



## HOMEOWNER APPLICATION

**DEADLINE: November 15, 2011**

### **Rebuilding Together - Duneland**



P.O. Box 644  
Chesterton, IN 46304

(219) 926-3233

### **Rebuilding Together - Valparaiso**



166 Lincolnway  
Valparaiso, IN 46383

(219) 548-4827



Dear Homeowner,

Thank you for applying for Rebuilding Together work day. Every year, volunteers from the community come together to help individuals and families in need to maintain a safe, healthy and independent life. Thanks to the generosity of our sponsors and the hard working people who donate their time and talent in-kind, we are able to help deserving homeowners in our community at no cost to them. This upcoming April in communities across Porter County Rebuilding Together will build an army of volunteers to work to make our community a better place one home at a time.

While April seems far away, to adequately plan for supplies and volunteers, we need several months to prepare.

**The deadline for homeowner applications is November 15th.** This gives us adequate time to conduct our in-home visits, select our projects for the year and prepare for work day.

To be an eligible homeowner, you must meet the following criteria:

- Be able to demonstrate a position of financial hardship
- Be the owner of the home
- All able bodied homeowners and family members must be willing to work on work day

From all the applications submitted, members of the RT board will preview and select projects which best fit the mission of Rebuilding Together. In keeping with our mission, we focus our efforts on those who are low-income, elderly and/or disabled, veterans, those with young children living in the home and those who have lived in their homes for many years as vital members of the community.

If your home is selected, a scope of work will be developed and a house captain and house ambassador will be assigned to your home. The house captain and ambassador will serve as the project leaders on your home to coordinate volunteers and skilled labor from 8:00 AM to 5:00 PM on work day.

Thank you for your interest in Rebuilding Together.

Sincerely,

Rebuilding Together Board of Directors

# Rebuilding Together: Homeowner Application

Due: November 15th ■ Please complete both sides

## Homeowner Information:

### Homeowner #1:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_\_\_  
GENDER:  MALE  FEMALE      MARITAL STATUS:  MARRIED  SINGLE      VETERAN or WIDOW of VET:  YES  NO  
CURRENTLY EMPLOYED:  Yes  No  Retired  Disabled—*Nature of Disability* \_\_\_\_\_  
NAME OF EMPLOYER: \_\_\_\_\_ No. OF YEARS WITH EMPLOYER: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

### Homeowner #2:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_\_\_  
GENDER:  MALE  FEMALE      MARITAL STATUS:  MARRIED  SINGLE      VETERAN or WIDOW of VET:  YES  NO  
CURRENTLY EMPLOYED:  Yes  No  Retired  Disabled—*Nature of Disability* \_\_\_\_\_  
NAME OF EMPLOYER: \_\_\_\_\_ NO OF YEARS WITH EMPLOYER: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
RELATIONSHIP OF HOME OWNERS:  Spouses  Parent-child  Other: \_\_\_\_\_

## Property Information:

STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_  
SCHOOL DISTRICT:  Duneland  Valparaiso  Other: \_\_\_\_\_  
OWNER OCCUPIED:  Yes  No  
OWNED HOME FOR HOW LONG? \_\_\_\_\_  
ARE PROPERTY TAXES CURRENT?  Yes  No  
No. ADULTS LIVING IN HOME: \_\_\_\_\_ No. CHILDREN: \_\_\_\_\_  
DO YOU HAVE HOME INSURANCE?  Yes  No  
INSURANCE COMPANY: \_\_\_\_\_  
PURCHASED PRICE: \$ \_\_\_\_\_  
BALANCE DUE: \$ \_\_\_\_\_  
MORTGAGE COMPANY: \_\_\_\_\_  
DO YOU OWN OTHER PROPERTY?  No  Yes, for use \_\_\_\_\_

## HOME REPAIRS NEEDED:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> ELECTRICAL     | <input type="checkbox"/> YARD WORK    |
| <input type="checkbox"/> EXTERIOR       | <input type="checkbox"/> FLOOR REPAIR |
| <input type="checkbox"/> INTERIOR PAINT | <input type="checkbox"/> DOOR REPAIR  |
| <input type="checkbox"/> PLUMBING       | <input type="checkbox"/> ROOF         |
| <input type="checkbox"/> WALL REPAIR    | <input type="checkbox"/> WINDOWS      |
| <input type="checkbox"/> ROOF REPAIR    |                                       |
| <input type="checkbox"/> OTHER: _____   |                                       |

WERE YOU REFERRED BY A PERSON/ORGANIZATION:  No  Yes, *who?* \_\_\_\_\_

HAVE YOU RECEIVED HELP FROM RT BEFORE?  No  Yes, *when?* \_\_\_\_\_

# Rebuilding Together: Homeowner Application (cont.)

Due: November 15th ■ Please complete both sides

## FINANCIAL INFORMATION:

BANK: \_\_\_\_\_

CHECKING ACCOUNT: \$ \_\_\_\_\_

SAVINGS ACCOUNT: \$ \_\_\_\_\_

STOCKS:  NO  YES, \$ \_\_\_\_\_

BONDS:  NO  YES, \$ \_\_\_\_\_

ANNUITIES  NO  YES, \$ \_\_\_\_\_

## MONTHLY INCOME:

Include ANY income from all persons living in home

SALARY/WAGES: \$ \_\_\_\_\_

RETIREMENT/SOCIAL SECURITY: \$ \_\_\_\_\_

DISABILITY: \$ \_\_\_\_\_

CHILD SUPPORT: \$ \_\_\_\_\_

RENT INCOME: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

## MONTHLY EXPENSES:

MORTGAGE: \$ \_\_\_\_\_

PROPERTY INS. & TAXES: \$ \_\_\_\_\_

SAVINGS/RETIREMENT: \$ \_\_\_\_\_

HEALTH INSURANCE: \$ \_\_\_\_\_

MEDICAL EXPENSES: \$ \_\_\_\_\_

GAS & ELECTRIC: \$ \_\_\_\_\_

WATER: \$ \_\_\_\_\_

TRASH: \$ \_\_\_\_\_

TELEPHONE: \$ \_\_\_\_\_

CELL PHONE: \$ \_\_\_\_\_

CAR: \$ \_\_\_\_\_

CAR INSURANCE: \$ \_\_\_\_\_

FUEL: \$ \_\_\_\_\_

GROCERIES: \$ \_\_\_\_\_

CHILD CARE: \$ \_\_\_\_\_

LOANS, CREDIT CARDS & OTHER (specify):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_

## NOTICE:

To complete the application, some or all of the following documents must be included for financial verification:

- Last Year's Tax Forms
- Last two Pay Stubs, Social Security, and/or Disability
- Any other verification of income

*It is a federal crime punishable by fine or imprisonment, to knowingly make false statements concerning the above monthly income and monthly expenses facts as applicable under the provisions of Title 18, US Code, Section 1014.*

## Applicant's Statement:

I certify that the above statements are true, accurate and complete. This application shall remain the property of Rebuilding Together Duneland and/or Valparaiso, to which it is submitted for the purpose of obtaining financial and other assistance. I hereby consent to and authorize Rebuilding Together, after giving reasonable notice, to enter the property for the purpose of determining the need and scope of the repairs specified. Furthermore, I authorize the disclosure of the above information to third-party institutions, which may be insured or funded by the Federal, State, and/or Local government, in order to secure the assistance for which this application is submitted.

\_\_\_\_\_  
Home Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Owner Signature

\_\_\_\_\_  
Date