language:				
EMERGENCY CONTACT	INFORMATION					
First Name:	Las	t Name:				
Relationship:	Pho	ne:				
Tell us about yourself:						
How would repairs mak	e a difference?					
How is your home impa	cting your health?					
learned about Rebuild	ng Together from:					
☐ City Agency	☐ Employer	☐ Friend ☐ Previous Rec	□ Internet □ Mail			

SECTION 2: HOME INFORMATION

If your mailing address is different from your home address, please provide your mailing address here:

Type of House					
\square Single Family	☐ Single Family ☐ Mobile Home		□ Manuf	factured Housin	g
Year Built:	Year Moved In:				
Mortgage Current?	□ Yes □ No				
Property Taxes Current?	□ Yes □ No				
Home Insured?	□ Yes □ No				
Monthly Mortgage Paymen	t: \$	_ Monthl	y Utility Bills:	\$	
Total Other Monthly Expens	ses: \$				
need. This information is no age, ethnicity, race, and ger and secure ongoing suppor	nder) is optional, we enco	•	•		•
Name	1			Race	Disability (V/N)
Name	Relationship	Age	Gender	Race	Disability (Y/N)
Name	Relationship	Age	Gender	Race	DISABIlity (Y/N)
Name	Relationship	Age	Gender	Race	Disability (Y/N)
Name	Relationship	Age	Gender	Race	Disability (Y/N)
Name	Relationship	Age	Gender	Race	Disability (Y/N)
Name	Relationship	Age	Gender	Race	Disability (Y/N)
Is anyone in the home US V				dow/Widower	Disability (Y/N)

SECTION 4: INCOME VERIFICATION

Please provide the requested information below and attach documentation to verify the income of *all* household members. Rebuilding Together does not require or collect social security numbers, and we recommend removing or redacting them from your documents before submission.

All household members must provide proof of income, such as the most recent income tax return or other official documentation of gross annual income. This information is required to determine eligibility and meet funding requirements.

Failure to submit income documentation for *all* household members will delay processing, and we cannot complete your application until all required documents are received.

Name	Wages & Salary	Social Security Income	Pension/ Retirement	Other	TOTAL INCOME

Please list the name of any household members who are unemployed. (Do not include individuals in grades K-12, retired individuals, or those receiving Social Security.) If anyone living in the home has no income, please contact our office, as they will be required to complete a Zero Income Affidavit to verify their status.

M (-)		
Name(s):		

INCOME LIMITS

Persons in Family	1	2	3	4	5	6
Annual Income Kanawha County	26,900	30,750	34,600	38,400	41,500	44,550

SECTION 5: REPAIRS

Please identify and describe the specific repairs needed to make your home accessible, livable, and safe. While Rebuilding Together will consider most types of repairs, final decisions depend on time, financial resources, and volunteer availability.					

SECTION 6 – HOMEOWNER(S) AGREEMENT WITH REBUILDING TOGETHER

Rebuilding Together Charleston is committed to providing critical home repairs to low-income homeowners through the efforts of volunteers and the generosity of sponsors. It is important to understand that this program is a collaborative effort, and while we aim to address the most urgent and essential repairs, not all requested work may be completed. By submitting this application, you acknowledge the nature of our services and agree to the terms outlined below. These terms ensure transparency, mutual understanding, and a shared commitment to the success of your project.

I/we understand that:

- Rebuilding Together Charleston provides volunteer home repairs for low-income homeowners who are unable to do the work themselves.
- Typically, all work will be performed by a mix of skilled, semi-skilled & novice volunteers. All repairs requested may not be completed.
- All repairs will be performed at no cost to me.
- Rebuilding Together Charleston will neither warranty nor guarantee the materials or the workmanship of the repairs to be performed.
- I/we own the property at the address given in Section 1 of this application.
- I/we have provided full and accurate information regarding the income of all family members living in the home, as documented in Sections 1 and 2.
- I/we have no present intent to move or offer this home for sale over the next two years.
- I/we understand that I/we, all family members and visitors at the home will work alongside the volunteers to the best of each person's ability. Lack of participation from those able to work alongside the volunteers may result in the termination of the work project.
- I/We hereby release Rebuilding Together Charleston and all individuals, sponsors, and suppliers associated with this project from any and all liability associated with the repairs performed on my home.
- 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 #1 Signature	 Date
Homeowner #2 Signature	 Date

Thank you for taking the time to complete this application. Once we have processed your information, we will notify you of the next steps or reach out if additional details are needed. Please keep in mind that this process can take some time due to the high volume of applications and resource availability. We appreciate your patience and look forward to talking with you.