



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/Manufactured 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 <i>(rental of land OK)</i>
<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

<p>Have you received services from another like organization in the past 10 years? ___Y or ___N</p> <p>If yes:</p> <p>___ Dept. of Human Services ___ Cape Coral Housing</p> <p>___ City of Ft. Myers Housing ___ Other</p>	<p>Are you nominating this person to receive services?</p> <p>___ Y or ___ N</p> <p><i>If so, what is your name?</i> _____</p> <p><i>Relationship to applicant?</i> _____</p> <p><i>Phone:</i> _____</p>
---	---

TELL US ABOUT THE APPLICANT

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

Check all that apply for household

_____ **VETERAN**

_____ **ELDERLY (60+)**

_____ **DISABLED**

WHAT IS THE DISABILITY?

WHO IN HOUSEHOLD SUFFERS WITH DISABILITY?

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	_____

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"/>	Bathroom
<input type="checkbox"/>	Wheelchair Ramps	<input type="checkbox"/>	Well/septic
<input type="checkbox"/>		<input type="checkbox"/>	

In addition, please circle the EMERGENCY NEEDS.

An Emergency need constitutes something that is an immediate health or safety risk.

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 _____*

BACKGROUND CHECK-*I understand that Lee Building Industry Association Builders Care has the right to conduct background checks if necessary, requesting information pertaining to court records, financial records, credentials, credit references, etc. I certify that all of my personal information on this form is true and correct and understand that dishonesty will immediately disqualify me from consideration for 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

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



AUTHORITY TO RELEASE INFORMATION AND BACKGROUND CHECK

To: Any person having knowledge of my conduct or activities, or any past, present or future Employer, Credit Bureau Bank, Financial Institution, Dean, Registrar, Principal, Counselor, Instructor, or School, Law Enforcement Agency, Government Agency or Armed forces:

I, _____ hereby release Lee Building Industry Builders Care Inc., an appropriate background investigation of me and prepare a consumer report or investigative consumer report which may be used as a factor in determining my eligibility for services. I understand this report may include information from person interviews about my character, general reputation, personal characteristics and mode of living as well as public records, driving records or abstracts, etc. I authorize all persons who may have information relevant to this investigation to disclose it to Lee Building Industry Builders Care Inc. and its agents and I release all persons from any liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered valid as an original.

Signature: _____ Date: _____

Furnished for the purpose of positive identification: (Print Clearly)

Last: _____ First: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

A.K.A (include maiden name): _____

SSN: _____ - _____ - _____ D.O.B: ____/____/____/

Driver License #: _____ State: _____

Address History (Past 7 Years)

