



APPLICATION

Homeowner(s) name & address:

Date of birth: _____ Social Security: _____ Phone: _____

Co-applicant: _____ Date of birth: _____ Social Security: _____

Emergency/Secondary Contact: _____ Phone: _____

Have you received assistance from Rebuilding Together before? Yes No

If yes, in what year did we work on your house? _____

Do you own other property? Yes No How many people live in this home? _____

Rebuilding Together is an **all-volunteer** effort that relies on community involvement. If your home is selected, friends and family ages 14 and older are expected to work with us, including helping and thanking volunteers. Please initial to indicate your agreement:

I understand that I am required to volunteer to the best of my ability, and that adult family or friends on site during the workday will also participate. _____ Initial

Please list the names and phone numbers of family members, church or other social organization members and/or friends who may be willing to help. Lack of friends or family to help will not disqualify you.

If someone other than the homeowner prepares this application, or helps the homeowner fill it out, please complete the following:

Name of person preparing/assisting with application: _____

Relationship to applicant: _____

Address: _____ Phone: _____

Signature of Applicant(s) _____

Please return to:

Rebuilding Together, 122 Stilson Hill Road, New Milford, CT 06776

Documents required to prove ownership, and residence

Property Information

Year Purchased: _____ Number of bedrooms: _____ Number of Stories: _____

Do you have homeowner's insurance? Yes No

If the above was answered "yes" please answer the following:

Insurance Company: _____ Policy #: _____

Agent's Name: _____ Phone #: _____

Desired Repairs

Please note that this is **only** a list of repairs that you hope to have completed. This list will tell us what you think is most important to you. **Rebuilding Together Litchfield County cannot guarantee that every item will be addressed.**

Interior Repairs: _____

Exterior Repairs: _____

Paint: _____

Financial Information

<u>Income sources</u>	<u>Your income (monthly)</u>	<u>Household income (monthly)</u>
Social Security	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Pension	\$ _____	\$ _____
<u>Total monthly income:</u>	\$ _____	\$ _____

Assets (House)

Property value of address we will repair \$ _____

Homeowner's Statement of Eligibility

I, _____ have asked Rebuilding Together provide repairs to my home at _____ in _____. I understand that Rebuilding Together is funded by charitable donations and grants to provide assistance to low-income elderly or disabled homeowners who have no other means to afford home repairs.

I also understand that Rebuilding Together is obligated to use its charitable donations and government funds only for assistance to eligible homeowners. In addition, I understand that to knowingly submit false information is considered fraud and punishable under law. By signing my name to this statement, I guarantee that I am eligible to receive this assistance, as follows:

1. All the information submitted on my Homeowner Application is complete and correct. _____ *Initial*
2. I am the sole owner of the home at the above address, or I share ownership with persons who are also eligible to receive this assistance. _____ *Initial*
3. This same house is my full-time residence. _____ *Initial*
4. I will not sell, rent or transfer ownership of this house for three years after completion of repairs. _____ *Initial*
5. I, my spouse, partner and/or any other owners of my home have no other financial resources to afford the services that I have requested. _____ *Initial*
6. I authorize Rebuilding Together and its representatives to complete paperwork required to obtain building permits necessary to repair my home. _____ *Initial*
7. I understand that Rebuilding Together is a neighbor-helping-neighbor organization and I will do everything possible to get my friends and family to help on the workday. _____ *Initial*
8. I am aware Rebuilding Together is a 1- or 2-weekend volunteer program. Promises cannot be made as to the specific work that will be done. I understand it may not be possible for volunteers to return after Rebuild Day. _____ *Initial*

Signed: _____ Date: _____
(Homeowner)

_____ Date: _____
(Homeowner)

Signed: _____ Date: _____
(Witness)

_____ Phone: _____
(Printed name of witness)