



PO Box 1787
 Santa Rosa, CA 95402
 FAX 545-4427
 Email: rebuild@RTsantarosa.org

Rebuilding Together Santa Rosa & Sebastopol
HOMEOWNER REPAIR APPLICATION FORM 2010

1. Name of Homeowner(s) _____
 Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____ E-mail Address _____
 Year home built _____ How long have you owned your home? _____
 Is your home a mobile/manufactured home? Yes ___ No ___ Park Name _____
 Is the Homeowner disabled? Yes ___ No ___ If yes, please describe: _____

2. Pertinent information concerning family situation - include names, ages, and monthly income of *all individuals residing at this address including homeowner*

| <u>Name</u> | <u>Age</u> | <u>Relationship To Homeowner</u> | <u>Gross Monthly Income</u> | <u>Source</u> |
|-------------|------------|----------------------------------|-----------------------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Please list all members of household, use an additional sheet of paper if necessary.

3. Total Monthly Household Income _____ Total Monthly Household Expenses _____
 Please itemize expenses _____

4. Documentation Required: Do Not Send Originals

- ___ A copy of your most current property tax bill.
 - ___ A copy of your most current house payment coupon.
 - ___ A copy of your most recent IRS Tax Return
 - ___ If you are not required to file taxes, please check this box
 - ___ A copy of your benefit statement must be submitted for those who are not required to file a tax return
 - ___ A copy of all pages of your most recent bank statements - include all accounts
- (This documentation is confidential and is necessary to verify that you own your home, reside in the house, and fit within the income guidelines for your program. Your application will not be considered without this information)*

5. Have you previously submitted an application to Rebuilding Together?
 Yes ___ No ___ If yes, when? _____ Was work done on your home? Yes ___ No ___

Please complete page 2 of this application

6. Specifically describe the work you would like to have done (Please use an additional sheet of paper if necessary)

7. How will these improvements help you? Provide any information about yourself that will be important to Rebuilding Together in evaluating your application (i.e., medical condition, family situation)

8. List the name, address, relationship, and telephone number of the closest person, not living with you, who should be notified in case of emergency:

9. Do you own any other property? Yes _____ No _____
If yes, please describe:

10. Are you currently working with any other Social Service Agency? Yes _____ No _____
If yes, please list the name and telephone number of the agency and the caseworker assigned to you:

11. Each year we share our story with the community through the news media. If your application is approved, we hope you will be willing to speak with reporters (newspaper, TV, radio) should there be an opportunity to do so.

"I understand and agree to cooperate." Yes _____ No _____

Date Signature of Homeowner

Date Signature of Homeowner

(Preference is given to low-income families with children, elderly, and disabled who themselves are unable to do home repairs and who have no able-bodied family members who might do the work. Recipients are asked to welcome volunteers into their homes to share in our neighbor-helping-neighbor program. There is no guarantee that this application will be accepted. All applications will be evaluated fairly by Rebuilding Together. If accepted, the participant must sign a release of liability.)

PROOF OF INCOME MUST ACCOMPANY THIS APPLICATION. MAIL COMPLETED APPLICATION TO:

Rebuilding Together Santa Rosa & Sebastopol

PO Box 1787

Santa Rosa CA 95402

or FAX to 707-545-4427

Questions and/or additional information, please call 707-541-7618

APPLICATION DEADLINE FOR WORKDAY APRIL 24, 2010 is OCTOBER 1, 2009

Date Application Received by Rebuilding Together : _____ (Office Use Only)

Please complete page 2 of this application