



**HOMEOWNER APPLICATION
FOR CRITICAL HOME REPAIRS &
ACCESSIBILITY MODIFICATIONS**

Revitalize Milwaukee provides professional home repairs and accessibility modifications to low-income homeowners in Milwaukee and Waukesha County who are:



SENIORS

OR



VETERANS

OR



PERSONS WITH DISABILITIES

Revitalize Milwaukee is the only privately funded provider of free home repairs in Southeastern Wisconsin.

We are here to stabilize neighborhoods and transform communities, home by home, block by block.

Critical safety repairs may include electrical, plumbing, carpentry, and accessibility modifications to keep homeowners safe and living independently in their homes.

About the Program

Homeowner Eligibility Guidelines

Do you meet these guidelines?

- Must be a senior (60+), a veteran, or living with a disability.
- Household must fall below 80% of HUD income guidelines (see household income chart below).
- No **rental properties, condominiums, mobile homes, or homes used for businesses.**
- Must have resided in and owned the home for **at least 5 years.**
- Property taxes must be current or must show proof of an approved payment plan.
- Must not be in foreclosure or bankruptcy.
- Must not be in a trust or a life estate.**

What You Need to Apply

Submit your completed application with ALL DOCUMENTS LISTED for all owners and residents of the home.

Your application will not be processed until all documents are received!

- Income statements** for all owners and residents. (ex. Pay stubs, Social Security award letter, pension)
- Itemized bank statements for the last THREE months** for all checking and savings accounts for all owners and residents. *TIP: Ask your bank to email statements directly to applications@rtmilwaukee.org*
- Federal Income Tax return** and/or Homestead Property Tax for all owners and residents who filed.
- Current mortgage statement** of home if you are still making payments.
- We Energies statement** from the last month.

How to Submit Your Application

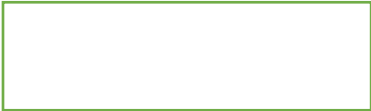
Mail: Revitalize Milwaukee 840 N Dr. Martin Luther King Jr. Drive, Suite 600 Milwaukee, WI 53203	Email: Clear scans of each page to: applications@rtmilwaukee.org with the subject line "RM Application Submission"	Drop Off: Call (414) 312-7531 to schedule a time to drop off in mail slot of the Revitalize Milwaukee office door.
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Household Size-Annual Income Limit

Eligibility for **FREE** and **Partial Pay** services are determined by this chart.

Homeowners that are eligible for **Partial Pay** services will be responsible for paying a percentage of the total cost of repairs at a sliding scale based off their income.

Household Size		1	2	3	4	5	6	7
Household	FREE	<\$35,750	<\$40,850	<\$45,950	<\$51,050	<\$55,150	<\$59,250	<\$63,350
Annual Income	Partial Pay	\$35,751-\$57,200	\$40,851-\$65,400	\$45,951-\$73,550	\$51,051-\$81,700	\$55,151-\$88,250	\$59,251-\$94,800	\$63,351-\$101,350



To be completed by RM: Annual Income: _____ Determination: _____

1. Applicant Information

(APPLICANT MUST BE THE HOMEOWNER)

How did you hear about Revitalize Milwaukee? _____

Name: _____ Date of Birth: _____ Sex: M F

Spouse or Co-Owner's Name: _____ Date of Birth: _____ Sex: M F

Home Address: _____

City: _____ State: WI _____ Zip Code: _____

Home Phone Number: Preferred Number _____ Cell Phone Number: Preferred Number _____

Alternate Contact Name: _____ Relationship: _____ Phone Number: _____

Do you have a care manager? Yes No _____ Care Manager Name: _____ Care Manager Phone Number: _____

Marital Status: Single Married Living with Partner Divorced Separated Widowed

2. Military Background

Did/do you or a family member serve in the military?
 Yes No If yes, which branch: _____
 Their relation to the applicant: _____

3. Household Information

How many people live in the home? ____
 How many years have you owned the home? ____
 How many years have you lived in the home? ____

