



Builders Care is the non-profit charitable arm of the Lee Building Industry Association. Its objective is to provide emergency repairs and construction services to elderly, disabled and economically disadvantaged people who are unable to obtain home repairs through traditional means.

Type of Home: _____ **Single family** OR _____ **mobile home**
(Mobile Homes qualify for ramps only)

QUALIFYING FACTORS

(All of these must be true in order to qualify for Builders Care services. Please check all that apply.)

<input type="checkbox"/>	Located in Lee County	<input type="checkbox"/>	Own home, not rent (rental of land OK)
<input type="checkbox"/>	Full Time Resident	<input type="checkbox"/>	Emergency need
<input type="checkbox"/>	At least at current address for 2 years	<input type="checkbox"/>	Financial hardship
<input type="checkbox"/>	How many years at current address?	<input type="checkbox"/>	Elderly and/or Individual w/ disability

Have you received services from another like organization in the past 10 years? Y or N
 If yes:
 Dept. of Human Services Cape Coral Housing
 City of Ft. Myers Housing Other

Are you nominating this person to receive services?
 Y or N
 If so, what is your name? _____
 Relationship to applicant? _____
 Phone: _____

TELL US ABOUT THE APPLICANT

NAME	
STREET ADDRESS	
CITY, STATE ZIP	
PHONE AND CELL PHONE	
ALTERNATE CONTACT/PHONE	
E-MAIL ADDRESS	
BIRTHDATE	

Check all that apply for household
 VETERAN
 ELDERLY (60+)
 DISABLED

WHAT IS THE DISABILITY?

WHO IN HOUSEHOLD SUFFERS WITH DISABILITY? _____

We are interested in this information because some funding sources are geared towards specific needs.

HOW DID YOU FIND YOURSELF IN THIS SITUATION?

We depend highly on our volunteer builders to help and donate many of our services. Please explain why you should receive this gift.

HOUSEHOLD MEMBERS

NAME	AGE	RELATIONSHIP TO APPLICANT

MORTGAGE / TAX INFORMATION

Are you current on your mortgage? _____
 Are you current on your taxes? _____
 Do you currently have a reverse mortgage? _____
 Are you in fear of foreclosure? _____
 Do you currently have homeowners insurance? _____
 Do you own any other properties? _____

Monthly Mortgage Payment	_____
Mortgage Balance	_____

Please complete and mail this application and any attachments to:
10501 Six Mile Cypress Parkway, #118 | Fort Myers, FL 33966 p: 239.938.0056 w: www.LeeBuildersCare.org

INCOME/DEBT INFORMATION

Income Source	Monthly Amount
Monthly Bills	Monthly Amount

NEEDS ASSESSMENT - Please check all that apply

<input type="checkbox"/>	Roof	<input type="checkbox"/>	Air Conditioning
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Windows
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Kitchen
<input type="checkbox"/>	Handicap Accessibility	<input type="checkbox"/>	Well Issues
<input type="checkbox"/>	Wheelchair Ramps	<input type="checkbox"/>	Bathroom renovation
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Kitchen renovation
<input type="checkbox"/>		<input type="checkbox"/>	

In addition, please circle the EMERGENCY NEEDS. An emergency need constitutes an immediate health and safety issue.

How did you hear about Builders Care? _____

No Guarantees - I understand that Lee Building Industry Association Builders Care (further referred to as Builders Care) relies heavily on donations from community members, builders and related industry companies in order to provide this much needed gift to homeowners in Lee County. I affirm that the information submitted by me in this application is true and accurate to the best of my knowledge. I understand that my submitting this application in no way guarantees, commits or otherwise obligates the Builders Care to consider me for emergency repair or construction services. **Please initial** _____

Release of Information - I understand that Builders Care will obtain and receive all records and information pertaining to eligibility for the emergency housing repairs program, including homeownership, employment, income (including IRS returns), Medicaid screening, credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. I (We) also agree to allow Builders Care, Inc. to release any and all information necessary to banks and/or mortgage companies or any other Federal or State government agencies to help assist me(us) in obtaining repair services to my home. I(We) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by or to Builders Care, Inc. for purposes of this program. **Please initial** _____

Photo and Video Consent- I (We) authorize Builders Care to obtain photographs, video, audio and render artwork of myself, and my family, before, during and after the renovation of the aforementioned property. I also authorize the use of such information for promotional materials including but not limited to newsletters, Web pages, brochures, videos and PowerPoint presentations and waive any claim on my part pertaining to obtaining and use of this information. I consent that such photographs, video, audio, and rendered artwork shall be the property of Builders Care and that they shall have the right to duplicate, reproduce and make other uses of such information. I understand that Builders Care may at its sole discretion make available to me photographs, audio, video or rendered artwork following completion of renovation services to my home. **Please initial** _____

I hereby release Builders Care and its staff and board members, Lee Building Industry Association, Inc. and the project contracting companies from any and all liabilities and waive all claims against them. Information on this application may be subject to verification upon Builders Care discretion. **Please initial** _____

Signature

Date

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