

Rebuild Bay County, Inc Application for Recovery Services

Rebuild Bay County, Inc. (RBCI) assists local residents in repairing their homes that were damaged by a local disaster event. RBCI utilizes a combination of volunteers, and subcontractors to complete the repairs on our clients' homes. Other recovery services are provided in collaboration, as much as possible, with various other organizations, agencies and individuals. Priority is given to providing a *safe*, *sanitary*, and *functioning* home that will continue to serve as the primary place of residence.

To be eligible for RBCI's recovery program the applicant must have lived in the home during the date of the disaster event, and for home repairs, meet the following:

- •Own their home and possess a clear title—ownership must not be contested.
- Own only one property which will serve as the owner's primary residence upon completion of repairs or recovery services.
- Unable to afford a market-rate contractor.
- Be able to sustain homeownership.

Filling out this application is the FIRST STEP in our process. The next steps are:

A Case Manager will be assigned to your case and will be your point of contact throughout the application and recovery process.

Step 1: You will need to gather the documents listed on the next page. Your application will not move forward until all of these documents are submitted. If repairs are requested, as able, please also submit before and after photos of the home prior to being damaged by the disaster event.

Step 2: Your Case Manager will present your application to the client services team to determine if you are eligible. For non-repair services, if eligible, your Case Manager will match appropriate resources to your case, as available.

Step 3: If the Case Manager determines you are eligible and a good fit for our repair program, we will schedule a safe and convenient time for an agent to walk your home and develop an estimate and scope of work. We will determine if we are capable of making the necessary repairs on your home and if there is funding available for these repairs.

Step 4: A Project Manager will review the scope and terms of the program with you. If you agree, you will become a client and move into our construction queue before construction begins.



Required Document List

The following is a list of documentation that is required in order to process your application. This information issued to verify your eligibility and your home's financial sustainability. **Please submit all applicable documents below.** They can be scanned or photocopied, and emailed to information@rebuildbaycounty.org, mailed to PO Box 306, Panama City, FL 32401 Your application will not be considered until all applicable documentation listed below has been collected. **If you have any questions, please contact your Client Services Coordinator.**

☐ Government Issued ID for all adult household members (18+ years of age)
☐ Verification of Income for all adult household members (18+ years of age)
☐ Federal tax return (Form 1040)
Any combination of the following;
3 consecutive pay stubs and/or;
Social Security benefits letter and/or;
Unemployment benefits letter and/or;
Disability benefits letter and/or;
Pension information
☐ Asset Verification Documents for all adult household members (18+ years of age)
Checking account (3 consecutive months)
Savings account (3 consecutive months)
Retirement account (3 consecutive months), if applicable
☐ All other income, <i>if applicable</i>
☐ Verification of Ownership
☐ Deed/Title
Mortgage Statement (if applicable) (3 consecutive months)
☐ Verification of Sustainability
Water bill (most recent, 3 consecutive months)
Electricity bill (most recent, 3 consecutive months)
☐ FEMA award/rejection letter (<i>if applicable</i>)
☐ Red Cross assessment letter/form (<i>if applicable/requested</i>)
☐ Proof of flood and/or homeowner insurance claim award or rejection letter (<i>if</i>
applicable)
□ SBA loan letter (<i>if applicable</i>)
☐ Before and after photos (as able)

Rebuilding hope, hearts and homes

*You may be requested to provide additional documents upon review of your application.



Personal Information

Date of Application
Applicant's Name
Co-Applicant Name(s)
Phone Number: Secondary Phone Number: * Please make sure to list a working phone number*
Email(s):
Current Mailing Address (include zip code):
Property Information - List details about the property impacted.
Full address of impacted property:
Street Address:
City, State, Zip:
Are you the owner? Yes No, Renter (skip to Household Members)
Name(s) on Deed:
If owner, is this the only property you own? Yes No
How did you purchase or acquire the property:
Purchased with Cash InheritedPurchased with a Mortgage Received as a Gift
How long do you intend to live in the home once it is rebuilt/repaired?