4. Household Expenses

Are you still making mortgage payments? Yes No
 Amount of your monthly mortgage payment: _____
 Does this include property taxes? Yes No
 Have you missed any mortgage payments in the last 6 months? Yes No If yes, how many? _____
 Would hiring a private contractor for your repairs prevent you from being able to pay your mortgage? Yes No
 Are your property taxes current? Yes No
 If no, are you on an installment plan? Yes No
 (If yes, must include documentation of this with application.)
 Did you file income tax last year? Yes No

Is this your only residence? Yes No
 Do you own any other property? Yes No
 Do you plan to sell your home? Yes No
 If yes, when? Next year 2 years 5 years
 Is any portion of this property rented? Yes No
 If yes, which unit do you live in? _____
 Do you receive rental income? Yes No
 If yes, how much do you receive a month? _____
 Note: Only the unit of the home occupied by the owner will receive services.
 Is your home in a Trust or a life estate? Yes No

If no, sign below certifying that this is this is true. If this is found to be false, you will be removed from the program.

X _____

Are you in foreclosure? Yes No
 Have you filed for bankruptcy? Yes No

5. Household Members & Income

Complete this chart including **everyone who owns the home and lives in the home**. If you need additional space, continue this chart onto a blank sheet of paper and attach. If a member has no income, you must list them and indicate no income.

You must include **all income sources** for all owners and residents.

EXAMPLES OF INCOME SOURCES: Employment, self-employment, unemployment, pensions, VA benefits, disability benefits, Social Security, Medicare, Medicaid, child support, rental income, etc.

All Household Member Names		Sex	Disabled	Race	Date of Birth	Income Source	Monthly Income Amount of Each Source
1	Name:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____			
	Relation: Applicant						
2	Name:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____			
	Relation:						
3	Name:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____			
	Relation:						
4	Name:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____			
	Relation:						
5	Name:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____			
	Relation:						
6	Name:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____			
	Relation:						
Total Monthly Income of Household:							\$

6. Home Repair and Accessibility Modification Needs

Do you have electricity in all rooms of the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what rooms do not have electricity?	Does your hot water heater work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is the hot water heater: <input type="checkbox"/> Electric <input type="checkbox"/> Gas (Mark only if known) Are there any pests (example: roaches, mice, bedbugs) in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?
Do you have running water in the kitchen and bathroom? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what rooms do not have running water? If your bathroom does not have running water, is this your only bathroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do all entry doors lock? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, which door(s):
Do you have at least one functioning toilet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had any falls in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? Where?
What are the physical challenges you have while living in and moving around your home? <input type="checkbox"/> Getting on and off the toilet <input type="checkbox"/> Stepping in and out of the shower/tub <input type="checkbox"/> Going up and down the stairs <input type="checkbox"/> Getting in and out of the home <input type="checkbox"/> Other (please explain)	What did you do when it happened? Have you done anything to prevent the chances of it happening again?
Do you have anyone to help you with household chores, errands, or transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____	Is the temperature in your home comfortable? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you energy bills extremely high? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you on Energy Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your home been weatherized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____

What are your **top 4 priorities** for repair or assistance?

1. _____ 2. _____

3. _____ 4. _____

7. Other Services

Revitalize Milwaukee also offers other services such as lawn mowing, and snow shoveling. These services require an additional document to determine your eligibility as there is limited availability. Please mark here if you are interested. **Lawn:** Yes No **Snow:** Yes No

8. Housing Repairs for Referral

Revitalize Milwaukee **does not do repairs or replacements for Foundations or any Cosmetic Upgrades.** However, we can refer you to other resources! Please indicate your needs below.

1. _____ 2. _____

3. _____ 4. _____

9. Additional Referrals

Revitalize Milwaukee can refer you to resources for programs beyond housing. Please indicate your needs below.

Housework COVID-19 Resources Transportation Legal Aid Paying for Prescriptions Meals

10. Completed Application Submission

How to Complete Your Application

A completed application includes:

1. This application question packet (4 pages) completed and signed below.
2. Attached to this application question packet **must** be:
 - Income verification** for all income sources for all owners and residents.
 - The past 3 months of itemized bank statements** for all checking & savings accounts for all owners and residents.
 - A recent mortgage statement** if you are still making payments.
 - The federal income tax return** for all owners and residents who filed taxes the past year.
 - WE Energies statement** from the last month.
3. The Homeowner's Repair Agreement (2 pages, included with this packet) must be initialed and signed.
4. CDBG Certification of Household Size and Income (3 pages, included with this packet) completed and signed.

