



Enclosed is the Lee BIA Builders Care Application for Services. The application must be filled out in its entirety before it can be processed and considered. You may use additional paper if needed and provide as much detail regarding your emergency needs. The more information provided regarding your personal circumstances is beneficial. Once we receive your application, we will send you a post card notifying you that it has been received and is being processed. Please be aware that it could take up to 180 days before you hear from us as we have a large number of applications on file at all times.

Lee BIA Builders Care is a private non-profit organization with the mission to provide emergency construction services at no cost to needy and deserving elderly and disabled homeowners who cannot obtain repairs through traditional means. We are the non-profit arm governed by the Lee Building Industry Association using local companies and volunteers to help make a difference for those in need. Since we are not a government agency, our criteria are not the same.

To qualify for our services, you must meet the following requirements:

- Be elderly and/or disabled
- Be economically disadvantaged
- Own the home, not rent and be a Lee County resident
- Live in the home full time
- Be a permanent residential structure, not a mobile or manufactured home (*mobile homes qualify for wheelchair ramps only*)
- You have to have resided in the home at least two years before requesting services.
- You may not have received any type of home repair services from any local government funded agency of more than \$5,000.00 within the last 10 years.

If you or the person you are nominating fits these criteria, we encourage you to submit an application which you will find attached. You can mail, fax or scan/email the application back to us. Our fax number is (239) 936-5839.

If you do not meet those criteria, we encourage you to call one of the following agencies for possible resources for assistance:

- Lee County Dept. of Human Services 239.533.7900
- Aging and Disability Resource Center 1.866.413.5337 or 239.652.6901

APPLICATION FOR ASSISTANCE



Builders Care is the non-profit charitable arm of the Lee Building Industry Association. Our mission is to provide emergency construction services at no cost to needy and deserving elderly and disabled homeowners who cannot obtain repairs through traditional means.

Type of Home: _____ Single family OR _____ Mobile Home (*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
<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"/>	Economically Disadvantaged
<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 agency in the past 10 years? ___ Y or ___ N</p> <p>___ Dept. of Human Services ___ Cape Coral Housing</p> <p>___ City of Ft. Myers Housing ___ Other</p> <p>Please explain services received: _____</p>	<p>Are you nominating this person to receive services? ___ Y or ___ N</p> <p>If so, what is your name? _____</p> <p>Relationship to applicant? _____</p> <p>Phone: _____</p>
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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 (62+)
- _____ DISABLED

WHAT IS THE DISABILITY?

WHO IN HOUSEHOLD SUFFERS WITH DISABILITY?

HOW DID YOU FIND YOURSELF IN THIS SITUATION?
<i>We depend highly on volunteers, financial donations, donated services and materials from local builders, subcontractors and construction related businesses. Please explain why you should receive this gift.</i>

HOUSEHOLD MEMBERS		
NAME(s)	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?	_____
Are there any liens or judgements against the property?	_____
Monthly Mortgage Payment	
Mortgage Balance	

INCOME/DEBT INFORMATION	
<i>Income for ALL HOUSEHOLD MEMBERS must be provided</i>	
Income Source	Monthly Amount
Monthly Bills	Monthly Amount

EMERGENCY NEEDS – Please check/circle all that apply	
Roof (__Active Leaks __General Repairs __Replacement) <i>Briefly describe primary concern:</i> _____	
HVAC (Air Conditioning/Heating) <i>Briefly describe its condition:</i> _____	
Electrical	Bathroom
Plumbing	Kitchen
Handicap Accessibility	Windows
Wheelchair Ramp	Well/Septic
Other: _____	

Please note: 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:
 6835 International Center Blvd. #4 Fort Myers, FL 33912
 p: 239.938.0056 f: 239.936.5839 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)

