



REVITALIZE
MILWAUKEE

HOMEOWNER APPLICATION FOR HOME REPAIRS & CHORE SERVICES

Revitalize Milwaukee assists Milwaukee and Waukesha County residents by providing professional emergency repairs, accessibility modifications and chore services for:



SENIORS

OR



VETERANS

OR



PERSONS WITH DISABILITIES

Homeowner Guidelines:

- No rental properties, condos, mobile homes, or homes used for businesses.
- Must have resided in and owned home for **at least 5 years**.
- No past due property taxes, or must be on an installment plan.
- **Must not be in foreclosure or bankruptcy.**
- **No trust or a life estate property.**
- No repeat repairs if services were already received from RM within the last two years.



Return the completed application with a COPY of the following verification documents:

- ☐ Completed application, signed by homeowner(s)
- ☐ Federal Income Tax return with all schedules and/or a copy Homestead Property Tax Credit Form, for all people residing in home.
- ☐ Income Statements (ex. Pay stubs, Social Security award letter, pension, child support statement, or any other form of income for all people residing in home.)
- ☐ Current mortgage statement of home.
- ☐ Bank statements for the last **THREE** months for each person residing in the home.

REVITALIZE MILWAUKEE PROGRAMS

FREE REPAIR PROGRAM: Completing emergency and accessibility repairs at **no cost** to the homeowner.

PARTIAL PAY REPAIR PROGRAM: Completing emergency and accessibility repairs at 60% cost to the homeowner. Revitalize Milwaukee will cover the remaining costs.

FULL PAY REPAIR PROGRAM: Homeowner is responsible for the complete cost of the repairs but Revitalize Milwaukee will facilitate and provide a trusted, licensed contractor to complete the repairs.

CHORE SERVICES: The Chore Services program is a **senior resource** to help seniors maintain their homes. The fee for the service program will be charged on a **sliding scale**, based on annual income and the ability to pay.



Applications and supporting documents must be mailed to or dropped off at:

**Revitalize Milwaukee
840 N Old World 3rd St, Suite 600
Milwaukee, WI 53203**



Applications may be mailed in or dropped off. If you plan to drop off an application and corresponding documents, **you must make an appointment.**

Please be sure to have all verification documents. To schedule a drop off appointment call us at.

(414) 312-7531



Applications and information may also be found on our website.

www.freehomerepairs.org



Incomplete applications and/or missing documentation will not be accepted and will severely delay the repair process!!!

KEEP THIS PAGE FOR YOUR RECORD



**REVITALIZE
MILWAUKEE**

Home Repair, Accessibility Modification & Chore Service Application

Eligibility for Free and Partial Pay Services will be determined by this chart.

Repair Program	Household Size-Annual Income Limit							
	1	2	3	4	5	6	7	8
FREE (50% CMI)	<\$28,850	<\$32,950	<\$37,050	<\$41,150	<\$44,450	<\$47,750	<\$51,050	<\$54,351
Partial Pay (80% CMI)	\$28,851- \$46,100	\$32,951- \$52,700	\$37,051- \$59,300	\$41,151- \$65,850	\$44,451- \$71,150	\$47,751- \$76,400	\$51,051- \$81,700	\$54,351- \$86,250

Are you interested in Home Repairs? ☐ Yes ☐ No

Are you interested in Chore Services. ☐ Yes ☐ No

For Revitalize Milwaukee Processor: Income verified and circled above? _____

Applicant Information (APPLICANT MUST BE THE HOMEOWNER)

Name:	Date of Birth:	Sex: M F
Spouse or Co-Owner's Name:	Date of Birth:	Sex: M F

Home address:

City:	State: WI	Zip Code:	Neighborhood: (if known)
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Home phone number: ☐ preferred number Cell number: ☐ preferred number

Alternate Contact Name: Relationship: Phone number:

Marital status: (Circle One) Single Married Living with Partner Divorced Separated Widowed

