



Roof Repair Application

Dear Applicant,

Thank you for your interest in the roof repair program through Rebuilding Together Southern Tier!

Rebuilding Together's mission is repairing homes, revitalizing communities and rebuilding lives. To our mission, we provide home repairs and modifications for eligible neighbors in partnership with volunteers, businesses, local government agencies and other community partners. Home improvement services are provided at no cost to the homeowner. While we would like to serve all homeowners who express interest in services, please know that we are often limited by our funding sources, eligibility requirements, service areas and capacity to take on new projects. Incomplete applications may be declined.

Eligibility Requirements:

- You must own your home, and you must have lived in it for 1 year.
- You must own a home in Broome County.
- You must intend to remain in your home for at least five years.
- You must have a current homeowners insurance policy for the property.
- The total gross income for all residents of your home must be no more than the amount shown below to meet Rebuilding Together's income guidelines.
- *Qualifications can be waived in certain circumstances at discretion of the Board of Directors*

Broome County HUD 2025 Income Limits (by Household Size)							
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$52,950	\$60,500	\$68,050	\$75,600	\$81,650	\$87,700	\$93,750	\$99,800

Please note that ALL household members, including roommates and extended family members, must provide accurate income information for Rebuilding Together to process an application. Applicant households with an annual income of up to 80% of HUD's area median income are eligible. HUD's area median income guidelines are calculated annually. HUD posts current guidelines at <https://www.huduser.gov/portal/datasets/il.html>.

Application Process:

- Complete the homeowner application
- Collect proof of income for EACH resident of the home
- Compile proof of homeowners' insurance and homeownership (copy of the deed in your name)

Rebuilding Together Southern Tier will then contact you to coordinate a time to visit your home for an inspection and we will collect the above documents.

Please email or call our office with any questions regarding the application at rtsoutherntier@gmail.com or (607) 484-7542.

Rebuilding Together prohibits discrimination against applicants and homeowners based on any legally protected classification such as race, color, national origin, sex, sexual orientation, pregnancy, maternity or family status, age, religion or creed, marital status, disabled veterans status, or any general disability. All qualified applications will be eligible to apply for program services.



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Note: Optional application questions are listed at end of the document

INSTRUCTIONS: Fill out the application completely, including information for each resident. Email the application to rtsoutherntier@gmail.com or mail to our office address at:

Rebuilding Together Southern Tier
101 Adams Avenue
Endicott, NY 13760

HOMEOWNER INFORMATION

Homeowner #1 Name: _____

Homeowner #2 Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Alternate Phone Number: _____

Email: _____

How did you hear about Rebuilding Together's services?

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

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HOUSEHOLD INFORMATION

Rebuilding Together uses this information for annual reports to federal agencies providing funding or repairs, and to apply for certain grants. Rebuilding Together does not share specific gender, disability, race and ethnicity or other personal information with outside agencies. The data you choose to provide here will be kept confidential and may only be used only in accordance with applicable laws, executive orders and government regulations, including those which require the information be summarized and reported to the Federal Government for civil rights enforcement purposes. Providing this information below is optional and based on your self-identification. You may choose not to disclose. For definitions please see the last page of this document.

HOMEOWNER 1

Name			
Age			
Gender			
Date of Birth			
Marital Status			
Veteran/Active Service Member	Yes	No	
Disability Status	Yes	No	Prefer not to Disclose
Race Disclosure	American Indian/Alaska Native Black/African American White Native Hawaiian/Other Pacific Islander Asian Multi-racial Other Prefer not to Disclose		
Ethnicity Disclosure			

HOMEOWNER 2

Name			
Age			
Gender			
Date of Birth			
Marital Status			
Veteran/Active Service Member	Yes	No	
Disability Status	Yes	No	Prefer not to Disclose
Race Disclosure	American Indian/Alaska Native Black/African American White Native Hawaiian/Other Pacific Islander Asian Multi-racial Other Prefer not to Disclose		
Ethnicity Disclosure			

