

## APPLICATION FOR REVITALIZE T-TOWN'S REPAIR PROGRAM

918-742-6241 ext. 202 if you have questions

Revitalize T-Town (RTT) provides no-cost repairs in four programs (detailed below).

Each repair made focuses on providing a safe, secure, and weatherproof home for the homeowner. **Applicant Criteria:** 

## Homes must be owner occupied. All owners listed on property must live in the home. We do

- not assist rental units, lease to own, or homes used for business.
- Homes must be located in the Tulsa City Limits.
- Mortgage payments and property taxes must be current.
- All utilities must be turned on (water, electricity and gas).
- Household must meet income guidelines (chart below).
- Homeowner must have lived in the home a minimum of 3 years.
- Homeowner intends to stay in the home for at least 5 years.
- May not apply if you have received services from RTT within the last 5 years.

## RTT applicant eligibility will not be based on race, color, national origin, age, sexual orientation, sex, religion, familial status or disability.

**Program Income Limits:** Total income allowed for the total number of people owning and living in the home.

Note: Income limits for roof applicants may vary according to Program funding.

| 1 person | 2 people | 3 people | 4 people | 5 people | 6 people | 7 people | 8 people |
|----------|----------|----------|----------|----------|----------|----------|----------|
| \$35,800 | \$40,900 | \$46,000 | \$51,000 | \$55,200 | \$59,300 | \$63,400 | \$67,500 |

Repair Program:

#### Repairs may include:

| nopun regium           |   |  |  |
|------------------------|---|--|--|
| Roof                   | Repairing or replacing roof (no detached garages). A 5 year Retention       |  |  |
|                        | Document (Lien) may be placed on the property for this program.             |  |  |
| Energy Efficiency (EE) | A Blower Door Test will be performed to determine air leakage. May          |  |  |
|                        | include attic insulation, repairing broken windows/doors, sheetrock repair, |  |  |
|                        | etc.  |  |  |
| Safe at Home (SAH)     | Grab bars, handrails, wheelchair ramps, accessibility modifications         |  |  |
| Repairs Offered Other  | Minor carpentry, exterior carpentry, debris removal, minor electrical and   |  |  |
| Times (ROOT)           | plumbing repairs, exterior paint  |  |  |



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How to apply- Return the <u>completed</u> application with **copies** of the following **Required Documents**:

- Proof of Income for <u>all</u> names listed on the ownership of the home AND <u>all</u> residents of the home over the age of 18 years old.
  - Copies of the following are acceptable: SSI/SSDI benefits statement, W2, 3 consecutive months of current paystubs or most recent income tax return
- Driver's License or State Issued ID-all owners and residents of home over 18 years old
- Proof of Homeownership
  - Current Mortgage Statement (if house is not paid off)
  - Current Tax Assessor statement
- Current PSO/AEP (electric bill)-must be in homeowner's name
- Signed RTT homeowner agreement, photo release, and Statement of Eligibility.
- If you are a Veteran: Copy of DD214 (Honorable Discharge Papers)

### Incomplete applications will not be processed.

Applications & copies of all required documents must be mailed to: RTT 14 East 7<sup>th</sup> Street Tulsa, Oklahoma 74119

**Next step-** Once your complete application is received and processed, a RTT staff member will contact you schedule a home visit. Please be patient, this could take a while.

All qualifying applicants will be visited by a RTT evaluation team to determine the repair needs of the home.

Homes will be selected on the basis of RTT's ability to acquire resources to accomplish the necessary repairs.

Keep this copy for your records



Application for Revitalize T-Town's Repair Program Mail to: 14 East 7<sup>th</sup> Street Tulsa, OK 74119

