



# City of Smyrna Home Repair Program Information Sheet



## **About the City of Smyrna's Home Repair Program:**

The City of Smyrna partners with Rebuilding Together to use federal CDBG funds to provide home repairs at no cost, to qualified residents. The Home Repair Program focuses on providing home repairs that correct deficient conditions caused by deferred maintenance and lack of other financial resources. RTA will determine client eligibility, handle client intake processes, identify repairs needed and leverage their community partnerships to perform critical repairs. You will be involved you in every step of the process. The Home Repair Grant Program provides a one-time grant of up to \$10,000.00 to qualified homeowners to make eligible home repairs.

## **About Rebuilding Together Atlanta ("RTA"):**

RTA is a 501(c)(3) non-profit organization. The mission of our charity is to preserve and revitalize homes and communities. We work to assure that low-income homeowners, particularly older adults and people with disabilities live in warmth, safety, and independence. Our goal is to make a sustainable impact in partnership with businesses, individuals and communities. RTA has been providing home repair and community revitalization services for 30 years.

## **To be eligible, homeowners must meet the following criteria:**

- Extremely Low Income (XLI) or Very Low Income (VLI) as defined by HUD
  - Age 62+ and/or disabled
  - Lived in the home as the principal residence for a minimum of two (2) years
  - Property must be an owner-occupied home
  - Property shall be a single-family residence (includes townhomes and condominiums)
  - Agreement to return full grant amount to City if residence is sold within 24 months of receiving funds
- Proof of homeowners insurance is required.*

## **Repairs can include the following:**

- Heating, ventilation, and air conditioning system repair or replacement
- Exterior doors and window replacements, insulation
- Electrical rewiring, including breakers, receptacles, GFCI, switches, and plates
- Roofing shingles and deck replacement, soffits, fascia, boots, and caps, including gutters
- Plumbing-sewer line repair or replacement.
- Bath or kitchen appliance replacements (when necessary)
- Accessibility improvements to accommodate disabled persons and/or make medical accommodations
- Other items, as determined by City of Smyrn
- To address code enforcement concerns

*Ineligible expenses include the repair, purchase, or installation of: household appliances which are designed and manufactured to be freestanding; recreational items such as barbecues, bathhouses etc; Luxury items such as flower boxes, awnings, patios, decks storage sheds; Materials, fixtures, and installations which are considered luxury in nature; Repairs intended to upgrade existing materials, fixtures, and installations*

## 7 cblfUWc'fg'UbX'FYdUJfg

Home repairs are made by pre-screened, bonded, and insured subcontractors that are licensed to make the repairs. For some repairs, RTA staff or skilled volunteers might be able to make the repairs. All of our subcontractors are approved through a detailed procurement and application process that ensures the high quality repairs.

All expenses are paid using funds from HUD's Community Development Block Grant program that is administered by the City of Smyrna. **At no time should anyone who identifies themselves as working on behalf of Rebuilding Together Atlanta ask you for payment in connection with the repairs.**

In addition to being responsible for sourcing subcontractors, RTA will handle the communications, scheduling, and of course, payment to the contractors. We will involve you throughout the process including the development of the work scope, reviewing of the bids, and selection of the subcontractor. Here is a full summary of the entire process, all of which is handled by RTA.

1. Once repairs are identified, RTA will submit a request for an Environmental Review of the repair at your home to Cobb County. This step can take some time.
2. Once we receive a Notice of Environmental Clearance, RTA will request bids for the scope of work from up to 3 licensed, bonded and insured subcontractors. This means contractors will need access to your home for bidding purposes. RTA staff will be present during these visits.
3. Once bids are received from each contractor, RTA staff will schedule a time with you to review each bid and select which contractor you would like for us to use. We will provide you with information on each and answer any questions you may have about them. Once you select a subcontractor, we will provide you with the contractor's contact information.
4. RTA will work with contractor and you to schedule the need home repairs.
5. After repairs are made, RTA will inspect the work to ensure completion of repairs. You will be asked to sign the **Home Repair Work Order Agreement** which says that the terms of our relationship are satisfied because the repairs have been made.
6. You will receive all warranty information for the repair. We also maintain a copy of it on file. If there are any issues with the repair within the warranty period, it is important for you to reach out to us to determine if it is a potential warranty issue so that we can follow up as appropriate.

Please Contact the staff member for more information

Rebuilding Together Atlanta  
3060 Peachtree Road NW  
Suite 1810  
Atlanta, GA 30305

404-505-5599

**STAFF CONTACT-**

Rebuilding Together Atlanta • 3060 Peachtree RD NW, Suite 1810 •  
Atlanta, GA 30335 • 404.505.5599

[www.RebuildingTogether-Atlanta.org](http://www.RebuildingTogether-Atlanta.org)

*Revitalizing homes for Atlanta's low-income seniors, veterans, disabled persons & multi-generational families for 30 years*





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

[www.rebuildingtogether-atlanta.org](http://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"/> <b>Proof of Income for All Residents</b>   | <i>(Social Security award letters,pension statements Disability award letters, pay stubs, W2, tax statement)</i> |
| <input type="checkbox"/> <b>2 Utility Bills in Homeowner's Name</b> | <i>Water/Sewer, Gas, Electric,</i>   |
| <input type="checkbox"/> <b>Homeowners Insurance</b>                | <i>First Page Showing Coverage</i>   |
| <input type="checkbox"/> <b>Driver's License/Valid ID</b>           | <i>Showing Birthdate</i>   |
| <input type="checkbox"/> <b>Property Tax Statement or Mortgage</b>  | <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         |
| <a href="#">Very Low (50%) Income Limits (\$)</a> | \$41,250          | \$47,150 | \$53,050 | <b>\$58,900</b> | \$63,650  | \$68,350  | \$73,050  | \$77,750  |
| <a href="#">Extremely Low Income Limits (\$)*</a> | \$24,750          | \$28,300 | \$31,850 | <b>\$35,350</b> | \$38,680  | \$44,360  | \$50,040  | \$55,720  |
| <a href="#">Low (80%) Income Limits (\$)</a>      | \$66,000          | \$75,400 | \$84,850 | <b>\$94,250</b> | \$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**



P. O. Box 12406  
Atlanta, Georgia 30355  
404-505-5599  
404-505-5577 fax  
[www.rebuildingtogether-atlanta.org](http://www.rebuildingtogether-atlanta.org)

**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                  |  |
| <b>MULTI-RACE</b>                                       |  |
| 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.*