Household Members

Complete the following information for everyone who will live in the home.

Name	Date of Birth	Vet (Y/N)	Relationship To Owner	Race	Disabled Y / N	Marital Status	Gender	Annual Income	Total Assets

Household Expenses

Expenses/Costs	Yes or No	Monthly Payments	Outstanding Balance
Mortgage			
Rent			
Homeowner's Insurance			
Renter's Insurance			
Flood Insurance			
Utilities (water, electric, gas)			
Internet / Cable			
Cell Phone			
Alimony			
Child Support			



Car Payment		
Auto Insurance		
Medical Bills		
Student Loans		
Property Tax Bills		
Food / Groceries		

Rebuild Funding Assistance

Describe what funding you have received for damage associated with the disaster event

Туре	Applied? Y/N	Denied? Y/N	Amount Received	Appeal Pending? Y/N
Homeowner's Insurance Claim				
Flood Insurance Claim				
FEMA				
Traditional Loan				
SBA Loan				
City / State Funding				
Other Non-Profit Support				
Other (describe)				

Other Assessment

Homeowners
1. Was the impacted home insured? Yes No
If yes, please explain why assistance is requested:
2. Did you experience contractor fraud? Yes No Did you file a police report? Yes No



Applicant Signature	Date
application for RBCI's disaster recovery my home, I agree to live there as my pri provides any materials or other items do	agree that the information provided in this program is accurate and truthful. If RBCI repairs mary residence for at least five years. If RBCI eemed necessary for my recovery, they will not be formation will result in immediate dismissal from in.

2. Are you able to remain/return to the imp	acted property to live? Yes No
Renters 1. Did you have renter's insurance? Yes If yes, please explain why assistance	
5. If RBCl can repair your home, do you construction if necessary? Yes No	have the ability to temporarily relocate during o
4. If RBCI can repair your home, would y homeowner's insurance? Yes No_	
b) In as much detail as possible, wha	at disaster-related repairs still need to be done?
a) If yes, what has been done?	



RBCI Photo Release Form

I hereby grant the RBCI permission to use my first and last name and photographs of my family in any and all publications, including its website, social media pages, fundraising materials and promotional materials without payment or any other considerations in perpetuity. I understand that the term "photograph" as used herein encompasses both still photographs and audio and video footage.

I hereby authorize RBCI to edit, copy, exhibit, publish or distribute photos that I may appear in. I waive the right to inspect or approve the finished product, including written or electronic copy, where my photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs.

I hereby hold harmless and release and forever discharge RBCI from all claims, demands, and causes which I, my heirs, representatives, executors, administrators or any other person acting on my behalf or on behalf of my estate which have or may have by reason of this authorization.

I am 18 years of age or old fully understand the conte	•	to contract in my own name. I have read this release and I act of this release.
Name (Printed)		
Signature	 Date	
	Photo R	elease for Minors
publications, including we without payment or any o I hereby authorize RBCI to in. waive the right to inspedependent's photo appearelated to the use of the pI hereby hold harmless and	bsite entries, social me ther considerations in edit, copy, exhibit, pub ect or approve the finis rs. Additionally, I waive hotographs. Id release and forever of s, executors, administr	blish or distribute photos that my dependent may appear hed product, including written or electronic copy, where my any right to royalties or other compensation arising or discharge RBCI from all claims, demands, and causes which rators or any other person acting on my behalf or on behalf
Minor's Name (Printed)		
I certify that I am a custod	ial parent and have the	e aforementioned rights to assign.
Parent/Guardian Name (P	rinted)	
Parent/Guardian Signatur	e Da	ate



