



# COMMUNITY BUILDING APPLICATION

## SECTION 1 NON-PROFIT INFORMATION

Name of Organization \_\_\_\_\_

Organization Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Facility (if different from above): \_\_\_\_\_

Facility Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Facility Site Manager or Exec. Dir.: \_\_\_\_\_ Phone: \_\_\_\_\_

Mission of organization: \_\_\_\_\_

\_\_\_\_\_

Programs offered at this facility: \_\_\_\_\_

\_\_\_\_\_

What is the organization's major source(s) of funding? \_\_\_\_\_

\_\_\_\_\_

Please indicate number of recipients and breakdown of ethnicity for the facility to be repaired.

Total number of people served by this facility \_\_\_\_\_

Percentage of people who are:

\_\_\_\_\_ African Americans \_\_\_\_\_ Asian Americans \_\_\_\_\_ Hispanics

\_\_\_\_\_ Caucasians \_\_\_\_\_ Native Americans \_\_\_\_\_ Pacific Islanders

\_\_\_\_\_ # of families \_\_\_\_\_ # of children under 18 \_\_\_\_\_ # of adults over age 65

Special Needs/Disabilities

Does anyone served by this facility live with a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_ Hearing impaired \_\_\_\_\_ Sight impaired \_\_\_\_\_ Using a wheelchair

\_\_\_\_\_ Using a walker \_\_\_\_\_ Mental disability \_\_\_\_\_ Other \_\_\_\_\_

**SECTION 2 TYPE OF REPAIRS TO BE CONSIDERED**

Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of Rebuilding Together.

Type of Repair			Brief Description
Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Exterior painting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Interior painting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Floor repairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Accessibility modifications (ramp, grab bars, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Repair Wish List: What are the four most important repairs?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Describe how the repairs/renovations will help your clients:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why is this facility an appropriate Rebuilding Together project site?

\_\_\_\_\_

\_\_\_\_\_

Has Rebuilding Together North Jersey (formerly Rebuilding Together Bergen County) done work for your organization at this or another site in the past?

Yes  No      If yes, when? \_\_\_\_\_

At what facility/location? \_\_\_\_\_

**SECTION 3 VERIFICATION REQUIREMENTS**

Rebuilding Together North Jersey is designed to serve low-income homeowners with special focus on the needs of older adults, veterans, individuals living with disabilities, and families with children. RTNJ requires that all homeowners provide verification of home ownership and income of all household members. We also require similar documentation from non-profits seeking our services.

Please include the following information with this application:

- Current fiscal budget and organization’s budget for the past 2 years
- Proof of 501(c)(3) status
- Most recent Form 990
- Verification of organization’s ownership of building or permission from the owner
- Proof of insurance for the property

**SECTION 4 AGREEMENT**

I/we certify that the above information is true and correct to the best of my/our knowledge. I/we realize that failure to provide all the requested information could result in our application being invalid. I/we authorize Rebuilding Together North Jersey to check any references necessary to complete the processing of this application for the purpose of receiving facility repairs or renovations through RTNJ programs. I/we also understand that any information I/we provided will be kept confidential and will be used strictly for determining my/our eligibility for this program.

I/we understand that Rebuilding Together North Jersey works primarily on Saturdays and that most of the work is done by volunteers (skilled, semi-skilled, unskilled) who may not be able to complete all the repairs desired.

I/we further understand that to be considered for Rebuilding Together North Jersey programs, non-profits must complete this application, participate in an orientation meeting (“Homeowner Breakfast”), have staff present at the time of the site inspection, and have staff present on the day of the Rebuilding project.

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Signature of Applicant

Date

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Signature of Lessor (if applicable)

Date

Please send completed application and accompanying documents to:

**Rebuilding Together North Jersey  
P.O. Box 1389  
Ridgewood, NJ 07450-1389**

or fax to 201-857-3909

**Questions? Please call 201-447-8886 or email [Info@RTNorthJersey.org](mailto:Info@RTNorthJersey.org).**