Rebuilding Together
St. Joseph County

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RebuildingTogetherSJC.org

Dear Neighbor:

Rebuilding Together St. Joseph County 2026-2027 is coming to your neighborhood! This well-known, free house repair program is moving into Mishawaka and currently taking applications for our 2026-2027 program, which will focus on home repairs in your neighborhood.

Rebuilding Together is a national non-profit program dedicated to helping eligible homeowners with home repairs. Partnering locally with the City of South Bend, City of Mishawaka, St. Joseph Valley Building Trades, and many others, Rebuilding Together is able to repair homes at no cost to the owner. Earlier this year, Rebuilding Together made repairs to 16 homes in River Park Neighborhoods.

Priority is given to elderly (60+), veteran, and/or disabled homeowners that are within federal household income limits (see chart below). Funding for this program is limited; unfortunately, not everyone who submits an application will receive assistance from this program. Rental homes are not eligible.

The deadline to submit the application with all required documents is November 10, 2026.

Have questions? We encourage you to reach out to stop by our office, 803 Lincolnway West, South Bend, IN 46616.

Rebuilding Together is pleased to be working with South Bend Heritage to process your application (enclosed). Questions can be emailed to info@rebuildingtogethersjc.org or call 574-289-1066.

Income Guidelines Effective 8/26/26*

Household Size	1	2	3	4	5	6	7	8
Maximum Income	$49,350	$56,400	$63,450	$70,500	$76,150	$81,800	$87,450	$93,100

** Please note that HUD Income Limits are subject to change.*

REBUILDING TOGETHER HOME REPAIR PROGRAM
MISHAWAKA PARTICIPANT APPLICATION

APPLICATIONS DUE: November 10, 2026

Applicant Name: _____

Date of Birth: _____ **Age**: _____

Address: _____ **ZIP**: _____

Is this home your primary address? □ Yes □ No

Home Phone: _____ **Cell Phone**: _____

What is the best way to get in touch with you?
□ Phone □ E-Mail □ Letter
□ Call someone else (spouse, sibling, children): *Name & Relationship:* _____
Phone: _____

Now, tell us about the members of your household.

How many people (including yourself), over the age of 18, live in your home? _____

How many people under the age of 18 live in your home? _____

Are there any people in your household that are Hispanic or Latinx? □ Yes □ No *If yes, how many?* _____

Please complete the table below for all members of your household.

	Name	**Relationship**	**Age**	**Gender**	**Has Income?** (Y/N)	**Is Disabled?** (Y/N)	**Active Duty or Veteran?** (Y/N)	**Race** *(see below)*
1		Head of Household						
2								
3								
4								
5								
6								

RACE – Data for Government Monitoring Purposes Only – Data Does Not Determine Eligibility
Please put corresponding # in space above.
1: American Indian/Alaska Native
2: Asian
3: Black or African-American
4: Native Hawaiian or Other Pacific Islander
5: White
6: Asian and White
7: American Indian/Alaska Native and White
8: Black/African American and White
9: American Indian/Alaska Native and Black/African American
10: Other

1. **Have you participated in Rebuilding Together (or Christmas in April) in the past?**

□ Yes □ No If yes, what year? _____

2. **Have you participated in any other home repair program before?** □ Yes □ No

   If yes, what program? _____
   **Local programs include REAL Services, Habitat for Humanity, etc.*

   If yes, what year and what repairs were completed? _____

3. **Do you currently own your home?** □ Yes □ No

4. **Is your mortgage completely paid off?** □ Yes □ No

5. **Is your mortgage or land contract current (no past due amounts)?** □ Yes □ No □ N/A

6. **Are your property taxes current?** □ Yes □ No

7. **Do you have homeowner's insurance?** □ Yes □ No

   If no, please explain: _____

8. **Do you intend to live in your home for the next five years?** □ Yes □ No

   If no, please explain: _____

9. **Do you own homes or real estate other than this one?** □ Yes □ No

   If yes, please provide address(es): _____

10. **Approximately how old is your roof? _____ Furnace? _____ Water Heater? _____**

11. **What is your biggest concern about your home right now? _____**

_____

12. Is the homeowner or anyone in the home living with a disability? □ Yes □ No

If yes, who? _____

13. If yes, indicate the type of disability below (check all that apply, please describe if "other"):

□ Uses a walker, cane or crutches □ Uses a wheelchair □ Visual Disability

□ Mental disability □ Hearing disability □ Other, please specifiy _____

_____

_____

Please fill in the **GROSS dollar amount** that household members **over the age 18** receive **per month** from each income source. The gross dollar amount is the amount **PRE-TAX.**

Gross amount (before taxes)	Household Member 1	Household Member 2	Household Member 3
First Job			
Second Job or Part-Time Job			
Child Support			
Social Security			
Disability			
Pension			
Alimony			
Investment/Dividends			
Rental Income			
Self-Employment			
Other			
Total (Add 1-9)			

Please provide the following employment information for all employed members of your household (attach additional sheets if necessary):

Employer 1
Name of Household Member/Employee: _____

Employer Name: _____ Phone Number (Main Line): _____

Your Work Address (Street, City, State, ZIP):_____
Employer 2

Name of Household Member/Employee: _____

Employer Name: _____ Phone Number (Main Line): _____

Your Work Address (Street, City, State, ZIP): _____

Complete, review, and sign.
(This page must be completed by all owner occupants of the property)

Citizenship Disclosure

The program for which you have applied is partially funded through the United States Department of Housing and Urban Development (HUD). HUD guidelines for the use of these federal funds require that persons receiving assistance answer the following:

Are you a U.S. Citizen*? *(check below)*
Homeowner 1: _____ Yes _____ No

Homeowner 2: _____ Yes _____ No

** If you answer no but are a legal permanent resident, or have similar status, you may still qualify for assistance. Please provide documentation of legal status with your application.*

Penalty for false or fraudulent statement. U.S. Code Title 18, Section 1001 provides: "Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title, imprisoned not more than 5 years, or both."