| Applicant Informatio  | n (applicant n     | nust be the l | nomeowner and                                      | head of ho                   | usehold)             |  |  |
|---|--------------------|---------------|--|------------------------------|----------------------|--|--|
| Name:   |                    |               | Date of B  | irth:                        |                      |  |  |
| Spouse/Co-Owner's   |                    |               | Date of B  | irth:                        |                      |  |  |
| Street Address:   |                    |               |  | Zip Code                     | :                    |  |  |
| Home phone numbe  | r:                 | Cell phone ı  | ohone number: Er                                   |                              | mail address:        |  |  |
| Alternate Contact Na  | ame:               | Relationship: |  | Phone number:                |                      |  |  |
| House Information   |                    |               |  | <u> </u>                     |                      |  |  |
| How many years hav  | e you lived in     | your home:    |  |                              |                      |  |  |
| Do you own other property?  |                    |               | If yes, what is it                                 | If yes, what is it used for? |                      |  |  |
| Do you plan to remain in your home for at<br>least 5 years?<br>Yes No |                    |               | If no, explain:                                    |                              |                      |  |  |
| Neighborhood  | Number of Bedrooms |               | One Story Ho                                       | ome                          | Attached Garage      |  |  |
| School:   | chool:             |               | <ul> <li>Two Story Home</li> <li>Other:</li> </ul> |                              | Detached Garage      |  |  |
| Utilities on and  | Heating Sou        | irce          | Cooling Source                                     |                              | Hot Water Heater     |  |  |
| functioning?  | 🖵 Central          |               | 🖵 Central  |                              | 🖵 Gas                |  |  |
| 🖵 Yes   | 🖵 Floor Furr       | nace          | 🗅 Window unit                                      |                              | 🗅 Electric           |  |  |
| 🗅 No  | 🖵 Wall Furn        | ace           | D Other:   |                              |                      |  |  |
|   |                    |               |  |                              |                      |  |  |
| Have you applied to other agencies for these                          |                    |               | If yes, which one?                                 |                              |                      |  |  |
| repairs? 🗅 Yes 🗅 No   |                    |               | -  |                              | Habitat for Humanity |  |  |
|   |                    |               | Titan Other:                                       |                              | Other:               |  |  |
| Are you on another agency's waiting list for                          |                    |               | If yes, which one?                                 |                              |                      |  |  |
| the requested repairs?  |                    |               | City of Tulsa/                                     | -                            |                      |  |  |
|   | No                 |               | 🗅 Titan  |                              | Other:               |  |  |
| Do you have a casew   |                    | Name:         |  |                              | Phone number:        |  |  |
| 🗅 Yes 🗆   | No                 |               |  |                              |                      |  |  |

| Previous RTT S                    | Services     |              |                        |                              |                      |              |                 |              |
|-----------------------------------|--------------|--------------|------------------------|------------------------------|----------------------|--------------|-----------------|--------------|
| Have you applied to RTT before?   |              |              |                        | If yes, when?                |                      |              |                 |              |
| Yes No                            |              |              |                        |                              |                      |              |                 |              |
| Have you rece                     | ived prior   | services fro | om RTT?                | lf yes, wha <sup>.</sup>     | t year?              |              |                 |              |
| 🗅 Ye                              | es 🗖         | No           |                        |                              |                      |              |                 |              |
| Military Backg                    | round Info   | rmation      |                        |                              |                      |              |                 |              |
| Are you or any                    | one in you   | ur househol  | d a                    | Branch: Rank:                |                      |              |                 |              |
| veteran? 🛛 Ye                     | es 🗆         | No           |                        |                              |                      |              |                 |              |
| Household I                       | ncome        |              |                        |                              |                      |              |                 |              |
|                                   | This         | chart will c | determine e            | eligibility for              | · RTT's repa         | ir programs  | 5.              |              |
|                                   | Circle t     | ne total nur | mber of pe             | ople who ov                  | wn and/or li         | ve in the ho |                 |              |
| Total in                          | 1            | 2            | 3                      | 4                            | 5                    | 6            | 7               | 8            |
| household                         | Person       | People       | People                 | People                       | People               | People       | People          | People       |
| Total                             |              | _            |                        |                              |                      |              |                 |              |
| household                         | \$35,800     | \$40,900     | \$46,000               | \$51,000                     | \$55,200             | \$59,300     | \$63,400        | \$67,500     |
| income                            |              |              |                        | LL owners a                  |                      |              |                 |              |
| You must inclu<br>Income verifica | ude all inco | ome source   | es. If an own<br>expla | ner/resident<br>ain no incom | t has no inco<br>ne. | ome, you m   | nust still list |              |
| Household Relationship Date of    |              |              | Income                 | source                       | Gross Mc             | onthly       | Living with     |              |
| member name                       |              | birth        |                        |                              | incom                | ie a         | a disability?   |              |
|                                   |              |              |                        |                              |                      |              |                 | <b>)</b> Yes |
|                                   |              |              |                        |                              |                      |              |                 | <b>N</b> o   |
|                                   |              |              |                        |                              |                      |              |                 | <b>Y</b> es  |
|                                   |              |              |                        |                              |                      |              |                 | <b>N</b> o   |
|                                   |              |              |                        |                              |                      |              |                 | <b>)</b> Yes |
|                                   |              |              |                        |                              |                      |              |                 | <b>N</b> o   |
|                                   |              |              |                        |                              |                      |              |                 | ] Yes        |
|                                   |              |              |                        |                              |                      |              |                 | <b>N</b> o   |
| How did you h                     |              |              |                        |                              |                      |              |                 |              |
| Neighbor Name:                    |              |              |                        |                              |                      |              |                 |              |
| Granily member Name:              |              |              |                        |                              |                      |              |                 |              |
| □ Friend Name:                    |              |              |                        |                              |                      |              |                 |              |
| Church Which one?                 |              |              |                        |                              |                      |              |                 |              |
|                                   |              |              |                        |                              |                      |              |                 |              |
|                                   |              |              |                        |                              |                      |              |                 |              |
| Other Agency Which one?           |              |              |                        |                              |                      |              |                 |              |

