



**Our Mission:** *Repairing homes, revitalizing communities and rebuilding lives.*  
**Our Vision:** *Safe homes and communities for every person.*

## Rebuilding Together Philadelphia—Block Build Application

Rebuilding Together Philadelphia offers free home repairs, accessibility modifications and energy-efficient upgrades to make homes safer and healthier. RTP works with organized blocks to bring volunteers and communities together to improve the homes and lives of low-income homeowners.

To meet block applicant qualifications, you must have:

- a block captain or organizer who will gather applications for your block
- 10 – 15 qualified applicants on your block in need of at least one of the following:
  - Roof repairs
  - Plumbing and electrical repairs
  - Floor, wall, and ceiling repairs
  - Weatherization and energy efficiency upgrades

To qualify, each applicant on your block must:

- live in a homeowner-occupied home and be able to provide proof of homeownership
- meet income guidelines and be able to provide proof of income for all residents
- be up-to-date or in a payment plan for real estate taxes
- agree to be present on all work days

### **Block Application Information**

**Block:** \_\_\_\_\_

**Community Organizations that are active in your neighborhood (if any):** \_\_\_\_\_

\_\_\_\_\_

**Block Captain / Organizer:** \_\_\_\_\_

Block Captain/Organizer Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_ Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Describe how well your block is organized and what, if any, activities are held.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## Individuals' Homes

1) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on your deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_ Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                                       Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs
- 

2) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on the deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_ Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                                       Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs
- 

3) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on the deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_ Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                                       Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs
- 

4) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on the deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_ Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                                       Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs

5) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on the deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_      Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                               Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs
- 

6) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on the deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_      Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                               Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs
- 

7) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on the deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_      Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                               Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs
- 

8) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on the deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_      Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                               Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs

9) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on the deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_      Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                               Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs
- 

10) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on the deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_      Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                               Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs
- 

11) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on the deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_      Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                               Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs
- 

12) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on the deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_      Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                               Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs

13) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on the deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_      Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                               Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs
- 

14) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on the deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_      Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                               Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs
- 

15) Owner / applicant name: \_\_\_\_\_

Do you live in the home you own? Y / N      Whose name is on the deed? \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Home: \_\_\_\_\_      Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Check all that apply to you or any resident of the home:

- Age 60 or older                               Physically or mentally disabled  
 Veteran or spouse of deceased veteran       Child with medical needs

Please mail completed applications to:

Rebuilding Together Philadelphia: Block Application  
4355 Orchard Street, Suite 2R  
Philadelphia, PA 19146  
Questions Contact us at: 215-568-5044