



Office: 713-659-2511
Fax: 713-650-0871
Post Office Box 15315
Houston, TX 77220

VHRP – **RAMP ONLY Application**

www.rebuildinghouston.org

Dear Applicant: _____

Date: _____

The Volunteer Home Repair Program provides exterior ramp services at no charge to the homeowner. This program deals with exterior work only for wheel chair ramps. This program does not repair roofs; exterior or interior systems. Due to the limited financial resources of these program(s), RTH is restricted to serving a limited number of homeowners each month. Able-bodied relatives of the homeowner will be asked to work with the volunteer crew.

To be eligible for the RAMP program you **must**:

- Be age 62+ OR be disabled OR a veteran OR a widow(er) of a veteran
- Be living on a low or very low income (as defined by a percentage of Average Median Income for the Greater Houston area);
- Be the owner of the home in which you live (a single family dwelling within Harris County);
- Be current with real estate taxes or have an agreement with HCAD for all delinquent real estate taxes.

If you meet the above qualifications, you **must** provide **copies** of each of the following documents: **(DO NOT SEND THE ORIGINALS)**

1. **Age verification:** Current Texas Driver's License or Texas ID.
2. **Income Verification:** For example: Social Security Award letter, all paycheck stubs from last month's wages, retirement letter, Veterans Affairs letter, or child support documents. **This information should be current, within 30 days when possible, and reflect the total household income.** (Send copies of all applicable.)
3. **Proof of Home Ownership:** Name must be on the property taxes in HCAD.
4. **Proof of Disability Benefits:** Social Security Benefits Verification Letter.

This information is kept strictly confidential and only used to verify eligibility. If you have questions please contact us at (713) 659-2511 or email info@rebuildinghouston.org.

Sincerely,
Rebuilding Together Houston

THERE IS NO APPLICATION FEE REQUIRED TO MAKE APPLICATION TO RECEIVE ASSISTANCE FROM REBUILDING TOGETHER HOUSTON. REBUILDING TOGETHER HOUSTON HAS NOT AUTHORIZED ANY OTHER PERSON OR ENTITY TO ACT AS ITS AGENT FOR PURPOSES OF THIS APPLICATION AND ANY FEES OR COSTS ASSOCIATED WITH THIS APPLICATION PAID BY THE APPLICANT TO ANY SUCH PERSON OR ENTITY ARE NOT FEES OR COSTS CHARGED BY REBUILDING TOGETHER HOUSTON.



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Homeowner Name: _____ Date of Birth: _____
 Address: _____ City: _____ Zip Code: _____
 Length of time at this address: _____ Cell Number: _____ Home Phone: _____
 Alternate Phone Number: _____ Email: _____
 Ethnicity (Circle One): _____ Number of people in Household: _____

American Indian or Alaska Native	Asian and Pacific Islander	Hispanic or Latino	White or Anglo American	African American or Black	Other:
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Are you a widow/er (Check one)? Yes No Spouse's Name: _____
 Spouse Ethnicity (Circle One): _____ Spouse Date of Birth: _____

American Indian or Alaska Native	Asian and Pacific Islander	Hispanic or Latino	White or Anglo American	African American or Black	Other:
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Are you long-term disabled and receiving disability benefits (Check one)? Yes No
 Do you use a (Check one) Cane Walker or Wheelchair?
 Did you serve in the Military (Check one)? Yes No Did your spouse serve in the military? Yes No
 Branch of Service: _____ Branch of Service: _____
 Years of Service: _____ Years of Service: _____
 Rank (at discharge) if known: _____ Rank (at discharge) if known: _____
 Have you applied to RTH before (Check one)? Yes No If so, what year? _____
 How did you hear about Rebuilding Together Houston? _____

Name	Sex	Ethnicity	Birth Date	Gross Monthly Income for everyone 18+	Source of Income
Self	M /F				
	M /F				
	M /F				
	M /F				
	M /F				

Combined Monthly Household Income: \$ _____

TO THE BEST OF MY KNOWLEDGE, THIS INFORMATION IS CORRECT. I UNDERSTAND THAT MY HOME IS BEING CONSIDERED FOR FREE REPAIR BY SUPERVISED VOLUNTEERS AND THEREFORE I WAIVE ANY CLAIMS REGARDING THE WORK AND RELEASE REBUILDING TOGETHER HOUSTON, ITS VOLUNTEERS, CONTRIBUTORS, SPONSORING AGENCIES AND ALL OTHER PERSONS ASSOCIATED THEREWITH FROM ANY AND ALL CLAIMS OR POTENTIAL CLAIMS ASSOCIATED WITH THE REPAIRS.

 Homeowner Signature

 Date



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Application Completion Checklist:

Applicant must provide **clear/legible copies of each of the following documents:**
(DO NOT SEND THE ORIGINALS)

- Age verification:** Current Texas Driver's License or Texas ID. (*Cannot be expired*)
- Monthly Income Verification:** Must be Current, within 30 days of application, and reflect the total household income for each person 18+ in your household. (*For example: Social Security Award letter, all paycheck stubs from last month's wages, retirement, Pension, Veterans Affairs letter, Rental income from real/personal property, death benefits etc.*)
- Proof of Home Ownership:** HCAD property tax statement (*Document must be in applicant's name and current within one year of the application*)
- Proof of Military Service:** DD214, Notice of Separation, or VA letter. (*IF APL*)
- Proof of Disability Benefits:** Social Security Benefits Verification Letter. (*IF APL*)
- Completed Application:** Page 2.

When completed, please return by:

Mail:

Rebuilding Together Houston
Post Office Box 15315
Houston, TX 77220

Fax:

(713) 650-0871

Or Email:

intake@rebuildinghouston.org

Thank you!