# **Requested Repairs-**This is only a list of repairs you hope to have completed. Final scope will be determined by RTT

| Roof Program                              |                           |                             |                        |  |  |  |
|---|---------------------------|-----------------------------|------------------------|--|--|--|
| Roof replacements may re                  | equire additional paperwo | ork. You may be required    | to sign a document     |  |  |  |
| stating you will remain in                | your home 5 years from th | he time of the roof replace | ement.                 |  |  |  |
|   |                           | How old is your roof?       |                        |  |  |  |
| Roof repairs                              | 🖵 Roof                    | Original to the home        |                        |  |  |  |
|   | replacement               | Less than 5 years old       |                        |  |  |  |
|   |                           | 🛯 I don't know              |                        |  |  |  |
|   |                           | 🗅 Other                     |                        |  |  |  |
| Energy Efficiency Prog                    | gram                      |                             |                        |  |  |  |
| A blower door test will be                | performed on your home    | e to determine air leakage  | <u>)</u> .             |  |  |  |
| Have you received other e                 | energy Efficiency repairs | If yes, what agency/com     | pany made the repairs? |  |  |  |
| from another Agency?                      |                           |                             |                        |  |  |  |
| 🛾 Yes 🗳 No                                |                           | If yes, when?               |                        |  |  |  |
|   | 1                         |                             | 1                      |  |  |  |
| Attic Insulation                          | Repair windows            | Replace exterior            | 🖵 Wrap pipes           |  |  |  |
|   |                           | door(s)                     |                        |  |  |  |
| □ Sheetrock repair-wall □ Replace windows |                           | Install Deadbolts           |                        |  |  |  |
|   |                           |                             |                        |  |  |  |
| □ Sheetrock repair-<br>                   |                           | Weather stripping           |                        |  |  |  |
| ceiling                                   |                           |                             |                        |  |  |  |
| Safe At Home Program                      |                           |                             |                        |  |  |  |
| Repairs focus on providing                |                           |                             |                        |  |  |  |
| Wheelchair ramp                           | □ Visible House #'s       | Grab bars                   | Install ADA toilet     |  |  |  |
| Exterior handrails                        | CO Monitor                | ☐ Handheld shower           | 🖵 Install ADA faucet   |  |  |  |
| Lexterior handralis                       |                           |                             |                        |  |  |  |
| UWiden doorway(s)                         | Smoke detector            | □ Shower seat               | Remove hazardous       |  |  |  |
|   |                           |                             | flooring               |  |  |  |
| 🗅 Clear pathway                           | Exterior lighting         |                             |                        |  |  |  |
|   |                           |                             |                        |  |  |  |
| ROOT Program                              |                           |                             |                        |  |  |  |
| Repairs Offered Other Tin                 | nes                       |                             |                        |  |  |  |
| Yard debris removal     Siding repair     |                           | Ginor carpentry             | Exterior paint         |  |  |  |
|   |                           |                             |                        |  |  |  |
| Minor plumbing                            | Minor electrical          |                             |                        |  |  |  |
|   |                           |                             |                        |  |  |  |

