

# Rebuilding Together Southern California

Tax I.D. # 73-1685917

## HOMEOWNER APPLICATION

### INSTRUCTIONS:

**Complete and sign the application form**

Detach the application and retain this page for your future reference

### Return completed application to:

Rebuilding Together

P.O. Box 51088

Irvine, CA 92619

**PLEASE CALL 949-278-2911 IF YOU NEED MORE INFORMATION OR HAVE ANY QUESTIONS**

### Program Information

**REBUILDING TOGETHER SOUTHERN CALIFORNIA** is a non-profit **volunteer** program designed to provide free "Rehabilitation Services" for low-income homeowners, particularly the elderly and disabled, to make their home warm, safe, dry, accessible and healthy.

**Types of Rehab** include: building ramps for wheelchair access, installing grab bars for safety and convenience, painting, electrical repairs, plumbing repairs, carpentry, and yard cleaning.

- \* A member of our Site Selection Committee will contact you to arrange a home site survey. We will need to survey the entire home.
- \* The Site Selection Committee determines which homes will be rehabilitated based upon need and our resources available to complete the work.
- \* All applicants will be notified in writing as to whether or not their home has been selected.
- \* Volunteers, Trades Professionals and able-bodied members of the recipient's family will complete the agreed upon tasks.
- \* Our work is scheduled for a Rebuilding Day, *usually a Saturday in April, August, or October.*

***Note: Due to the size and complexity of the work needed, we may not be able to do certain projects.***

### ELIGIBILITY REQUIREMENTS

**You must OWN and OCCUPY the home, and it must need repairs or modifications to make the home safe and healthy.**

**You must be unable to do the work yourself.**

**Your household income must be "Low Income" based on the following HUD guidelines (2007):**

# living in Household	1	2	3	4	5	6	7	8
Annual Income under	41,450	47,350	53,300	59,200	63,950	68,650	73,400	78,150
or Monthly Income under	3,454	3,946	4,442	4,933	5,329	5,721	6,367	6,513

**PLEASE CALL 949-278-2911 IF YOU NEED MORE INFORMATION OR HAVE ANY QUESTIONS**

***Detach and retain this sheet for your records***



**Rebuilding Together**  
**P.O. Box 51088**  
**Irvine, CA 92619**  
**949-278-2911**  
**fax 949-725-9170**

**APPLICATION INFORMATION**

Applicant		Age
Co-Applicant		Age
Street Address		
City, State	ZIP	Phone

List <b>ALL</b> persons living in the house and their relationship to you.		Age	Relationship
1			
2			
3			

(List additional names on a separate sheet). **Total number of persons living the household:** \_\_\_\_\_

**Are you or any member of your household disabled, if so, please describe type of disability:**

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**Have you or any member of your household served in the military, if so, please describe:**

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Name of relatives living in or near this area:		Relationship	Area Code	Telephone#
First Name	Last Name			

**How did you hear about Rebuilding Together?** \_\_\_\_\_

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<b>What work do you need performed to <i>remain</i> warm, safe, and independent?</b> List work in order of greatest need. List additional items on separate sheet, if necessary.
1.
2.
3.
4.
5.

**(NO GUARANTEE IS GIVEN OR IMPLIED THAT ANY OR ALL ITEMS LISTED WILL BE ACCOMPLISHED).**

**INCOME AND ASSETS**

Indicate the combined income and expenditures in the following categories for all people living in your home. This information will remain confidential.

**Total Household Monthly Income**

**Total Household Monthly Expenses**

Social Security	\$	Mortgage/Space Rent	\$
SSI of SSD	\$	Utilities	\$
Salaries/Employment (Total)	\$	Autos	\$
Employer	\$	Insurance: House, Car, Health	\$
Employer	\$	Prescriptions	\$
Other Income (Total)	\$	Doctors/Dentists	\$
Pension	\$	Other Expenses	\$
Pension	\$		\$
Annuities	\$		\$
Investments	\$		
Rental Income	\$		
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

**Financial Holdings**

	Name of financial Institution	Total Amount	Checking	Savings
Applicant				
Co-Applicant				
Other				
Other				

Other Property?            Yes \_\_\_\_\_ No \_\_\_\_\_            Value: \_\_\_\_\_

Stocks/Bonds/CDs?        Yes \_\_\_\_\_ No \_\_\_\_\_            Value: \_\_\_\_\_

**Income verification:**

(We may review copy of your bank statement (feel free to mark out the account number) or a copy of your most recent income tax return to verify your income)

**Ethnicity:** (For statistical purposes only and will not affect the selection process).

**Please check the appropriate category:**

American Indian/ Alaska Native	Asian	Black/African American	Native Hawaiian/Pacific Islander	White	American Indian/Alaska Native & White	Asian and White
Black African American and White	American Indian/Alaska Native & Black African	Other	Mexican/Chicano	Puerto Rican	Cuban	Other Hispanic/Latino

**Property Information:** (This information is used to show proof of ownership)

Do you own or are you buying this home? Yes\_\_\_ No\_\_\_  
(We may request a copy of the Deed of Trust and/or your most recent tax bill.)

Names on title: \_\_\_\_\_

Do you have homeowners' insurance? Yes\_\_\_ No\_\_\_  
(We may request to see a copy of the policy showing coverage.)

Is this a mobile home? Yes\_\_\_ No\_\_\_ Single wide\_\_\_ Double wide\_\_\_  
(We may request a copy of your Registration or coach decal.)

**Name of Mobile Home Park** \_\_\_\_\_  
Park Management or Association Name \_\_\_\_\_ Phone \_\_\_\_\_

Is this a Condo? \_\_\_ Frame house? \_\_\_ Age of home? \_\_\_\_\_

Condo Management or Association Name \_\_\_\_\_ Phone \_\_\_\_\_

How long have you lived in this home? \_\_\_\_\_

Do you intend to continue living in this home as long as you are able to? \_\_\_\_\_

I/we certify, subject to disqualification, that the above information is true and correct to the best of my/our knowledge and also authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing repairs and/or modifications through Rebuilding Together.

I/we also understand that any information provided on this application will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive housing rehab.

I/we authorize Rebuilding Together to photograph my/our home before, during and after housing rehabilitation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

Date \_\_\_\_\_