



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/or disabled homeowners, and their families, who cannot obtain repairs through traditional means. Lee BIA Builders Care ("Builders Care") relies heavily on donations from community members, contractors, subcontractors and businesses in order to provide this much needed gift to homeowners in Lee County. Since we are not a government agency, our criteria are not the same.

**To qualify for our services, you or your immediate family residing in the same home must meet the following requirements:**

- Be elderly (65+) and/or disabled
- Be economically disadvantaged, causing the inability to take on such repairs
- The home must be located in Lee County
- Own the home, not rent
- Live in the home full time
- Be a permanent residential structure, not a mobile or manufactured home (*mobile and manufactured homes qualify for wheelchair ramps only*)
- Resided in the home a minimum of 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



Lee BIA 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/or disabled homeowners, and their families, 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"/>	Is your home located in Lee County?	<input type="checkbox"/>	Do you own home, not rent?
<input type="checkbox"/>	Are you a Full Time Resident of Lee County?	<input type="checkbox"/>	Is this an Emergency need?
<input type="checkbox"/>	Have you been at your current address for a minimum of 2 years?	<input type="checkbox"/>	Are you or family residing in same household Elderly and/or individual w/disability?
<input type="checkbox"/>	How many years at current address? _____	<input type="checkbox"/>	Are you Economically Disadvantaged?

<p>Have you received services from another agency in the past 10 years? ___Y or ___N                  ___ Dept. of Human Services ___ Cape Coral Housing                  ___ City of Ft. Myers Housing ___ Other                  Please explain services received: _____                  _____</p>	<p>Are you nominating this person to receive services?                  ___ Yes or ___ No                  If so, what is your name? _____                  Relationship to applicant? _____                  Phone: _____                  May we Contact You: _____</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:

\_\_\_\_\_ VETERAN  
 \_\_\_\_\_ ELDERLY (65+)  
 \_\_\_\_\_ DISABLED

WHAT IS THE DISABILITY?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WHO IN HOUSEHOLD SUFFERS WITH DISABILITY?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOW DID YOU FIND YOURSELF IN THIS SITUATION?**

*We depend highly on volunteers, financial donations, donated services and materials from local builders, subcontractors and construction related businesses. Please explain IN DETAIL why you should receive this gift.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# APPLICATION FOR ASSISTANCE

LIST ALL 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? _____	
<b>Monthly Mortgage Payment</b>	_____
<b>Mortgage Balance</b>	_____

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 ( <input type="checkbox"/> Active Leaks <input type="checkbox"/> General Repairs <input type="checkbox"/> Replacement ) Briefly describe primary concern: _____	
HVAC (Air Conditioning/Heating) Briefly describe its condition: _____	
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.*

**Please use additional sheets for Income/Debt information. Income/Debt Information must include all individuals living in household.**

CURRENT AMOUNT IN CHECKING ACCOUNT(S): \_\_\_\_\_

CURRENT AMOUNT IN SAVINGS ACCOUNT(S): \_\_\_\_\_

DO YOU RECEIVE ANY GOVERNMENT ASSISTANCE (I.E. FOOD STAMPS, WELFARE, MEDICAID, ETC.): \_\_\_\_\_  
IF SO, WHAT AND HOW MUCH, PER MONTH? \_\_\_\_\_

DO YOU RECEIVE CHILD SUPPORT: \_\_\_\_\_ IF SO, HOW MUCH: \_\_\_\_\_

DO YOU HAVE IRA's, 401K's, Etc.: \_\_\_\_\_ IF SO, TOTAL AMOUNTS: \_\_\_\_\_

DO YOU OWN ANY OTHER PROPERTIES: \_\_\_\_\_ IF SO, DO YOU RECEIVE RENTAL INCOME: \_\_\_\_\_

HOW DID YOU HEAR ABOUT LEE BIA BUILDERS CARE: \_\_\_\_\_

HAVE YOU APPLIED OR BEEN DENIED SERVICES THROUGH BUILDERS CARE IN THE LAST 12 MONTHS: \_\_\_\_\_



## APPLICATION FOR ASSISTANCE

**NO GUARANTEES** - I understand that Lee Building Industry Association Builders Care (further referred to as Builders Care) relies heavily on donations from community members, contractors, subcontractors and businesses 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 Builders Care to consider me for emergency repair or construction services. **Please initial \_\_\_\_\_**

I, \_\_\_\_\_, hereby release Lee Building Industry Association Builders Care, its employees, former, current, and future officers, directors, members, Lee Building Industry Association, Inc., the project contracting companies, subcontractors, insurance companies, affiliates, and predecessors and successors 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 \_\_\_\_\_**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner's printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Homeowner's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's printed name

\_\_\_\_\_  
Address



# APPLICATION FOR ASSISTANCE

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I (We), \_\_\_\_\_, hereby authorize the Lee Building Industry Association Builders Care, Inc. or its designated agents to 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. This authorization hereby gives the Lee Building Industry Association Builders Care, Inc. the right to request all information that we can or could obtain from any persons, company, or firm on any matter referred to above. I (We) also agree to allow the Lee Building Industry Association Builders Care, Inc. to release any and all information necessary (including, but not limited to income and credit information) 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 the Lee Building Industry Association Builders Care, Inc. for purposes of this program. The term of this authorization shall commence on the date of signature and be in force for a period of two (2) years.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Homeowner's signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness #1 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness #1 Printed Name

\_\_\_\_\_  
Witness #2 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness #2 Printed Name



# APPLICATION FOR ASSISTANCE

## PHOTO CONSENT AND RELEASE FORM

I, \_\_\_\_\_, authorize Lee Building Industry Association Builders Care, Inc. to obtain photographs, video, audio and render artwork of myself, \_\_\_\_\_, and my family, \_\_\_\_\_, before, during and after the renovation of my home located at \_\_\_\_\_.

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 Lee Building Industry Association Builders Care, Inc, and that they shall have the right to duplicate, reproduce and make other uses of such information.

I understand that Lee Building Industry Association Builders Care, Inc. may at its sole discretion make available to me photographs, audio, video or rendered artwork following completion of renovation services to my home.

I hereby release Lee Building Industry Association Builders Care, Inc., 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.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Homeowner's signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address



**BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby authorize Lee Building Industry Association Builders Care, Inc. to obtain a background check/background screening report, i.e., a consumer report, on me which will disclose information including, without limitation, my financial/credit history, criminal record, employment history, education, driving/motor vehicle records, and/or verification of Social Security number. I consent to the release to Lee Building Industry Association Builders Care, Inc., an appropriate background check/background screening report on me, which will be used as a factor in determining my eligibility for services.

I authorize all persons and/or entities, including, without limitation, individuals, companies, employers, public/government agencies, financial institutions, and/or consumer reporting agencies, that may have information and/or records relevant to the background check/background screening report on me to disclose such information and/or records to Lee Building Industry Association Builders Care, Inc. and/or its agents. 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)

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**Please complete and mail this Background Check Disclosure and Authorization Form 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](http://www.LeeBuildersCare.org)