| RTT's Home Health and Safety Checklist                      |     |    |                                       |
|---|-----|----|---------------------------------------|
|   | Yes | No | Comments                              |
| Do you have working smoke detectors near each bedroom?      |     |    |                                       |
| Do you have a working Carbon monoxide detector?             |     |    |                                       |
| Do you have a working fire extinguisher?                    |     |    |                                       |
| Do you have exterior lighting at your front and back doors? |     |    |                                       |
| Do have grab bars in your bathtub/shower & near the toilet? |     |    |                                       |
| Do you have secure handrails on all stairs?                 |     |    |                                       |
| Do your electrical outlets work?                            |     |    |                                       |
| Does your water heater work?                                |     |    |                                       |
| Are the pathways in your home clear?                        |     |    |                                       |
| Is your yard clear of debris?                               |     |    |                                       |
| Is your home free of pests and/or rodents?                  |     |    | If No 🖵 Roaches<br>🗖 Mice<br>🗖 Other: |
| Is your flooring a tripping hazard?                         |     |    |                                       |
| Can your house numbers be seen from the street?             |     |    |                                       |
| Does your roof leak?  |     |    |                                       |
| Do you have sheetrock damage on your ceilings?              |     |    |                                       |
| If yes, which rooms?  |     |    |                                       |
| Do you have sheetrock damage on your walls?                 |     |    |                                       |
| If yes, which rooms?  |     |    |                                       |
| Do you have large cracks/gaps on the exterior of your       |     |    |                                       |
| home?   |     |    |                                       |
| Do your exterior doors close and lock properly?             |     |    |                                       |
| Do you have any broken/damaged windows?                     |     |    |                                       |
| If yes, how many?   |     |    |                                       |
| Do your sinks, toilets and baths/showers function?          |     |    |                                       |

| I,(homeowner), have asked Revitalize T-Town (RTT) to provide repairs to my home at the address listed on page one of this application.  |    |
|---|----|
| I understand that Revitalize T-Town (RTT) is funded by charitable donations and grants to provide assistance to low-income homeowners who have no other means to afford home repairs.   |    |
| I also understand that Revitalize T-Town (RTT) is obligated to use its charitable donations and government funds only for assistance to eligible homeowners. In addition, I understand that to knowingly submit false information is considered fraud and punishable under law. |    |
| The information submitted on my Homeowner Application is complete and correct.  |    |
| I am the owner of the home at the above address, or I share ownership with people who are also listed on ownership papers and are eligible to receive this assistance.  |    |
| This house address listed on page one of this application is my full-time residence.  |    |
| I, my spouse, partner and/or any other owners of my home have no other financial resources to afford the services that I have requested.  |    |
| I understand that Revitalize T-Town (RTT) utilizes volunteers. When volunteers are present, anyone not able to help with repairs should not be present on job site and may be asked to leave.   |    |
| I understand that Revitalize T-Town (RTT) will take pictures of the homeowner(s), the requested repairs, and the home.  |    |
| It is my intention to remain living in my home, barring catastrophic illness or death, for a minimum of 5 years after the completion of the work.   |    |
| I understand that all Oklahomans are Mandatory Reporters and if representatives of<br>Revitalize T-Town (RTT) observe abuse or neglect of children, adults or animals they are<br>required under State Law to report it to the authorities.                                     |    |
| A preview of all areas of the interior and exterior of my home are <u>required</u> to be considered<br>for Revitalize T-Town's (RTT) services. I understand that if I do not comply, I <u>will not</u> be<br>considered for repairs.  |    |
| By signing my name to this statement, I guarantee that I am eligible to receive this assistance, bu   | ut |
| understand that eligibility does not guarantee services will be provided. Signature: Date:  |    |
| All qualifying applicants will be visited by a Revitalize T-Town (RTT) evaluation team to determine<br>repair needs of the home. Homes will be selected on the basis of RTT's ability to acquire resour   |    |

Submitting an application does *not* guarantee repairs will be made to your home.

to accomplish the necessary repairs.



