

# Rebuild Upstate Home Repair Application Greenville, Pickens, Oconee, and Anderson County

*Please read each question carefully and answer each question to the best of your ability. If there are any questions left unanswered we will not be able to process your application. If you have any questions about this application call 864-603-2708.*

1. In what SC county is the home located?
  - Greenville
  - Anderson
  - Pickens
  - Oconee
  - Other - please contact 211 to find resources for your area (Dial 211 and call or visit 211.org online)
2. Is any resident or frequent guest of the home a registered sex offender?
  - Yes
  - No
3. Are you requesting assistance or referring someone else?
  - Requesting Assistance
  - Referring Someone
4. If you are referring someone please fill out the below information, If you are requesting assistance continue to *question 5*.

Name of Referring Individual \_\_\_\_\_

Name of the referring Agency \_\_\_\_\_

Referring Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Referring Email \_\_\_\_\_

5. Homeowner Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Can we text the number provided?

(circle one) Yes No

Email Address \_\_\_\_\_

Physical Address \_\_\_\_\_

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

6. Do you live within the city limits

(circle one) Yes No

7. Please provide a secondary contact name and phone number  
(someone outside of the home)

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. Is the Homeowner disabled?

(circle one) Yes No

9. How many people live in the home? \_\_\_\_\_

10. What is the total combined monthly income of all household members?

\$ \_\_\_\_\_

11. Have you had a payday loan in the last 6 months?  
(circle one) Yes No
12. Would you be interested in receiving additional resources, and/or assistance with budgeting?  
(circle one) Yes No
13. If anyone else lives in the home full time please list them on page 7.
14. Is one of the residents of the home a veteran or has served in the military?  
(circle one) Yes No
15. Do you own or rent the home?  
 Own  
 Rent
16. If you own the home, please answer the following questions. *If you rent the home skip to question 17.*
1. How long have you owned the home?  
 Less than 2 years  
 2-5 years  
 5-7 years  
 7+ years
  2. Do you own any other properties?  
(circle one) Yes No
  3. Are there any liens/loans against the home or a second mortgage on the home?  
(circle one) Yes No
  4. Do you have insurance on the home?  
(circle one) Yes No

5. Is anyone outside of the home listed on the deed?  
(circle one) Yes No

17. Is your home a mobile home? (circle one) Yes No

If yes, what year was it manufactured? \_\_\_\_\_

18. **Utilities**

Who is your natural gas provider?: \_\_\_\_\_

Who is your water provider? \_\_\_\_\_

Who is your electricity provider? \_\_\_\_\_

On Average, how much do you pay for your gas, water and electricity per month?  
\$ \_\_\_\_\_

19. **Programs and Repairs**

*This portion of the application will focus on the repairs that you are requesting assistance with. After reading the following descriptions of each program please select the program that reflects your MOST CRITICAL home repair needs. You will only be placed in one program, that is why we are focusing on your most critical repair. We will look into additional repairs later in the program.*

***Aging in Place*** - This program is for homeowners who need modifications to help them stay safe in their home. (Grab bars, Handrails, Handheld Shower Head, etc.)

***Accessibility & Safety Improvements for Disabilities*** - This program is for homeowners who have a disability and need assistance getting around. (Ramps, Walk in showers, Widening Doors, etc.)

***Home Repairs*** - This program is for homeowners with structural repair needs. (Roof, Electrical, HVAC, Floors Falling In, Plumbing, Windows, Doors, Siding, etc.)

**Weatherization** - This program is for folks who need repairs to help lower monthly utility bills. (Caulk windows, Insulation, etc.)

What is your most critical repair needed?

- Aging in Place
- Accessibility & Safety Improvements for Disabilities
- Home Repairs
- Weatherization

20. Please answer the following questions based on the program you selected in question 19.

***Aging in Place***

1. How many falls have you had in the home?
  - None
  - One
  - Two or more
  
2. Are you requesting assistance with one or more of the following items?
  - Steps / Handrails
  - Grab bars
  - Trip Hazards
  - Raised Toilet Seat
  - Shower Chair

***Accessibility & Safety Improvements for Disabilities***

1. Is your assistive device (walker / wheelchair) able to pass through the doorways of the bathroom and bedroom?  
(circle one) Yes No
  
2. Is your assistive device (walker / wheelchair) able to pass through the front door?  
(circle one) Yes No
  
3. Can you safely get outside and at least ten feet away from your home or attached structures (deck, stairs) in the event of an emergency?  
(circle one) Yes No

4. Please select the repairs you are requesting from the list below

- Ramp
- Walk in Shower
- Change Door Knobs to Handles
- Taller Toilet
- Handicap Accessible Sink
- Widen Doorways

### ***Home Repairs***

1. Are there environmental hazards in your home? (Mold, Lead, Asbestos, etc.)

(circle one) Yes No

2. Is there a lack of barrier to the exterior of your home? (Hole in the roof, Hole in the floor, Hole in the wall, Missing door/window, etc.)

(circle one) Yes No

3. Are you requesting assistance with one or more of the following items?

- Roof
- Windows / Doors
- Siding
- Deck
- Floors in the bathroom
- Floors in the Bedroom / Living Room / Kitchen
- Plumbing
- Electrical
- Heating and Cooling

### ***Weatherization***

1. How many bedrooms does your home have?

- One to Two
- Three
- Four or more

2. Are you requesting assistance with one or more of the following items?

- Drafty Doors / Windows
- Attic / Crawl Space Insulation
- Water Pipe Insulation
- Vapor Barrier
- Water Conservation

## Household Information

*Please use this space to provide information on any additional members of your household.*

Name	Date of Birth	Is this person Disabled?
		(circle one) Yes No
		(circle one) Yes No
		(circle one) Yes No
		(circle one) Yes No
		(circle one) Yes No
		(circle one) Yes No
		(circle one) Yes No

**Thank you for filling out the Critical Home Repair Application for Rebuild Upstate!**

***Please return by mail to:***

***Rebuild Upstate***

***Attn: Application***

***PO Box 8693***

***Greenville, SC 29604.***

**Keep this page for your records, as it contains important information to remember about your application.**

Be aware that we are **not** equipped to handle any emergency situations. If you are in need of emergency repairs please contact 211 to find other organizations in your area. (Dial 211 on your phone or visit [www.211.org](http://www.211.org) online)

Our waiting list consists of over 1000 applicants and it is growing rapidly. Please remember that this process could take a few years. We are working hard to serve you as quickly as possible.

Our ability to repair your home rests with the amount of funding that we receive for your unique situation and the ability to find volunteers and/or contractors for your repairs.

If we have any questions about your application or if you do not qualify for our services, we will reach out to you by phone, email and/or mail. In the meantime, we do encourage you to reach out to other organizations for help. You can find a list of resources in your area by contacting 211 (visit [www.211.org](http://www.211.org) online or you dial 211 on your phone).

If you have questions about your application or you need to make updates please contact the Rebuild Upstate office @ 864-603-2708

Thank you for applying for home repair with Rebuild Upstate. We look forward to serving you!