



HOMEOWNER APPLICATION

SECTION 1 HOMEOWNER INFORMATION

Name of Homeowner: _____	Date of Birth: _____ Current Age: _____
Address: _____ City, state zip: _____	Please check ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____ Female head of household <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____	Number of years at this address: _____ Date the home was built: _____ Who provides your trash collection services: _____ Have you been cited for any code violations? Yes or No If yes, please provide a copy of the notification and attach it to this document.
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Emergency contact: Name: _____ Phone: _____ Relationship to you: _____ Comments: _____	Do you have homeowners insurance? Yes or No Is your homeowners insurance current? Yes or No Are you property tax payments current? Yes or No Name of your mortgage company: _____ Have you missed a mortgage payment over the last 12 months? _____ If yes, how many payments have you missed: _____
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	Do you belong to a homeowners association (HOA)? Yes or No If yes, then complete the following: Name of HOA: _____ Phone number for HOA: _____
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List the names and ages of all people living in the home (attach a list if more space is needed):

Name: _____	Age: _____	Ethnicity: _____	Relationship to you: _____	M or F	Disabled: Y or N
Name: _____	Age: _____	Ethnicity: _____	Relationship to you: _____	M or F	Disabled: Y or N
Name: _____	Age: _____	Ethnicity: _____	Relationship to you: _____	M or F	Disabled: Y or N
Name: _____	Age: _____	Ethnicity: _____	Relationship to you: _____	M or F	Disabled: Y or N

Total number of people living in the home (Including renters): _____

SECTION 2 SPECIAL NEEDS/ DISABILITIES

Is the homeowner or anyone in the home disabled? Yes No If yes, who: _____

Please indicate by checking below all that apply: Hearing impaired Sight impaired Wheelchair user

Uses a walker Mentally impaired Other: _____

Comments: _____

SECTION 3 APPLICANT HISTORY

- Have you ever applied to Rebuilding Together? Yes No
- Have you ever applied to Christmas in April? Yes No
- Has Rebuilding Together or Christmas in April ever done work on your home? Yes No
If yes, when:
- Has any NC based program done work on your home? Yes No
If yes, please list each program(s):
- Do you or any of those living in your home have a social worker or case worker? Yes No
If yes, please list their contact information (Name & Phone number):

How did you learn about Rebuilding Together?

- Property Tax Waiver Flyer TV Radio Newspaper Friend/Neighbor/Relative
- Other: _____

SECTION 4 REPAIRS TO BE CONSIDERED*

Type of repair needed (Please select all that apply):		Please provide a brief description for each selected repair:
Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Exposed wire
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Leaks present If so, please list location(s):
Exterior painting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where:
Interior painting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of rooms:
Carpentry repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:
Floor repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Holes present <input type="checkbox"/> Water damage
Roof repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Leaks present If so, please list location(s):
Wheelchair ramp, grab bars, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please list location(s):
Mold remediation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please list location(s):
Exterior repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Window repair/replacement <input type="checkbox"/> Siding repair/replacement <input type="checkbox"/> Fascia/Soffit repair/replacement

Other:

Please list repairs* in order of importance and/or need immediate attention:

1. _____
2. _____
3. _____

* Please be aware that Rebuilding Together Pitt County will only consider repairs that will keep your home WARM, SAFE and/or DRY

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Rebuilding Together Pitt County is a tax-exempt safe and healthy home rehab organization under the IRS Code 170, tax id: 26-0757622

Rebuilding Together serves homeowners who live on a limited income and own their own home, with a special focus on the elderly, disabled, and veterans. We ask that you verify the total household income, including every person dwelling in your home. Please know that we will verify property ownership with the information you provided in section one.

SECTION 5 VERIFICATION OF INCOME

Please fill in the chart below and provide separate documentation to verify this information. Information provided below must include annual income of all household members. Rebuilding Together **REQUIRES** a copy of each family member's income tax return to be attached to this document.

Name	Wages Salary	Social Security Check	Disability	AFDC	Other (Ex. Pension)	Gross Annual Income
Total:						

Are there any special circumstances regarding the amount of expenses within your household that we need to be aware of such as home health care, hospital costs, medication expenses, etc.? _____

Please list the name of any member of your household who is unemployed: (Do not include individuals in grades K-12, retired individuals, or those receiving Social Security):

- 1
- 2
- 3

I have _____ renter(s) who pay me \$_____ on monthly basis.

I do not have any renters who reside in my home.

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 sells, rents or accepts 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 done is warranted or guaranteed.
- The work to be done will be that previously discussed with me/us by a representative of the volunteers Rebuilding Together work crew and 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 hereby swear that my total household 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.

(Sign) _____ / (Print) _____
 Homeowner(s) Signature Date

(Sign) _____ / (Print) _____
 Homeowner(s) Signature Date

(Sign) _____ / (Print) _____
 Preparer's Signature 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 the homeowner: _____ Phone: _____
 Print Name: _____ Email: _____