



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 15th**

Rebuilding Together - Duneland



P.O. Box 644
Chesterton, IN 46304

(219) 926-3233

www.rtduneland.org
Serving the Duneland School District

Rebuilding Together - Valparaiso



PO Box 1001
Valparaiso, IN 46384

(219) 548-4827

www.rebuildingtogethervalparaiso.org
Serving the
Valparaiso Community School District
and Washington and Union Townships



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 15th**. 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: ____ No. CHILDREN: ____

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: \$ _____

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

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

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.

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