



## **Rebuilding Together Southwest Illinois, Inc.**

### **2026 Free Home Repair & Accessibility Assistance Application**

**(Keep this page for your reference)**

Thank you for taking the time to fill out this application. We are a non-profit organization helping with home repairs until we have exhausted our funds for the year. We will be scheduling site visits with approved applicants in the Spring of 2026. We do small repair projects for people with disabilities, people over the age of 55, and veterans. Applicants must be HOME OWNERS, not renters.

We are a free home repair organization that helps with:

- ◆ Accessibility: including wheelchair ramps, widened doorways, grab bars
- ◆ Safety issues such as: steps or porch falling or rotting out, repairing a broken front door
- ◆ Healthy living issues such as replacing flooring or tiles that present a tripping hazard
- ◆ Minor plumbing issues: leaking faucet or broken toilet
- ◆ Minor electrical issues: replacing light switches, fixtures, and porch lights

We **do not** help with the following:

- Most roof replacements (minor roof leak repairs may be possible)
- Most window replacement (sealing and caulking repairs are possible)
- Air conditioning or furnace replacement or repairs
- Fire damage repairs/furniture replacement or repairs
- Help with financial issues or financial counseling
- Repairs and modification to mobile homes or trailers
- Any work that must be completed by a licensed tradesperson such as plumbers, electricians, etc.

We serve **Madison County Illinois** and some communities on the fringe of the county with approval. We do not currently serve St. Clair county or any of our southernmost counties such as Monroe, Randolph, Jackson, Union, etc. If you are located outside of our service area, please see the Community Development Department at your county government entity or your power company. If you are a combat veteran and need assistance outside of our program restraints or service area, please reach out to Songs For Soldiers. Their application is at [www.s4sstl.org](http://www.s4sstl.org).

Please fill out the following application to the best of your ability. If you need assistance with the application or a paper copy mailed to you, please reach out via email to [help@rebuildswi.org](mailto:help@rebuildswi.org) or by text to 618-960-2440. Please check our website for any updates: <https://rebuildswi.org/>. Thank you.

**Applicant Information**

1) Name of applicant (homeowner): \_\_\_\_\_

Address of home needing service:

Street: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Best time to contact & for possible home visit: \_\_\_\_\_

Emergency name & contact information: \_\_\_\_\_

How did you hear about Rebuilding Together? \_\_\_\_\_

**Household & Eligibility**

2) Do you fall into any of the following categories?

- ☐ Senior (over 55)  
☐ Person with a disability  
☐ Veteran Years of service: \_\_\_\_\_  
☐ Combat Veteran

3) Approximate annual household income (include all members of the household: any retirement , Social Security, VA disability pay, child support, etc.):

\_\_\_\_\_

4) List the name, ages of all people living in the home, including applicant (attach a list if needed):

First & Last Name	Age	Relation to homeowner	Gender	Race: -Alaskan Native -Black or African American -White - Native American -Multi-racial -Other -Prefer not to disclose	Ethnicity: -Hispanic or Latino -Not Hispanic or Latino -Prefer not to disclose	List of Disabilities:

5) Do you have a social worker/case manager? \_\_\_\_\_ yes (If yes, please list name and contact information below (By listing below, you give RTSWI, Inc. permission to contact him/her):

\_\_\_\_\_

6) Please describe any other home improvement assistance you have received in the past or are currently applying for (including Rebuilding Together Southwest Illinois if applicable)?

---

---

### Home Condition & Requested Services

7) Year home was built (or approx. age): \_\_\_\_\_ Year of home purchase: \_\_\_\_\_

8) House information: (we do not work on condos or mobile homes) Please list if one story, two, wood frame, brick, etc: \_\_\_\_\_

9) Home repair or modification issues you are experiencing (check all that apply):

- ☐ Healthy living issues (minor floor repair)
- ☐ Safety issues such as front porch/stairs or front door issues, lights that are not working
- ☐ Minor plumbing issues
- ☐ Accessibility (wheelchair ramps, widened doorways)
- ☐ Modifications (handrails, grab bars, raised toilet, etc.)
- ☐ Weatherization/energy efficiency

10) Describe the main problem(s) and why you need assistance:

---

11) How will these repairs help you: \_\_\_\_\_

12) Do you own the lot/land and home free of pending condemnations or legal issues such as tax issues/liens, etc?

- ☐ Yes
- ☐ No If no, explain: \_\_\_\_\_

13) Have you missed any mortgage payments?