I certify that all information given in this application and all information furnished in support of the application is given for the purpose of receiving assistance through Rebuilding Together (RT). Furthermore, I certify that all information provided within this application is true and complete to the best of my knowledge. I understand that my eligibility to participate in RT depends on the accuracy of this information. I have disclosed all sources of income for my household. I understand that incomplete applications will not be considered for assistance and that I am solely responsible for fully completing my application and responding to any requests for additional information. I agree to supply RT with all information requested and to give RT authorization to verify information contained within my application and any other documents required in connection with this application, such as address, insurance and property tax checks. I understand and agree that through my employer, RT may verify employment and income. I understand all application materials submitted become the property of RT.

I understand that even if my household meets eligibility requirements, I am not guaranteed assistance; RT's ability to perform work is subject to the availability of resources, monetary and otherwise. If I am selected for participation in the program, I understand that all work will be done at no cost to me. I understand that any able-bodied family member at home on the RT work days will participate in this effort. Further, I understand that the information provided on this form is confidential and that the data collected from this application will only be used in a statistical report.

I agree that this form may be reproduced and a copy shall be effective consent as the original signed form.

_____ _____
Homeowner/Applicant Signature 1 Date

_____ _____
Homeowner/Applicant Signature 2 Date

Homeowner #1 Name: _____
Homeowner #2 Name: _____

We are committed to providing the best assistance possible through collaboration with partner organizations. Your information (name, address and phone number) may be shared with these organizations for the purpose of enhancing our services and expanding the level of help we may provide for you. Please indicate your preference below by circling:

1. I consent to sharing my information with the following partner organizations:

☐ Real Services Energy Assistance

☐ Real Services Weatherization

☐ AEP Energy Assistance Program

☐ Ramp Up Indiana (wheelchair ramps)

2. I do not consent to sharing my information with any partner organization.

By selecting **option 1**, you authorize us to share your application information with the specified partner organizations to facilitate a comprehensive assessment and delivery of services. We will not share your information with anyone outside of our program partners. If you choose **option 2**, your information will only be used internally for the purpose of processing your application and providing our services.

Please sign below to certify this for our records:

_____ _____
Homeowner/Applicant Signature 1 Date

_____ _____
Homeowner/Applicant Signature 2 Date

Provide the following documentation with your application.
Please supply copies only – no originals.
See next page for a handy checklist to make sure you have everything you need!

The following items **must** be included with this application:

1. Documentation for ALL income for EVERY household member

** Except as noted below, a past tax return or a bank statement showing direct deposit of income are not acceptable documentation of income.*

A. For regular employment, please provide copies of the most recent two months' worth of your paycheck stubs

B. For the self-employed, please provide a copy of your three most recent full Federal tax returns, including Schedule C

C. For Social Security, a pension, public assistance, unemployment, alimony, child support, or other such income, please provide a copy of one of the following for each source:

1. Your award letter for the **current** year (not a benefit statement),
2. Print-out from appropriate agency documenting your income, or
3. Most recent two months' worth of your checks / check stubs

D. Please provide a copy of the most recent statement for any mutual fund, 401(k), other retirement accounts, or similar financial assets.

E. Please provide a copy of all pages of the three (3) most recent monthly bank statements for each account (including checking, savings, money market, etc.) held by a member of your household. The bank statement must include the names of the financial institution and the account holder.

☐ Check here if no one in your household has a bank account.

2. Documentation of Homeownership

Please provide a copy of one of the following (a mortgage statement is not acceptable):

1. Recorded deed, or
2. Recorded land contract

This document must include the Recorder's stamp. If you do not have a copy of your recorded deed or land contract, you may obtain one from the office of the County Recorder, 3rd floor of the County-City Building, (574) 235-9525. There is a cash fee charged for this service.

3. Documentation of Homeowner's Insurance

Please provide a copy of your current homeowner's insurance policy declaration page

4. Please provide copy of photo identification

Copy of Federal or State issued ID for anyone over 18 in the Household

5. If veteran, provide copy of DD 214 Certificate of Release or Discharge.

Application Checklist

- ☐ Completed & Signed Application
- ☐ Income (any one or combination of income – for everyone over the age of 18):
    - 2 months' worth of paystubs
    - Pension statement
    - 2026 or 2027 Social Security and/or Disability Award Letter
    - Most recent statement for IRA and other assets
- ☐ Documentation of Homeownership - Recorded Deed or Land Contract
- ☐ 3 months' worth of bank statements for all accounts (everyone over 18)
- ☐ Documentation of Homeowners Insurance
- ☐ Photo ID
- ☐ DD 214 Certificate of Release – Veteran Status

Return your application to Rebuilding Together, C/O South Bend Heritage. Complete **ALL** sections of this application, including all documentation requested above. **Incomplete applications will not be accepted.**

Application materials can be emailed to: info@rebuildingtogethersjc.org *mailed or dropped off at:*

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c/o South Bend Heritage
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