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RESIDENT

Name			
Age			
Gender			
Date of Birth			
Marital Status			
Veteran/Active Service Member	Yes	No	
Disability Status	Yes	No	Prefer not to Disclose
Race Disclosure	American Indian/Alaska Native Black/African American White Native Hawaiian/Other Pacific Islander Asian Multi-racial Other Prefer not to Disclose		
Ethnicity Disclosure			

RESIDENT

Name			
Age			
Gender			
Date of Birth			
Marital Status			
Veteran/Active Service Member	Yes	No	
Disability Status	Yes	No	Prefer not to Disclose
Race Disclosure	American Indian/Alaska Native Black/African American White Native Hawaiian/Other Pacific Islander Asian Multi-racial Other Prefer not to Disclose		
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RESIDENT

Name			
Age			
Gender			
Date of Birth			
Marital Status			
Veteran/Active Service Member	Yes	No	
Disability Status	Yes	No	Prefer not to Disclose
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RESIDENT

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Age			
Gender			
Date of Birth			
Marital Status			
Veteran/Active Service Member	Yes	No	
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INCOME AND EXPENSES

Your application must include the total gross income (amount before taxes) from **EACH** resident in the home. Income includes any and all regularly occurring wages from work, Social Security benefits, Child Support payments received, business income, Unemployment benefits, etc. Please fill out monthly expenses to the best of your knowledge.

	Homeowner	Homeowner/ Resident	Resident	Resident	Resident	Resident
Monthly Income						
Monthly Source						
TOTAL MONTHLY INCOME				TOTAL MONTHLY EXPENSES		
Salary (monthly total before taxes)		\$	Mortgage payment/taxes		\$	
Social Security/Disability		\$	Home insurance		\$	
Social Security/Disability		\$	Utilities (Gas and Electric)		\$	
Pension/Retirement		\$	Water/Sewer Services		\$	
Pension/Retirement		\$	Telephone		\$	
Child Support/Alimony		\$	Cable/internet		\$	
Other:		\$	Medical		\$	
TOTAL MONTHLY INCOME:		\$	TOTAL MONTHLY EXPENSES:		\$	
Are there any special circumstances regarding the amount of expenses within your household that we need to be made aware of, such as home health care, hospital costs, medication expenses, etc.?						

PROPERTY INFORMATION

Type of Home:	Single family Multi-family Condo Manufactured home	Do you have a current homeowners insurance policy?	Yes No
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Year that the home was built (if known):

Year that the home was purchased:

PROPERTY INFORMATION (CONT.)			
Have you missed a mortgage payment in the last 12 months?	Yes No		
	If yes, how many have you missed?		
Are there any existing liens on your property?	Yes No	Are your property tax payments current?	Yes No
Have you been cited by the city for any violations?	Yes No	Do you plan to sell the home in the next 5 years?	Yes No

WARNING!! It is a Federal crime punishable by fine and/or imprisonment, to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code, Section 1014.

IMPORTANT – READ CAREFULLY and SIGN AT THE BOTTOM:

By signing below, I certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying. I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. This application shall remain the property of Rebuilding Together Affiliate, to which it is submitted for the purpose of obtaining assistance. I hereby consent to and authorize Rebuilding Together Affiliate, after providing me reasonable notice, to enter the property for the purpose of determining the need and scope of the repair(s) specified above. 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. I understand that the submission of this application and any subsequent home assessments do not guarantee any repairs will be completed and any repairs to be completed will be dependent upon the funding available.

Homeowner 1 Signature

Date

Homeowner 2 Signature

Date

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DEFINITIONS

Disability: According to the Centers for Disease Control and Prevention, a disability is any condition of the body or mind (impairment) that makes it more difficult for a person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). Types of disabilities may include that affect a person's vision, movement, thinking, remembering, learning, communicating, hearing, mental health or social relationships.

Race & Ethnicity: These categories are determined by the federal government, Department of Housing and Urban Development, definitions are as follows:

- American Indian or Alaska native - A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- Asian- a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent
- Black or African American - a person having origins in any of the Black racial groups of Africa
- Native Hawaiian or Other Pacific Islander- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Multiracial: A person who identifies with two or more of the above race/ethnicity categories.
- Hispanic or Latino- A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture regardless of race.