

# Rebuilding Together

## HOMEOWNER APPLICATION

### SECTION 1 HOMEOWNER INFORMATION

Name of Homeowner: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address \_\_\_\_\_

Work Phone: \_\_\_\_\_

City, state zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please list the name and telephone number of a person to contact in case of an emergency:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Please check ethnicity:

Relationship to you: \_\_\_\_\_

White       African American       American Indian  
 Alaskan Native       Hispanic       Middle Eastern  
 Asian/Pacific Islander       Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Female head of household     Yes     No

Veteran:  Yes     No      Spouse of Veteran  Yes     No

Number of years at this address: \_\_\_\_\_

Do you have homeowners insurance?      Yes or No

Date the home was built: \_\_\_\_\_

Is your homeowners insurance current?      Yes or No

Trash collection service is provided to my house by: \_\_\_\_\_

Are you property tax payments current?      Yes or No

Have you been cited for any code violations? Yes or No  
 If yes please provide a copy of the notification.

Name of your mortgage company: \_\_\_\_\_

Have you missed a mortgage payment over the last 12 months?  
 \_\_\_\_\_, if yes how many payments have you missed.

Do you have a homeowners association?, Yes or No,  
 Name: \_\_\_\_\_

Phone number of the association: \_\_\_\_\_

List the names and ages of all people living in the home (attach a list if more space is needed): Renters included:

Total number of people living in the home \_\_\_\_\_

Name: _____	Age: _____	Ethnicity: _____	M or F	Disabled: Y or N
Name: _____	Age: _____	Ethnicity: _____	M or F	Disabled: Y or N
Name: _____	Age: _____	Ethnicity: _____	M or F	Disabled: Y or N
Name: _____	Age: _____	Ethnicity: _____	M or F	Disabled: Y or N

### SECTION 2 SPECIAL NEEDS/ DISABILITIES

Is the homeowner or anyone in the home disabled?     Yes     No    If yes, Who: \_\_\_\_\_

Please indicate by checking below all that apply:     Hearing impaired     Sight impaired     Wheelchair user  
 Uses a walker     Mentally impaired     Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**SECTION 3 APPLICANT HISTORY**

Have you ever applied to Rebuilding Together?  Yes  No, When? \_\_\_\_\_

Have you ever applied to Christmas in April?  Yes  No, When? \_\_\_\_\_

Has Rebuilding Together or Christmas in April ever done work on your home?  Yes  No When \_\_\_\_\_

**Do you or any of your family members who reside in the home have a social worker or caseworker ?**

Yes  No, Their Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I learned about Rebuilding Together from:

- Property Tax Waiver  Flyer  TV  Radio  Newspaper  
 Friend  Neighbor  Other: \_\_\_\_\_

**SECTION 4 TYPE OF REPAIRS TO BE CONSIDERED**

Type of Repair	Brief Description	
Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Exposed wire
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Leaking, where,
Exterior painting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interior painting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of rooms:
Carpentry Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:
Floor repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Holes present
Roof repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Leaking, where,
Wheelchair ramp, grab bars, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		
Other		
Other		
Other		

Please list the repairs that are most important to you and you feel need immediate attention

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Rebuilding Together serves homeowners who live on a limited income and own their own home, with a special focus on the elderly and disabled. For this reason, we must ask you to certify the total household income for all the people who live within your home and we will verify property ownership.

### Verification of Income

Please fill in the chart below and provide documentation to verify this information. **Rebuilding Together REQUIRES that we have a copy of each family member's income tax return in addition to this documentation.** Information provided below must include annual income of all household members.

Name	Wages Salary	Social Security Check	Disability	AFDC	Other (Eg. Pension)	Gross Annual Income
Total						

Are there any special circumstances regarding the amount of expenses within your household that we need to be made aware of such as home health care, hospital costs, medication expenses, etc. ? \_\_\_\_\_

**Please list the name of any member of your household who is unemployed:** (Do not include individuals in grades K-12, retired individuals, or those receiving Social Security.):

I have \_\_\_\_\_ number of renters who pay me \$\_\_\_\_\_ on monthly basis.

I do not have any renters who reside within my home.

#### SECTION 5 HOMEOWNER AGREEMENT

Rebuilding Together provides volunteer home repairs for limited income homeowners who are unable to do the work themselves. Homeowner(s) understand and affirm the following:

- Homeowner(s) will not be charged for the work performed on the Home.
- It is my/our intention to remain in the Home, barring catastrophic illness or death, for a minimum of two years after completion of repair work performed
- Homeowner(s) will be responsible for reimbursing the cost of supplies and labor to Rebuilding Together if I/we sells, rents or accepts a contract for sale of the Home while work is being completed by *Rebuilding Together* or within two years after such work is completed.
- The labor will be performed by skilled & unskilled volunteers.

- None of the work done is warranted or guaranteed.
- The work to be done will be that previously discussed with me/us by a representative of the volunteers *Rebuilding Together* work crew and I/we understand that there is no guarantee as to the amount of work which *Rebuilding Together* may complete.
- In consideration of the work to be performed free of charge by the volunteers organized by *Rebuilding Together* for the benefit of the Homeowner(s) and home and in light of the aims and purposes of the community service provided by *Rebuilding Together* in organizing this home repair and renovation program, Homeowner(s) agree to release and hold *Rebuilding Together*, its officers and directors, employees, agents and volunteers harmless from any cause of action, claim or suit arising from such work.
- Homeowner(s) and any able bodied family member will work alongside the volunteer group to make necessary repairs to the Home.
- Homeowner(s) do not object if a photographer takes photographs of the volunteers, my home or myself while they are working at my/our home.
- Homeowner(s) understand that if Homeowner(s) or any family member disrupts the work of the volunteers, refuses to help or leave the site, during the work day, *Rebuilding Together* will not perform or complete the repairs on the Home
- Homeowner(s) are aware that *Rebuilding Together* will need to remove, discard or relocate objects within the home to enable the individual and/or family members to remain living in a safe, sanitary and healthy environment.
- Homeowner(s) understand that if the volunteers are placed in an unsafe work environment that *Rebuilding Together* will not perform or complete the repairs on the Home
- I allow *Rebuilding Together* to check the validity of the personal information I have provided to the program that is required to establish my eligibility for this service.

I do swear that my total household income, including all members residing within my home is \$\_\_\_\_\_.

I/We certify that the information on this application is accurate and that I/we own the property at the address given on this application. I/We hereby release *Rebuilding Together* and all associated with it from any and all liability whatsoever.

\_\_\_\_\_/\_\_\_\_\_  
Homeowner(s) Signature \_\_\_\_\_ Date

\_\_\_\_\_/\_\_\_\_\_  
Homeowner(s) Signature \_\_\_\_\_ Date

**Preparer Signature\*** \_\_\_\_\_ **Date** \_\_\_\_\_

\* If you are not the homeowner, but are assisting the homeowner(s) in completing this application, then please provide the following information in addition to your signature:

Relationship to the homeowner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Email: \_\_\_\_\_