Your application will not be processed until all documents are received!

How to Submit Your Application

Mail:	Email:	Drop Off:
Revitalize Milwaukee 840 N Dr. Martin Luther King Jr. Drive, Suite 600 Milwaukee, WI 53203	Clear scans of each page to: applications@rtmilwaukee.org with the subject line "RM Application Submission"	Call (414) 312-7531 to schedule a time to drop off in mail slot of the Revitalize Milwaukee office door.

Signature

I applicant, (PLEASE PRINT NAME HERE) _____ declare that all information provided is accurate to the best of my knowledge. I understand that by completing this application, services are not guaranteed by Revitalize Milwaukee (RM). I certify that I do not have the financial means (savings, investments, etc.) to complete the repairs for which I am applying. I understand that I may be asked to provide documentation as proof of my answers. I authorize investigation and verification of all information provided. I understand that all information will be kept confidential and will be used strictly for the purpose of determining my eligibility to receive home repairs from RM. I understand that providing any false information will make me ineligible for services. I give permission for RM representatives to gain access to and inspect my home for selection or repair.

Signature required to complete the application:

Applicant signature

Date

If someone other than the homeowner has prepared this form or if assistance has been given to the homeowner, please complete the following so we can follow up if needed.

Name of preparer: _____

Phone: _____

Relationship: _____

E-mail: _____

Agency: _____



Homeowner's Repair Agreement

Homeowner Name(s): _____

Homeowner Address: _____

(City)

(Zip Code)

I (we) understand and agree to the following: **(Please initial each item to be considered for any repairs.)**

I (we) give permission for Revitalize Milwaukee, Inc. ("RM") to perform repairs and/or modifications on my (our) home located at the address listed above on the following terms and conditions.

I (we) understand RM is a non-profit group providing home repairs and improvements **free of charge** to eligible homeowners.

I (we) understand the scope of approved repairs and modifications will be shared with and explained to me (us) by representatives of RM before any work is performed.

I (we) understand any and/or all approved repairs and modifications can be refused by me (us). If I (we) refuse a recommended repair or modification, I (we) understand RM will not be able to come back at a later date to complete refused repair or modification. I (we) understand I (we) cannot exchange a refused repair or modification for an unapproved repair or improvement.

I (we) understand RM may change the work to be performed for various reasons, including, for example, the discovery of problems associated with my (our) home that are not disclosed or are not evident at time of home visit. (ex. corroded plumbing, inadequate structural support, or faulty electrical systems)

I (we) understand that if RM discovers conditions or problems at my (our) home affecting the scope of the repairs or modifications, RM may stop work and its only obligation will be to make reasonable efforts to restore my (our) home to the condition existing at the time RM started the work. I (we) agree RM shall not be responsible for repairing discovered conditions or problems, including any damages resulting from RM's performance of the repairs or modifications including any work that may have worsened the underlying problem.

I (we) understand all decisions by RM regarding the scope of approved repairs and/or modifications are final. RM's contractors or volunteers are not able to approve additional repairs or modifications not on scope of work. Any requests for additional repairs or modifications must be made through the RM office. I (we) understand requests for additional repairs may not be approved.

I (we) understand all repairs and or modifications will be done in a workman-like manner. Except for the foregoing warranty, RM disclaims all warranties, expressed or implied, concerning the repairs, improvements and other work performed by RM and any materials used in connection therewith. RM may perform repairs and improvements using contractors selected by RM and/or volunteers, and RM makes no representations or warranties regarding the performance of the work thereby.

I (we) understand that it is my (our) responsibility to notify RM of any dangerous or hazardous conditions associated with my home prior to the start of any repair or modification work (including the existence of any hazardous or regulated materials such as asbestos). I (we) understand RM may refuse to start or finish any repair or work until such time as I (we) have remedied such conditions to the satisfaction of RM.

I (we) understand any pets must be contained or removed from the property before RM performs any repairs or improvements to my (our) property. Failure to do so could result in any and all work started on my (our) home to be left unfinished.

