

Dear Homeowner,

Thank you for your interest in Rebuilding Together Pittsburgh (RTP). Our mission is to cooperatively transform the lives of low-income homeowners by improving the health and safety of their homes and revitalizing their communities. Rebuilding Together Pittsburgh construction team along with volunteers and licensed contractors provide homeowners with a variety of home repairs **at no cost to the homeowner**.

The first step for homeowners is to complete the attached interest form. After we receive your form, we will send you a letter indicating confirmation of receipt of your interest form.

**While we hope to serve all homeowners who express interest in services, please know that our funding sources drive both who we serve and which areas of Allegheny County we work in.** If you are not in one of our funded areas, we will do our best to refer you to other home repair programs you are eligible for and we will keep your interest form on file in case future funding allows us to work with you and/or in your area.

**PLEASE READ BEFORE FILLING THE APPLICATION!**

**Eligibility:**

A **permanent resident of the household** must:

✓ be the homeowner- name must be on the deed AND must have lived in the home for at least the past 3 years.

And **household income** must meet the following criteria:

✓ total household income before tax must fall at or below 80% of the Allegheny County Area Median Income (AMI). Note: To qualify all residents 18 years or older in the home must disclose income.

80% of Area Median Income (Maximum Income)			Very Low Income
Family Size	Monthly Income Limit	Annual Income Limit	Annual Income Limit
1	\$4,725	\$56,700	\$35,450
2	\$5,400	\$64,800	\$40,500
3	\$6,075	\$72,900	\$45,550
4	\$6,746	\$80,950	\$50,600
5	\$7,288	\$87,450	\$54,650

**And the home must meet the following criteria:**

- ✓ be in Allegheny County, Pennsylvania.
- ✓ be current on your property taxes or on a qualified tax payment plan.
- ✓ must not have received repairs from Rebuilding Together Pittsburgh in the past 3 years.

**If we are able to serve you, please note that you will be required to produce documentation that confirms your income as well as your documented disability if you indicated this on your interest form.**

**Applicants will be subject to a background check through the PA sex offender registry and RTP reserves the right to deny services to sex offenders.**

**Keep this page for your reference. Please complete the attached interest form and return it to us.** Again, thank you for your interest in Rebuilding Together Pittsburgh. If you have any questions or need assistance completing this form, **call our Administrative Coordinator at (412) 247-2700 x 123.**

**Submit completed interest form by:**

**Mail:**

**Rebuilding Together Pittsburgh  
7800 Susquehanna Street  
Pittsburgh, PA 15208**

**Fax: (412) 365-5905**

**Email:**

**Apply@RTPittsburgh.org**



## REBUILDING TOGETHER PITTSBURGH INTEREST FORM

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred contact method:  Phone call  Text message  Email

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Rebuilding Together? (Please include name of Friend, Family, Community Group, etc.) \_\_\_\_\_



**INFORMATION ABOUT ALL HOUSEHOLD RESIDENTS**

Name	Gender*	Racial Identity*	Age	Date of Birth	Relationship	Monthly Income	Type of Income
					Homeowner/ Applicant	\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	

*\*Note: this information is collected for homeowners only and on a voluntary basis in order to help with tracking our impact and does NOT affect your eligibility to receive services.*

**How many people live in the home?** \_\_\_\_\_

**Total household income \$** \_\_\_\_\_

**INFORMATION ABOUT YOUR HOME/ASSET**

<p>What year did you move into your home?</p>	<p><b>Electric Company</b></p> <p><input type="checkbox"/> Duquesne Light</p> <p><input type="checkbox"/> West Penn Power</p> <p><input type="checkbox"/> Other_____</p> <p><b>Gas Company</b></p> <p><input type="checkbox"/> People’s Gas</p> <p><input type="checkbox"/> Columbia Gas</p> <p><input type="checkbox"/> Equitable</p> <p><input type="checkbox"/> Other_____</p> <p><b>Water Company</b></p> <p><input type="checkbox"/> Pittsburgh Water &amp; Sewage Authority (PWSA)</p> <p><input type="checkbox"/> Wilksburg Penn Joint Water Authority (WPJWA)</p> <p><input type="checkbox"/> Pennsylvania American</p> <p><input type="checkbox"/> Other_____</p>
<p>Does the homeowner reside on the property?</p> <p><input type="checkbox"/> <b>Yes</b></p> <p><input type="checkbox"/> <b>No</b></p>	
<p>Are you current on your real estate tax?</p> <p><input type="checkbox"/> <b>Yes</b></p> <p><input type="checkbox"/> <b>No</b></p> <p>If no, are you on a real estate tax payment plan?</p> <p><input type="checkbox"/> <b>Yes</b></p> <p><input type="checkbox"/> <b>No</b></p>	
<p>Are you in danger of losing your home?</p> <p><input type="checkbox"/> <b>Yes</b></p> <p><input type="checkbox"/> <b>No</b></p>	<p>Do you have Utility Insurance?</p> <p><input type="checkbox"/> <b>Yes</b></p> <p><input type="checkbox"/> <b>No</b></p>
<p>Type of House</p> <p><input type="checkbox"/> <b>Single Family</b></p> <p><input type="checkbox"/> <b>Multi-Family</b></p>	<p>Do you have Homeowner’s Insurance?</p> <p><input type="checkbox"/> <b>Yes</b></p> <p><input type="checkbox"/> <b>No</b></p>

**Is anyone who is a member of the household:**

US Veteran?  Yes  No If yes, who: \_\_\_\_\_

Widow/er of a Veteran?  Yes  No If yes, who: \_\_\_\_\_

Has documented Disabilities\*?  Yes  No

If yes, who: \_\_\_\_\_

Type of disability/ies: \_\_\_\_\_

*\* If requested, resident must be able to provide a Doctor's note, SSDI or VA designation of disability.*

Is anyone in the home pregnant?  Yes  No

Are there **child(ren) under the age of 6** that spend a  Yes  No **time visiting\* the home?**

*(\*“significant time visiting” is defined as 3 or more hours a day on 2 separate days a week or a total of 60 hours per year.)*

**Based on your health insurance carrier, you may be eligible for additional funding**

Are you enrolled in a health insurance plan?  Yes  No

Which health insurance carrier are you under?

UPMC

Highmark

Etna or

Other \_\_\_\_\_

**What repairs would most improve your life and how?**

## REFERRALS

Rebuilding Together Pittsburgh works in partnership with other housing assistance agencies to meet the needs of homeowners. These other agencies may be able to provide you with additional housing assistance. May we share your information with other agencies for possible additional assistance for you?

**Please check one of the following boxes:**  I do  I do not give Rebuilding Together Pittsburgh permission to release my information to other housing assistance agencies.

## INFORMATION CERTIFICATION

I certify that the **above information is true and correct** to the best of my knowledge. I **authorize Rebuilding Together Pittsburgh to verify income and assets** as necessary to process my application. I realize that **any repairs provided by Rebuilding Together Pittsburgh will be at no cost** to me or to my family.

Homeowner Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Rebuilding Together Pittsburgh (RTP) complies with The Fair Housing Act which prohibits discrimination in housing and related transactions. Housing agencies may not deny funds or offer less favorable terms and conditions on the basis of the client's race, color, religion, sex, national origin, familial status (i.e., the presence or number of children in a household) or disability.