Have you or any household member been charged with a crime in the past 5 years? ☐ Yes ☐ No

Indicate the number of people in your household pertaining to each ethnic category:

African American___ Asian___ Hispanic___ Native American___ White/Caucasian___ Other(Specify)_____

Military Background Information

Did/do you or a family member serve in the military?
☐ Yes ☐ No If yes, which branch: _____
 What is their relation to applicant: _____

Previous Participation

Have you applied with **RM** before? ☐ Yes ☐ No
 Has anyone from **RM** visited your home? ☐ Yes ☐ No
 Have you received services from **RM**? ☐ Yes ☐ No

Is any portion of this property rented? ☐ Yes ☐ No
 If yes, do you receive rental income? ☐ Yes ☐ No
 If yes, how much do you receive a month? _____

Household Information

How many people live in your home? _____
 How many years have you owned your home? _____
 How many years have you lived in your home? _____

Is this your only residence? ☐ Yes ☐ No
 Do you own any other property? ☐ Yes ☐ No
 Do you have homeowner's insurance? ☐ Yes ☐ No
 Do you plan to sell your home? ☐ Yes ☐ No
 If yes, when? ☐ Next year ☐ 2 years ☐ 5 years

Household Income – MUST BE FILLED OUT!

Complete this chart. Include **EVERYONE WHO LIVES IN THE HOME.**

(indicate their relationship to you, date of birth and monthly income)

You must include **ALL income sources** :

FOR EXAMPLE: Employment, self-employment, unemployment, pensions, VA benefits, disability benefits, Social Security, SSI, SSIE, AFDC, Medicare, Medicaid, child support, foster care, adoption assistance, rental income, etc.

If a member of the household has no income, you must still list them and indicate no income.

Attach a blank page if you need more space.

You must attach verification of all household income for each adult in the house and/or benefits for children.

All Household Member Names	Relationship to Applicant	Gender	Disabled	Date of Birth	Income Source	Gross Monthly Income
1	Applicant	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			
						Total:

Household Expenses

Are you still making mortgage payments? ☐ Yes ☐ No

Amount of your monthly mortgage payment? _____

Does this include property taxes? ☐ Yes ☐ No

If no mortgage, amount of annual property taxes? _____

Are your property taxes current? ☐ Yes ☐ No

If no, are you on an installment plan? ☐ Yes ☐ No

Do you file/ did you file income tax last year? ☐ Yes ☐ No

Utility Service Provider: _____

Account # _____ Amount: _____

Utility Service Provider: _____

Account # _____ Amount: _____

Is your home in a Trust or in a life estate?

☐ Yes ☐ No

Are you in foreclosure?

☐ Yes ☐ No

Have you filed for bankruptcy?

☐ Yes ☐ No

Are you on Energy Assistance?

☐ Yes ☐ No

Has your home been Weatherized?

☐ Yes ☐ No

Home Health and Safety Needs Checklist

The work done by RM will focus on **safety, security and accessibility**.

These 30 priorities help focus attention on significant health and safety hazards within your home and help us establish an overall picture of your current living conditions and how we might be able to help you.

Remember that the items listed below will be considered for repair, but the final decision on what work can be done with time and financial resources on your home will be made at the discretion of RM. Please note these are your requests and not an indication of actual work that will be completed.

For each question please answer check the box Y (yes) or N (no).