I (we) understand it is my (our) responsibility to inform RM of any pest infestations (ex. bed bugs, roaches, mice) before work has begun. Failure to do so could result in any and all work started on my (our) home to be left unfinished. If any pest infestations are discovered at time of repair, RM will stop work until infestation has been corrected. It will be my (our) responsibility to provide proof of extermination.

It is my (our) intention to remain in my (our) home, barring catastrophic illness or death, for a minimum of five (5) years after the completion of repair or modification work. I (we) understand that if I (we) do not remain in our home for such five (5) year period, RM may charge me (us) for the actual costs of the repair or improvement work performed by RM (including amounts paid to contractors for labor and materials) and if I (we) fail to pay such amounts, RM may file a lien on my (our) home to cover all such unpaid amounts.

I (we) understand that RM will perform repairs and modifications at such time as it is able to do so and that variables including the availability of contractors and volunteers to perform the work, the availability of funding to purchase supplies may affect the timeline of repairs and modifications being completed.

I understand RM will only provide repairs and modifications to my (our) home once during a two year period, except for emergency repairs. Emergency repair(s) requested must fall within the scope of the RM program and subject to all other requirements for such emergency repairs.

In consideration of the repairs and modifications, I (we) agree to indemnify and hold RM, its officers, directors, employees, agents, donors, volunteers, and other affiliates, collectively and individually, harmless from any claims and liabilities arising at any time as a result of or in connection with the repairs and/or modifications performed by RM, 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 any improperly performed repairs or improvements or defects in material or workmanship.

I (we) also grant to RM permission to take or have taken, photographs and video of my (our) home. I (we) consent and authorize RM, its advertising agencies, news media and any other persons interested in RM and its works, to use and reproduce the photographs and videos 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.

This agreement is in no way a guarantee that RM will provide any services to me (us).

No inducements or promises have been made to me (us) to secure my (our) signature to this agreement other than the intention of RM to perform the repairs and modifications and to use such photographs, videos and pictures for the primary purpose of promoting and aiding its program.

I (we) understand this agreement must be signed and returned to RM's office before any repairs or improvements will be scheduled.

Homeowner(s) signature

Date

Return completed agreement to:

Revitalize Milwaukee
840 N Dr. Martin Luther King Jr. Drive, Suite 600
Milwaukee, WI 53203

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CDBG Client Income Certification of Family Size & Income

Agency Name: Revitalize Milwaukee, Inc.

The following information is needed because we are a government-funded agency and they require that we verify the income of the clients that we serve.

MY CURRENT FAMILY SIZE AND INCOME LEVEL IS CIRCLED BELOW: (Circle the appropriate number in your household and income level). Reportable income includes wages, salaries, pensions, child support, rental income, and investment income from all individuals.

Certification of Family Size and Income

My current family income is the level shown below for my family size. I understand that this information is subject to verification by authorized government officials. Any false or misleading statements shall be grounds for the termination of benefits.

Income Limits: *(Effective Date: April 1, 2024)*

Number in Household	Extremely Low ¹ Income Level	Very Low ² Income Level	Low ³ Income Level	Non Low Moderate Income Level
1	< \$21500	\$21501-35750	\$35751-57200	Over \$57200
2	< \$24550	\$24551-40850	\$40851-65400	Over \$65400
3	< \$27600	\$27601-45950	\$45951-73550	Over \$73550
4	< \$31200	\$31201-51050	\$51051-81700	Over \$81700
5	< \$36580	\$36581-55150	\$55151-88250	Over \$88250
6	< \$41960	\$41961-59250	\$59251-94800	Over \$94800
7	< \$47340	\$47341-63350	\$63351-101350	Over \$101350
8	< \$52720	\$52721-67400	\$67401-107850	Over \$107850

Client Name: _____ Date: _____
(Please Print)

Address: _____

Client Signature: _____

Signature of Agency Representative: _____

(By signing, the client verifies that the above information is true and correct and that he/she understands that the information listed on this form may be subject to verification by the City and the U.S. Dept. of Housing & Urban Development).

¹ Extremely Low Income Level. As defined by HUD, this income level is at or less than 30% of County Median income.
² Very Low Income Level. As defined by HUD, this income level is between 31% and 50% of County Median income
³ Low Income Level. As defined by HUD, this income level is between 51% and 80% of County Median income