



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
3001 Stokley Street, Philadelphia PA 19129
Questions? Contact us at: 215-965-0777