#	Home Health & Safety Survey Questions	Y	N	Additional Questions & Comments
1	Do you have working smoke detectors?			
2	Do you have working carbon monoxide alarms?			
3	Do all of your interior and exterior lights work?			
4	Do you already have grab bars where needed?			If no, in how many bathrooms needed? _____
5	Is it easy for you to get in and out of the shower or tub?			
6	Is it easy for you to get on and off of the toilet?			
7	Do you have enough secure handrails on all stairs?			Need in: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior
8	Is your furnace vent secure and working properly?			
9	Are your electrical outlets working?			
10	Do all bathroom sinks, toilets, baths & showers work?			Which is broken: <input type="checkbox"/> Sink <input type="checkbox"/> Toilet <input type="checkbox"/> Bath
11	Does your water heater work?			
12	Are all stairs and decks front and back safe?			
13	Do you have good lighting inside and outside?			Need in: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior
14	Is your home clear of tripping hazards?			
15	Are there guardrails around high porches or decks?			
16	Are your windows and doors functional and secure			
17	Does your house have gutters and downspouts?			
18	Is your house free of active leaks and moisture?			Leaks at: <input type="checkbox"/> Roof <input type="checkbox"/> Pipes <input type="checkbox"/> Faucet(s)
19	Is your clothes dryer vented to the outside?			
20	Do you have exhaust fans installed bathroom?			
21	Do you have exhaust fans installed in the kitchen above the stove?			
22	Is the temperature in your home usually comfortable?			
23	Is your home free of wide cracks or gaps on the outside?			
24	Are there pests and/or rodents in your home?			If yes? <input type="checkbox"/> Bedbugs <input type="checkbox"/> Roaches <input type="checkbox"/> Mice <input type="checkbox"/> Other
25	Is your carpet or flooring a tripping hazard?			
26	Are your house numbers visible from the street & alley?			
27	Do all of your exterior lights work?			
28	Do you use your basement for laundry?			
29	If you have a security gate, do you need a key to exit?			
30	Do you often use your backyard or garden?			

What are your top 4 priorities for repair or help?

1. _____ 2. _____
 3. _____ 4. _____

Items for Referral – RM does not do Roofs, Windows, Foundations or Furnaces. However we can refer you to other resources that might be able to help! Please indicate your needs below!

1. _____ 2. _____
 3. _____ 4. _____

Additional Resources and/or Referrals

RM works with an extensive network of community programs to ensure homeowners receive comprehensive services for housing and beyond. **At times, we may be able to refer homeowners for additional services. If your needs may benefit from other programs, may we share your application with them?** ☐ Yes ☐ No

Do you need help with any of the following items:

☐ Transportation ☐ Housework ☐ Preparing meals/cooking ☐ Grocery shopping ☐ Income Tax Preparation
☐ Laundry ☐ Bathing ☐ Paying for prescriptions ☐ Managing money ☐ Other (explain): _____

How did you hear about us? ☐ Friend ☐ Newspaper ☐ Magazine ☐ Radio ☐ TV ☐ Agency: _____

Person who referred you: _____ Phone: _____

Check if you receive any of the following:

☐ SSI ☐ SSDI ☐ Family Care ☐ Partnership ☐ PACE ☐ IRIS ☐ Medicaid (Title 19) ☐ FoodShare
☐ Energy assistance ☐ Other home or community-based services: _____

Do you have a Care Manager? ☐ Yes ☐ No

Name: _____ Phone: _____

Signature

PLEASE READ AND INITIAL FOLLOWING STATEMENTS:

_____ I understand that by completing this application, RM is in no way guaranteeing services or assistance.

_____ I have attached verification of all household income as requested in Section 6 and failure to provide verification documents will result in delay in processing application.

I applicant(s), (PLEASE PRINT NAME HERE) _____ declare that all of the above statements and information provided are accurate and true to the best of my knowledge. I certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying. I understand that I may be asked to provide documentation as proof of my answers. I authorize investigation and verification of all information provided, including a personal and/or criminal background check, as may be necessary for my involvement with Revitalize Milwaukee (RM). I understand that all information will be kept confidential and will be used strictly for the purpose of determining my eligibility to receive free home repair through RM. I also understand that providing any false information will make me ineligible for services from RM. I give permission for RM representatives to gain access and inspect my home for purposes of home selection and/or repair. I understand I may have family members or other trusted individuals present at the time of the home visit, if I so choose.

