



Dear Homeowner,

Enclosed is an application for our home repair/modification services.

The Lee BIA Builders Care is a non-profit construction company providing services to elderly and/or disabled individuals with the greatest and most immediate emergency needs.

Candidates must meet the following criteria to be considered:

- a) Be elderly or disabled and economically disadvantaged.
- b) Own your home (not rent).
- c) Live full time in your home.
- d) The home must be a permanent structure (not a mobile home).
- e) Demonstrate previous efforts to obtain repair and construction services.

If you meet the criteria above, please complete the application and mail it to the address on the form. Please note that submitting an application does not obligate The Lee BIA Builders Care to provide assistance. Our review committee will evaluate your application to determine when or if we will be able to assist you.

Thank you for your support of Builders Care.

Sincerely,

Heidi Taulman, Executive Director  
Lee BIA Builders Care

*Builders Care is a 501 c3 non-profit organization and a part of Lee Building Industry Association.*

4210 Metro Parkway, Suite 100. Fort Myers, Florida 33916 (239) 938-0056 [www.LeeBuildersCare.org](http://www.LeeBuildersCare.org)



Builders Care is the non-profit charitable arm of the 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. Builder's Care enlists the volunteer services of Association members and leverages grants and donated materials to provide construction and remodeling services to qualified homeowners throughout Lee County.

## Application for Home Repair/Modification Services

Information on this application may be subject to verification upon Builders Care discretion.

(Please Print)

Date _____
Name _____ Last First Middle Initial
Home phone (____) _____ Cell phone (____) _____
Birth Date ____ / ____ / ____ Social Security # _____ - _____ - _____
Driver's License # _____ From what state? _____
Address _____
How long owned? _____ Do you have homeowners insurance? _____

Mortgage payment? \$ _____ Mortgage balance? \$ _____
<b>**Please attach a copy of your most current mortgage statement, if applicable.</b>
Other monthly payments such as car payments, credit cards, etc.? _____ _____
Your monthly income and source? \$ _____
How many people in household? _____ Their ages? _____
Do they work? _____ Their monthly income total \$ _____
What is the balance in your accounts? Savings \$ _____ Checking \$ _____
Investments? i.e. IRAs, 401k, stocks, bonds, mutual funds (if applicable) \$ _____
<b>**Please attach copies of your most recent checking, savings, and investment statements.</b>
Please list business interests, partnerships, or other investments under your control. (if applicable) _____ _____
Please list other real estate you own, individually, jointly or in partnership, and in what city and state the properties are located (if applicable) _____ _____ _____

**Repairs/work needed (please describe):**

Roof \_\_\_\_\_

Plumbing \_\_\_\_\_

Electrical \_\_\_\_\_

Handicap access \_\_\_\_\_

Comments on needed repairs:

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Please list other organizations or agencies from which you have requested assistance.

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How did you hear about Builders Care? \_\_\_\_\_

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*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 Lee BIA Builders Care to consider me for emergency repair or construction services.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State ZIP

*Please complete and mail this application and any attachments to:  
Lee BIA Builders Care, Inc  
4210 Metro Parkway, Suite 100  
Fort Myers, FL 33916*