



Contact:  
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## *Rebuilding Together Santa Rosa* HOMEOWNER REPAIR APPLICATION FORM 2012

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? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Is a Veteran living in the home? \_\_\_\_\_ Branch of Service? \_\_\_\_\_ Theater? \_\_\_\_\_

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>
_____ (Homeowner)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. 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 our 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\_\_\_\_\_

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. Do you own any other property? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

9. 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:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner

*All applications will be evaluated by Rebuilding Together. There is no guarantee that this application will be accepted. If accepted, the participant must sign a release of liability and consent to publicity efforts for Rebuilding Together Santa Rosa regarding your participation in the program.*

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

**Rebuilding Together Santa Rosa**

**PO Box 1787**

**Santa Rosa CA 95402**

Questions and/or additional information, please call 707.548.4779

**APPLICATION DEADLINE FOR WORKDAY APRIL 28, 2012 is OCTOBER 14, 2011**

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