Signature(s) is/are required here to complete the application:

Applicant signature

Date

Co-Owner Signature

Date

****If this form has been prepared by someone other than the homeowner, or if assistance has been given to the homeowner, please complete the following so we can follow up and stay in contact with you if needed. Thank you!**

Name of preparer: _____

Phone: _____

Relationship: _____

E-mail: _____

Agency: _____

Please mail application to:

**Home Repair Application
Revitalize Milwaukee
840 N Old World 3rd St, Suite 600
Milwaukee, WI 53203**



Homeowner's Repair Agreement

Homeowner Name(s): _____

Homeowner Address: _____

(City) (Zip Code)

I (we) understand and agree to the following: (Please initial each item)

_____ I (we) give permission for Revitalize Milwaukee, Inc. ("RM") to perform repairs and/or modifications on my (our) home located at the address listed above on the following terms and conditions.

_____ I (we) understand RM is a non-profit group providing home repairs and improvements **free of charge** to eligible homeowners.

_____ I (we) understand the scope of approved repairs and modifications will be shared with and explained to me (us) by representatives of RM before any work is performed.

_____ I (we) understand any and/or all approved repairs and modifications can be refused by me (us). If I (we) refuse a recommended repair or modification, I (we) understand RM will not be able to come back at a later date to complete refused repair or modification. I (we) understand I (we) cannot exchange a refused repair or modification for an unapproved repair or improvement.

_____ I (we) understand RM may change the work to be performed for various reasons, including, for example, the discovery of problems associated with my (our) home that are not disclosed or are not evident at time of home visit. (ex. corroded plumbing, inadequate structural support, or faulty electrical systems)

_____ I (we) understand that if RM discovers conditions or problems at my (our) home affecting the scope of the repairs or modifications, RM may stop work and its only obligation will be to make reasonable efforts to restore my (our) home to the condition existing at the time RM started the work. I (we) agree RM shall not be responsible for repairing discovered conditions or problems, including any damages resulting from RM's performance of the repairs or modifications including any work that may have worsened the underlying problem.

_____ I (we) understand all decisions by RM regarding the scope of approved repairs and/or modifications are final. RM's contractors or volunteers are not able to approve additional repairs or modifications not on scope of work. Any requests for additional repairs or modifications must be made through the RM office. I (we) understand requests for additional repairs may not be approved.

_____ I (we) understand all repairs and or modifications will be done in a workman-like manner. Except for the foregoing warranty, RM disclaims all warranties, expressed or implied, concerning the repairs, improvements and other work performed by RM and any materials used in connection therewith. RM may perform repairs and improvements using contractors selected by RM and/or volunteers, and RM makes no representations or warranties regarding the performance of the work thereby.

_____ I (we) understand that it is my (our) responsibility to notify RM of any dangerous or hazardous conditions associated with my home prior to the start of any repair or modification work (including the existence of any hazardous or regulated materials such as asbestos). I (we) understand RM may refuse to start or finish any repair or work until such time as I (we) have remedied such conditions to the satisfaction of RM.

_____ I (we) understand any pets must be contained or removed from the property before RM performs any repairs or improvements to my (our) property. Failure to do so could result in any and all work started on my (our) home to be left unfinished.

-Continued-

_____ I (we) understand it is my (our) responsibility to inform RM of any pest infestations (ex. bed bugs, roaches, mice) before work has begun. Failure to do so could result in any and all work started on my (our) home to be left unfinished. If any pest infestations are discovered at time of repair, RM will stop work until infestation has been corrected. It will be my (our) responsibility to provide proof of extermination.

_____ It is my (our) intention to remain in my (our) home, barring catastrophic illness or death, for a minimum of five (5) years after the completion of repair or modification work. I (we) understand that if I (we) do not remain in our home for such five (5) year period, RM may charge me (us) for the actual costs of the repair or improvement work performed by RM (including amounts paid to contractors for labor and materials) and if I (we) fail to pay such amounts, RM may file a lien on my (our) home to cover all such unpaid amounts.

