



HOMEOWNER APPLICATION

Return application to: **Rebuilding Together**
510 Tebeau Street
Waycross, GA 31501

SECTION 1: HOMEOWNER INFORMATION			
Name of Homeowner:			
Address:			
City, State, Zip:			
Home Phone:		Cell Phone:	
Work Phone:		Date of Birth:	
Email address:			
Name of Emergency Contact:			
Emergency Contact Phone:			Relationship to Homeowner:
Female Head of Household:			Yes No
Veteran:	Yes No	Spouse of Veteran:	Yes No
Branch:	Years Served:		
Date Home built:	Years in Home:	Type of Structure:	

Monthly pest control? Yes No	Homeowners Insurance Co: Policy no.:		
Are your property tax payments current?	Yes	No	
Are your mortgage payments current?	Yes	No	N/A
How did you hear about Rebuilding Together?			
List the names and ages of all people living in the home (attach a list if more space is needed) including renters:			
Name:	Age:	Male or Female	
SECTION 2: DISABILITIES			
Are you or anyone in your household receiving disability benefits?	Yes No		
SECTION 3: APPLICANT HISTORY			
Have you ever applied to Rebuilding Together/ Christmas in April?	Yes No		
Has Rebuilding Together/Christmas in April ever done work on your home?	Yes		
If so, what year was this work done?	No		
SECTION 4: TYPE OF REPAIRS TO BE CONSIDERED			

Type of Repair	Brief Description
Electrical	
Plumbing	
Exterior painting	
Interior painting	
Carpentry repairs	
Roof repairs	
Wheelchair ramp, grab bars, etc.	
Other	
Other	

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

1.	
2.	
3.	

SECTION 5: INCOME AND OWNERSHIP VERIFICATION

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 provide **proof of property ownership**. Please complete the chart below and provide documentation to verify this information.

The following supporting documents must be provided for your

application to be considered:

1. Proof of Income for all people living in the home (examples: copy of Social Security Benefit Statement, Bank Statement, Paycheck stubs, Income Tax Return, W2).

2. Proof of Homeownership (examples: Tax Bill, Homeowner's Insurance Policy, Warranty Deed). The home must be listed in the applicant's name (rent to own situations will not be considered).

Name	Wages/Salary	Social Security Check	Disability	Other Income

I have _____ (number) renters who pay me \$ _____ on a monthly basis.

SECTION 6: 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 sell, rent or accept 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 is warranted or guaranteed.

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 monthly 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 Signature Homeowner Signature Date

_____/_____
Preparer* Signature Print Name 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 Owner: Phone Number: Email: