



HOME REPAIR APPLICATION & GUIDELINES

The Build Team mission is to help homeowners struggling with financial burdens complete essential home repairs to enable them to remain living in the homes they own.

To qualify, an applicant must:

1. Own and reside in a home in need of repair (no rental properties).
2. Have homeowner's insurance coverage.
3. Reside within the area of northwest Cook and surrounding counties.
4. Demonstrate an existing financial burden or other need for the requested repairs
5. Be current on mortgage and property tax payments.

Project Request May Include:

1. Exterior repairs to roofs, doors, windows, etc.
2. Plumbing repairs.
3. Electrical repairs.
4. Installation of handicap accessible ramps and railings.
5. Heating and air conditioning repairs
6. Other necessary home repairs.

Project May Not Include:

1. Elective reconstruction or remodeling projects.
2. Redecorating projects or unnecessary aesthetic changes.

If you believe you qualify for this program, please complete this application. Incomplete applications will not be accepted. All information will be kept confidential.

ACCEPTANCE OF AN APPLICANT'S REQUEST FOR HOME REPAIRS AND THE PROVISION OF HOME REPAIR SERVICES SHALL BE AT THE SOLE DISCRETION OF THE BUILD TEAM NFP. COMPLETION OF THIS APPLICATION SHALL NOT BIND THE BUILD TEAM NFP TO PROVIDE THE APPLICANT WITH HOME REPAIR SERVICES.

Section 1 – Homeowner Information

Legal Name of Homeowner _____ Age: _____

Legal Name of Co-Owner (if any) _____ Age: _____

Living at Address _____ Number of years _____

Best Phone Number to contact you: _____ Email: _____



Dependents and others who live with you:

_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Relationship	Age	
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Relationship	Age	
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Relationship	Age	
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Relationship	Age	

Are you or anyone in your household a veteran? Yes No

Name

Section 2 – Special Needs

Are you or anyone in your household disabled? Yes No

Name

If yes, indicate the type of disability below: (Check all that apply)

- Uses a walker, cane or crutches.
- Wheelchair bound
- Blind.
- Hearing impaired
- Mentally disabled
- Other: _____

Is translation needed? Yes No

If yes, what language? _____

Section 3 – Mortgage Information

Is there a mortgage on the property? Yes No

Who is listed as the owner(s) on your mortgage document?

Name

Name



Do you currently have a reverse mortgage? Yes No

Are you up to date with your mortgage payments? Yes No

Date last payment was made: _____

Are you currently in danger of foreclosure? Yes No

Are you currently working with a bank or company to prevent foreclosure? Yes No

Do you have homeowner's insurance? Yes No

Do you plan to sell your home within the next 2-3 years? Yes No

If you sell your home within five (5) years after receiving repair services, would you consider making an appropriate donation to The Build Team NFP? Yes No

Section 4 – Property Information

What is the approximate age of your home? _____

How long have you lived in your home? _____

How many bedrooms? _____

How many bathrooms? _____

Is your home a single family home? Yes No

Do you own other property/buildings in addition to the home you occupy? Yes No

If yes, please provide the address(es)

Are you current in the payment of property taxes? Yes No

If not, what property tax installments are unpaid? _____



Section 5 - Needed Repairs

Describe what home repairs would be of most assistance to you.

Section 6 - Financial Information

Are you employed? Yes No

If yes, please identify your employer and your employment position.

Employer: _____

Position: _____

Are you retired? Yes No

If there is a co-owner of the property, is the co-owner employed?
If yes, please identify the co-owner's employer and employment position.

Company Name

Position Held

Please provide your approximate annual income received from all sources, which include: employment wages, self-employment income, social security benefits, disability income, retirement income, alimony, child support, and any other income received.

Approximate Annual Amount: _____

If there is a co-owner of the property, and if you know, please provide the approximate annual income received by the co-owner. If you do not know the amount, please indicate "not known."

Approximate Co-owner's Annual Amount: _____



Do you have assets (excluding any equity in your home and personal property such as a car or furniture) which you could use to pay for the requested repairs? Yes No
 If yes, please identify the assets and the approximate value.

Asset _____ Value _____

Asset _____ Value _____

Asset _____ Value _____

Section 7 - Other Information

Please describe: 1. How receiving free home repairs would help you and your family; and
 2. Why you are in a financial position to need to the help.

Section 8 - Certification

Have you or any immediate family member worked for or been affiliated in any way with The Build Team NFP? Yes No

Are you related to any officer or director of The Build Team NFP? Yes No

I certify that the above information is true and correct to the best of my knowledge. I authorize The Build Team NFP to check any references necessary to complete the processing of this application for the receipt of free housing repairs. I understand that providing false or incomplete information may make me ineligible for or result in disqualification from the program. I also understand that any information received will be kept confidential and will be used strictly for the purpose of determining my eligibility to receive free home repairs from The Build Team NFP.

I understand that: (i) acceptance of my request for home repair services and the provision of home repair services to me shall be at the sole discretion of The Build Team NFP, and (ii) submission of this Application or participation in any additional review of my application shall not bind or obligate The Build Team NFP to provide me with home repair or any other services.

Homeowner's Name _____ Date _____

Co-owner's Name _____ Date _____