_____ I (we) understand that RM will perform repairs and modifications at such time as it is able to do so and that variables including the availability of contractors and volunteers to perform the work, the availability of funding to purchase supplies may affect the timeline of repairs and modifications being completed.

_____ I understand RM will only provide repairs and modifications to my (our) home once during a two year period, except for emergency repairs. Emergency repair(s) requested must fall within the scope of the RM program and subject to all other requirements for such emergency repairs.

_____ In consideration of the repairs and modifications, I (we) agree to indemnify and hold RM, its officers, directors, employees, agents, donors, volunteers, and other affiliates, collectively and individually, harmless from any claims and liabilities arising at any time as a result of or in connection with the repairs and/or modifications performed by RM, including, without limitation, any rights or causes of action resulting from personal injury or death, or damage to my (our) property, directly or indirectly arising from any improperly performed repairs or improvements or defects in material or workmanship.

_____ I (we) also grant to RM permission to take or have taken, photographs and video of my (our) home. I (we) consent and authorize RM, its advertising agencies, news media and any other persons interested in RM and its works, to use and reproduce the photographs and videos to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

_____ This agreement is in no way a guarantee that RM will provide any services to me (us).

_____ No inducements or promises have been made to me (us) to secure my (our) signature to this agreement other than the intention of RM to perform the repairs and modifications and to use such photographs, videos and pictures for the primary purpose of promoting and aiding its program.

_____ I (we) understand this agreement must be signed and returned to RM's office before any repairs or improvements will be scheduled.

Homeowner(s) signature

Date

Return completed agreement to:
Revitalize Milwaukee
840 N Old World 3rd St. Suite 306
Milwaukee, WI 53203

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CDBG Client Income Certification of Family Size & Income

Agency Name: _____

The following information is needed because we are a government-funded agency and they require that we verify the income of the clients that we serve.

MY CURRENT FAMILY SIZE AND INCOME LEVEL IS CIRCLED BELOW: (Circle the appropriate number in your household and income level). Reportable income includes wages, salaries, pensions, child support, rental income, and investment income from all individuals.

Certification of Family Size and Income

My current family income is the level shown below for my family size. I understand that this information is subject to verification by authorized government officials. Any false or misleading statements shall be grounds for the termination of benefits.

Income Limits: (Effective Date: June 2018)

Number in Household	Extremely Low ¹ Income Level	Very Low ² Income Level	Low ³ Income Level	Non Low Moderate Income Level
1	< \$16,250	\$16,251-27,100	\$27,101-43,300	Over \$43,300
2	< \$18,600	\$18,601-30,950	\$30,951-49,500	Over \$49,500
3	< \$20,900	\$20,901-34,800	\$34,801-55,700	Over \$55,700
4	< \$23,200	\$23,201-38,650	\$38,651-61,850	Over \$61,850
5	< \$25,100	\$25,101-41,750	\$41,751-66,800	Over \$66,800
6	< \$26,950	\$26,951-44,850	\$44,851-71,750	Over \$71,750
7	< \$28,800	\$28,801-47,950	\$47,951-76,700	Over \$76,700
8	< \$30,650	\$30,651-51,050	\$51,051-81,650	Over \$81,650

Client Name: _____ Date: _____
(Please Print)

Address: _____

Client Signature: _____

Signature of Agency
Representative: _____

(By signing, the client verifies that the above information is true and correct and that he/she understands that the information listed on this form may be subject to verification by the City and the U.S. Dept. of Housing & Urban Development).

¹ Extremely Low Income Level. As defined by HUD, this income level is at or less than 30% of County Median income.

² Very Low Income Level. As defined by HUD, this income level is between 31% and 50% of County Median income

³ Low Income Level. As defined by HUD, this income level is between 51% and 80% of County Median income