FEMA CONSENT TO DISCLOSE CONFIDENTIAL INFORMATION

	signed, authorize the Federal Emergency Management Agency
•	iable information and/or confidential information in my FEMA c
agency file, relating to my eligibility for mone	etary or other forms of assistance, arising from the disaster
event Michael to (check one or more):	
☐ Any organization that is a member in good	d standing of either the National Voluntary Organizations Active
in Disaster (NVOAD) or that is participating in	n a FEMA or state recognized Long Term Recovery Committee
(LTRC).	
☐ Other, specific name of receiving individual	al or organization
· -	izations and/or individuals speak on my behalf and represent
me before FEMA.	
	to obtain and/or provide assistance I need as a result of
(disaster event) in Florida	·
1. Benefits are not duplicated.	50 (100)
•	and/or potential services provided by other state, nonprofit,
and/or faith-based organizations can be made	· · · · · · · · · · · · · · · · · · ·
	de on my benan.
3. Other, specifically:	
, ,	formation disclosed to them (check one or more)
,	inspection reports and amounts and type of assistance.
	dress, phone numbers, e-mail address, and FEMA application
number.	
of 1974. I declare, under penalty of perjury, that the f	clude information that is protected under the federal Privacy Acforegoing is true and correct. I am freely giving my consent this nt expires one year from this date or on, if ed for any other purpose.
Signature of Applicant Providing Consent	Date and Place of Birth
Name (Printed)	Phone or message #
Current Address	City, County, State, ZIP
Pre-Disaster Address	City, County, State, ZIP
FEMA Registration #	or Social Security #
	or Requester's Name



Right of Entry Agreement

This Right of Entry Agreement ("ROE") is signed o	n this	_ day of	_, 20
between RBCI and			
Background Statement: Homeowner is the owner of record and the prim	nary occupant	of the residence loc	ated at
("Property")			
1. This agreement gives RBCI and all related pers	sonnel the leg	al right to enter the	Property to
provide any and all recovery services for damage event).	e caused by		(disaster
2. This form is valid from the initial walkthrough,	conducted by	the Project Manage	er ("PM"), RBCI
contracted Subcontractors, or other RBCI agents	•	•	on of
construction and the Sign Off Paperwork is signed. 3. The Right of Entry is only valid for RBCI staff, s			ndors to have
access to the Property for the purpose of inspect			
to the disaster-related repairs as well as perform	_		
4. Homeowner understands that this Agreement	: does not crea	ate an obligation on	the part of RBCI
to perform rebuilding services at the Property. 5. Homeowner understands that no work will be	nerformed u	ntil this ROF is signe	-d
6. This is a binding contract with RBCI and the Ho	-	_	
prior oral or written statements or agreements r		=	_
This Agreement may only be changed by a writte	en agreement	signed by RBCI and	Homeowner.
IN WITNESS WHEREOF, the parties have executed above.	d this agreem	ent on the day and y	year first written
Homeowner/Applicant Signature	 Date		
- rr			
RBCI Representative Signature	Date		



Willing Partner Agreement (Home Repairs)

What is a willing partner?

A willing partner is a homeowner or client who participates in RBCI's home repair services and embraces the responsibilities, spirit and policies of the program. The client is engaged throughout the process.

Why does RBCI ask our clients to be willing partners?

Repairing a home is a challenging and complex process. It requires both RBCI and the homeowner to communicate clearly, to be flexible, to trust one another and to work together. A homeowner who is a willing partner understands that he/she plays a vital role in the repair process. By working together, RBCI and the homeowner achieve great results – homes repaired efficiently and affordably and to a standard that we are proud of.

What responsibilities does a willing partner have before and during the repair process?

As a willing partner in the repair process RBCI asks that you:

- ✓ Provide paperwork requested by RBCI agent including copies of any permits and the names of any contractors who worked on your home.
- ✓ Remove all personal possessions from your home prior to construction work if applicable.
- ✓ Ask your neighbors to watch the house during the repair process. We need your help in preventing theft!

I hereby agree to the above terms of the Willing Partner Agreement.

Name:	
Address of Property:	
Applicant Signature	Date