



P. O. Box 12406
 Atlanta, Georgia 30355
 404-505-5599
 404-505-5577 fax

www.rebuildingtogether-atlanta.org

To complete your application and qualify for services we need the following qualification documents from you. Please complete the application and submit the required documentation to get qualified for the home repairs services. If you prefer an in person appointment, please make sure you have copies ready at the time of the appointment. If you mail/fax/email your application, please include copies with your application. You will not receive repairs until funding is available

<input type="checkbox"/> Proof of Income for All Residents	<i>(Social Security award letters,pension statements Disability award letters, pay stubs, W2, tax statement)</i>
<input type="checkbox"/> 2 Utility Bills in Homeowner's Name	<i>Water/Sewer, Gas, Electric,</i>
<input type="checkbox"/> Homeowners Insurance	<i>First Page Showing Coverage</i>
<input type="checkbox"/> Driver's License/Valid ID	<i>Showing Birthdate</i>
<input type="checkbox"/> Property Tax Statement or Mortgage	<i>In Homeowners name</i>

Income Limits(the household income must fall into the chart below)

****City of Smyrna-Extremely Low/Very Low ONLY)**

FY 2026 Income Limit Category	Persons in Family							
	1	2	3	4	5	6	7	8
Very Low (50%) Income Limits (\$)	\$41,250	\$47,150	\$53,050	\$58,900	\$63,650	\$68,350	\$73,050	\$77,750
Extremely Low Income Limits (\$)*	\$24,750	\$28,300	\$31,850	\$35,350	\$38,680	\$44,360	\$50,040	\$55,720
Low (80%) Income Limits (\$)	\$66,000	\$75,400	\$84,850	\$94,250	\$101,800	\$109,350	\$116,900	\$124,450

Download .csv

Applications and supporting documents can be submitted

By Mail to -Rebuilding Together Atlanta, 3060 Peachtree Road NW Suite 1810 Atlanta GA 30305

By Fax -404-505-5577

By Email -intake@rebuildingtogether-atlanta.org

Or call for in person intake 404-505-5599



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HOMEOWNER APPLICATION

Homeowner First Name: _____

Homeowner Last Name: _____

Property Address: _____

City: _____ State: _____ Zip: _____ County _____

Phone Number: _____ Email: _____

Alternative Contact Name (if applicable): _____

Phone Number: _____ Email: _____

Homeowner Date of Birth: _____/_____/____19____(mm/dd/19xx)

Veteran: Yes No If yes, number of years served: _____

Branch/Honors:

Gender: Female Male Transgender Other

Year Home Was Built: _____ How Long Have You Lived in the Home? _____

Do You Own This Home: Yes No

Do you plan to sell your home within the next 2 years? * Yes No

Do you own other property? Yes No If yes, where is the property and what is it used for?

List the Head of Household and Everyone living in the home including the relationship to applicant.

#	First and Last Name	Age	Relationship	Veteran Y/N
1			<i>Applicant/Homeowner/HOH</i>	
2				
3				
4				
5				

Total Annual Household Income For All Member of the Household Listed Above \$ _____

All Sources of income for household (please check):

Social Security Pension/Retirement Disability
 Wages/Earned Income AFDC/Welfare Other _____

Please note- Applicants are required to submit verification of income, proof of residency, proof of insurance, and property ownership before repairs can be made.

RACE/ETHNICITY HEAD OF HOUSEHOLD INFORMATION (Mark the appropriate box)

Hispanic/Latino	
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
MULTI-RACE	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black/African American	
Other Multi Racial	

Does the household have one person in the home living with a disability*?

Yes No

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

If yes, please indicate by checking below all that apply:

Vision **Hearing** **Mobility** **Other Please List** _____

What repairs are needed for your home?

Homeowners are served on a first come, first served basis based on funding availability. Due to limited funding, not all repairs listed will be able to be completed. Repairs are limited to addressing 1) immediate health and safety concerns caused by deferred maintenance/limited resources, 2) interior and exterior structural repairs, and/or 3)

ADA accessibility modifications. **Repairs that are non-essential home improvement or luxury in nature will not be considered.**

<input type="checkbox"/> Heating/Cooling/Ventilation	<input type="checkbox"/> Roof Replacement	<input type="checkbox"/> Deck
<input type="checkbox"/> Exterior Door/Windows	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing/Sewer
<input type="checkbox"/> Disability Access	<input type="checkbox"/> Flooring	<input type="checkbox"/> Ceiling/Wall repair
<input type="checkbox"/> Exterior/Interior Painting	<input type="checkbox"/> Yard Work	
<input type="checkbox"/> Other (please specify): _____		

Home Safety Survey

Within the last 3 years, have you tripped/fallen in your house?	Yes	No
Do you walk with a cane or walker for ease of mobility?	Yes	No
Can you enter/exit your home without fear of falling?	Yes	No
Do you need help with bathing and washing?	Yes	No

On a scale of 1-5 with 1 being very low, 5-very high)

How do you rate your ease of mobility around the home?	1	2	3	4	5
How safe do you feel in and around your home?	1	2	3	4	5
How would you rate your overall satisfaction with your home?	1	2	3	4	5
How would you rate your likelihood of staying in your home?	1	2	3	4	5

Applicant Certification

- ✓ I/We, the undersigned, certify that all information provided in the application is accurate and complete to the best of my/our knowledge and belief.

- ✓ I/We certify that I am the owner of this home and that it is my primary residence. I /We agree to remain in the Home, barring catastrophic illness or death, for a minimum of two years after completion of repair work performed. Homeowner(s) will be responsible for reimbursing the cost of supplies and labor to Rebuilding Together if I/we sell, rent or accept a contract for sale of the home while work is being completed by Rebuilding Together or within two years after such work is completed.

- ✓ I/We certify and agree that the income stated above is accurate and complete. I/we agree to provide Rebuilding Together-Atlanta proof of all sources of income for all parties 18 years of age or older that are included in our household and/or will reside in the home.

- ✓ I/We understand that failure to report all income/or the reporting of inaccurate or false information, will result in disapproval of services and will be considered fraudulent. I/We understand that any willful misstatement of material facts will be grounds for disqualification.

Homeowner Applicant: _____ Date: ___/___/20__

Print Name: _____

***Nondiscrimination Policy**-It is the policy of Rebuilding Together Atlanta to provide equal home repair services to all qualified applicants, without discrimination based on race, color, sexual orientation/identification, religion, gender, age, national origin, disability, or any other protected characteristic as established by law.*