- ☐ Yes, please explain and if you are current: \_\_\_\_\_
- ☐ No

14) Have you been cited by the city for any violations?

- ☐ Yes, please indicate for what: \_\_\_\_\_
- ☐ No

15) Do you plan to sell the home in the next 5 years?

- ☐ Yes
- ☐ No

16). Please describe any outstanding financial issues that might impact your household that may be an extraordinary expense such as home health care, hospital costs, medication expenses, etc.)

---

### Commitment & Permission

17) I understand that submission of this application does not guarantee any repairs will be completed and any repairs to be completed will be dependent upon the funding available.

- ☐ Yes \_\_\_\_\_ Initials

I grant permission for RT SWI staff and volunteers to access the property for inspection (after providing me reasonable notice) for the purpose of determining the scope of the repairs. Both RT SWI staff and the home owner will sign and agree to the scope of work to be completed.

☐ Yes \_\_\_\_\_ Initials

I agree to cooperate with RTSWI Inc. staff and volunteers and to follow all safety procedures during the project.

☐ Yes \_\_\_\_\_ Initials

I understand that I must have current homeowner's insurance on this property and during the repairs if my application is approved.

☐ Yes \_\_\_\_\_ Initials

I understand that RTSWI Inc. is a part of a larger national organization and my information may be shared with the national and affiliate staff. I authorize the disclosure of the above information to only those persons or agencies as necessary to secure the assistance for which this application is submitted and in accordance with applicable laws. I have read the requirements of the program.

☐ Yes \_\_\_\_\_ Initials

I agree to notify RT SWI if my circumstances change or if I move after submitting the application.

☐ Yes \_\_\_\_\_ Initials

By signing below, I/we certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying. I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. I/We authorize Rebuilding Together Southwest Illinois, Inc. or its designated agents to abstain and receive all records and information pertaining to eligibility for the home repair program, including employment, income (including IRS returns), credit, residency and banking information from all persons, companies or firms holding or having access to such information.

Rebuilding Together Southwest Illinois, Inc. may provide a metal ramp to clients if applicable, and that ramp will be expected to be returned to the organization if no longer needed. This application shall remain the property of Rebuilding Together Southwest Illinois, to which it is submitted for the purpose of obtaining assistance. This authorization gives Rebuilding Together Southwest Illinois, Inc. the right to request all information from any person referred to in this application.

I agree to have no claim of defamation, violation, or privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the Rebuilding Together Southwest Illinois, Inc. for purposes of the program and current/future grant applications. This authorization will commence on the date of signature and be in force for a period of 2 years.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other homeowner (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of RBT SWI staff member: \_\_\_\_\_ Date: \_\_\_\_\_

**Required Documentation (include in mailing or attach to email application)**

- Proof of income for all household members (retirement, social security disability, salary, child support, etc.) for at least one month
- Proof of veteran status (if applicable) & VA Benefits currently being received
- Proof of disability or accessibility need (if applicable)
- Copy of current tax bill or other official document indicating property ownership
- Copy of current home insurance
- Must include a clear copy of your valid Illinois Driver's License or State ID Card

Thank you for applying for repair assistance with Rebuilding Together Southwest Illinois, please let us know how we can help you best to accomplish your staying safe and healthy in your home. You will be notified if your application is accepted or denied. Please do not contact us multiple times.

*Completed applications must be mailed to our address at P.O. Box 249, Edwardsville IL 62025 or may be sent to our email at [help@rebuildswi.org](mailto:help@rebuildswi.org). Please contact us if you have any questions.*

**\*\*Rebuilding Together Southwest Inc. prohibits discrimination against applicants and homeowners based on any legally protected classification such as race, color, national origin, sex, sexual orientation, pregnancy, maternity or family status, age, religion or creed, marital status, disabled veterans status, or any general disability. All qualified applications will be eligible to apply for program services.**

**\*\*\*Disability Definition:** According to the CDC, a disability is any condition of the body or mind (impairment) that makes it more difficult for a person with the condition to do certain activities and interact with the world around them. Types of disability may include that affect a person's vision, movement, thinking, remembering, learning, communicating, hearing, or mental health.

**For Office Use Only**

Date received: \_\_\_\_\_ Application number: \_\_\_\_\_

Initial inspection date: \_\_\_\_\_ Project year: \_\_\_\_\_

Notes/comments: \_\_\_\_\_  
\_\_\_\_\_

Source of income monthly	Amount Monthly	Annual
Total:	Total:	Total: