



## HOMEOWNER APPLICATION

**Applications are received throughout the year and are reviewed on a first-come, first-served basis.**

**DEADLINE for our Spring Work Day is  
January 15<sup>th</sup>**



**Rebuilding Together - Duneland**

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Serving the Duneland School District



Dear Homeowner,

Thank you for applying for Rebuilding Together assistance. Every year, volunteers from the community come together to help individuals and families in need to make the necessary improvements to their home in order to maintain a safe, healthy and independent life. We are able to help deserving homeowners in our community thanks to generous donations from our sponsors and the hard working people who donate their time, talent and materials. This year in communities across Porter County, Rebuilding Together is building an army of volunteers to work and make our community a better place one home at a time.

So that we may adequately plan for supplies and volunteers, we need several months to prepare for our workday. While applications are received and reviewed throughout the year, in order to be considered for our **April workday, homeowner applications must be received by January 15<sup>th</sup>**. This gives us adequate time to conduct our in-home visits, select our projects for the year and coordinate both our skilled and unskilled volunteers for work day.

If you can answer **YES** to all of the following statements, then you may qualify as an eligible homeowner for this year's work day.

- 1. I can provide proof that I own my home (am named on the title), it is owner occupied and it is located in the Duneland, Valparaiso School District, or in Washington or Union Townships.**
- 2. My home is not for sale, I have no plans to sell it in the next three years and it is not in foreclosure.**
- 3. My property taxes are in "current" status or I have an established payment plan.**
- 4. I have no liens on my property other than a mortgage or home equity loan.**
- 5. I have homeowner's insurance.**
- 6. I can demonstrate through documents, all of the above, and that I have a financial need for help.**

Applications will be reviewed on a first-come, first-served basis and projects will be selected which best fit the mission of Rebuilding Together. In keeping with our mission, we focus our efforts on the elderly, veterans, and families with young children living in the home, individuals or families with disabilities struggling financially as well as 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 ambassador assigned to your home. They will serve as the project leaders on your home. We will notify all homeowner candidates by mail if they have been selected or not. If you are selected, more information about the process will be included in the letter.

Thank you for your interest in Rebuilding Together!

Sincerely,

Rebuilding Together Board of Directors

*Please send your completed application to the appropriate Rebuilding Together affiliate address located on the front of this application.*

# Rebuilding Together: Homeowner Application

Spring Workday Deadline: January 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

EMPLOYMENT STATUS:  YES  NO  RETIRED  DISABLED — *Nature of Disability* \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ No. of YEARS WITH EMPLOYER: \_\_\_\_\_

HOMEOWNER'S PRIMARY PHONE: \_\_\_\_\_

### Homeowner/Resident #2:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

GENDER:  MALE  FEMALE MARITAL STATUS:  MARRIED  SINGLE VETERAN or WIDOW of VET:  YES  NO

EMPLOYMENT STATUS:  YES  NO  RETIRED  DISABLED — *Nature of Disability* \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ No. of YEARS WITH EMPLOYER: \_\_\_\_\_

HOMEOWNER'S PRIMARY PHONE: \_\_\_\_\_

RELATIONSHIP OF HOME OWNERS:  Spouse  Parent-child  Other: \_\_\_\_\_

IS ANYONE ELSE IN THE HOME DISABLED?  YES  NO — *Nature of Disability* \_\_\_\_\_

## Property Information:

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL DISTRICT:  Duneland  Valparaiso  Other: \_\_\_\_\_

OWNED HOME FOR HOW LONG? \_\_\_\_ OWNER OCCUPIED:  Yes  No

YEAR HOUSE WAS BUILT \_\_\_\_

ARE PROPERTY TAXES CURRENT?  Yes  No

ARE THERE ANY LIENS ON THE PROPERTY?  Yes  No

No. ADULTS LIVING IN HOME: \_\_\_\_ CHILDREN & Ages: \_\_\_\_\_

DO YOU HAVE HOMEOWNER'S INSURANCE?  Yes  No

INSURANCE COMPANY/POLICY NO.: \_\_\_\_\_

PURCHASE PRICE: \_\_\_\_\_

MORTGAGE COMPANY: \_\_\_\_\_

DO YOU OWN OTHER PROPERTY?  NO  YES, for use? \_\_\_\_\_

HOW DID YOU HEAR ABOUT RT?  Flyer  Newspaper  Radio  Other: \_\_\_\_\_

WERE YOU REFERRED BY A PERSON/ORGANIZATION?  NO  YES, *Who?* \_\_\_\_\_

HAVE YOU RECEIVED HELP FROM RT BEFORE?  NO  YES, *when?* \_\_\_\_\_

## HOME REPAIRS NEEDED:

EXTERIOR PAINT  FLOOR REPAIR

INTERIOR PAINT  DOOR REPAIR

WALL REPAIR  WINDOWS

PLUMBING  ELECTRICAL

ROOF  YARDWORK

HANDICAP ACCESS/RAMP

CODE VIOLATIONS

CLEAN-UP (Check all that apply)

BASEMENT

KITCHEN

GARAGE

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 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: \$ \_\_\_\_\_

RENTAL INCOME: \$ \_\_\_\_\_

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

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

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

## MONTHLY EXPENSES:

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

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

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

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

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

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

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

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

TELEPHONE/CABLE: \$ \_\_\_\_\_

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

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

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

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

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

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

HOME HEALTH CARE: \$ \_\_\_\_\_

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

## NOTICE

To complete the application, some or all of the following documents must be included for all adults in the household 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.*

## LOANS, CREDIT CARDS, & OTHER DEBT (Specify):

Company	Balance	Monthly Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

## 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. The information submitted is held in strictest confidence.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date