#### Revitalize T-Town (RTT) Photo Release

Must be returned with completed application

I (we) grant to RTT permission to take or have taken, still and moving photographs and films including television pictures of my (our) home and residents. I (we) consent and authorize RTT, its advertising agencies, news media and any other Peoples interested in RTT and its works, to use and reproduce the photographs, films, and pictures and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, internet materials, books and clinical material.

I understand that this photo release must be signed before RTT will conduct a preview on my home.

| Signature(s) | Date |
|--------------|------|
|              |      |
| Signature(s) | Date |

Signature(s)\_

#### Homeowner's Agreement

| Homeowner(s) Name(s): |                               |
|-----------------------|-------------------------------|
| Homeowner(s) Address: | Tulsa, OK Zip Code: <b>74</b> |

I (we) give permission for Revitalize T-Town (RTT), its volunteers, and contractors to perform repairs and improvements on my (our) home located at the address listed above.

I (we) understand that RTT is a non-profit group of volunteers and as such they cannot make promises as to the specific work that will be done.

The general plan for the repairs and improvements has been explained to me (us) by the representative from RTT, but I (we) give RTT full authority to determine the extent and types of repairs and improvements to be performed even if they should fail to notify me (us) on any change from the original plan.

I (we) understand that the repairs and improvements will be performed free of charge, and RTT and its contractors and volunteers disclaim all warranties, expressed or implied, concerning the repairs. Some or all of the repairs and improvements may be performed by volunteers, some or all of who may be skilled. Some repairs and improvements will be performed by a licensed contractor and may, but are not guaranteed to, have a warranty on the repairs provided by that specific contractor.

I (we) agree that I (we) will cooperate with the RTT staff, Contractor, Team Leader and Team. If there are family members on the premises who are unable to work, for their safety and that of the workers, please be sure that they are not present in the location where the work is taking place.

I (we) understand that as with RTT's volunteers and paid contractors, no one who works on the project can be under the influence of alcohol, drugs or any other illegal substances, and there cannot be any illegal practice or procedure on the premises while the project is underway. If at any time RTT or the Team Lead considers that there is illegal or unsafe activity, or that there is a threat to the safety of the workers, the work will stop and the team will be immediately pulled from the project.

I (we) understand that the work will be scheduled by RTT and the contractor and that it may be necessary to perform some preparations, repairs, improvements, and clean-up prior to and/or after the scheduled date.

In consideration of the repairs and improvements, I (we) further hold RTT, Inc., its officers, directors, employees, agents, donors, volunteers, and other affiliates, collectively and/or individually, harmless from any claims and liabilities arising at any time as a result of the repairs and/or improvements, 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 the repairs and/or improvements or defects in material or workmanship. I (we) understand that RTT will not provide maintenance or upkeep to repairs made.

I (we) further acknowledge and confirm that RTT does not warrant the repairs and/or improvements performed on my (our) home, and I (we) hereby disclaim any and all applicable express and implied warranties including but not limited warranties of habitability, merchantability of fitness for a particular purpose.

I (we) also grant to RTT permission to take or have taken, still and moving photographs and films including television pictures of my (our) home. I (we) consent and authorize RTT, its advertising agencies, news media and any other Peoples interested in RTT and its works, to use and reproduce the photographs, films, and pictures and 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. No inducements or promises have been made to me (us) to secure my (our) signature to this release other than the intention RTT to perform the repairs and improvements and to use such photographs, films and pictures for the primary purpose of promoting and aiding its program and its works.

Homeowner signature (s)\_\_\_\_

\_\_\_\_\_Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_

#### Homeowner's Agreement

Homeowner(s) Name(s): \_\_\_\_\_ Homeowner(s) Address:

Tulsa, OK Zip Code: **74** 

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Homeowner signature (s)\_\_\_\_\_\_\_Signed this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_