



Homeowner Application

Please return to:
Rebuilding Together South Sound
 4019 S. Orchard St.
 Tacoma, WA 98466
 Main: (253) 238-0977
www.rebuildingtogetherss.org

THERE IS NO APPLICATION FEE REQUIRED TO APPLY FOR ASSISTANCE FROM REBUILDING TOGETHER. Rebuilding Together South Sound does not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services.

Please Complete All Sections on BOTH SIDES of the Application.

Homeowner First Name:				Homeowner Last Name:			Date:		
Address:									
City:			WA	Zip Code:			Home Phone:		
Work/Cell Phone:				Age:			Email:		

Please List EVERYONE (including yourself) who lives in the house (use additional sheet if necessary):

Name	Age	Relationship	Ethnicity: Hispanic or Non Hispanic (circle one) *optional	RACE (American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, White) *optional	Employed?	Disabled?	Veteran?
1		SELF	H or NH		Yes No	Yes No	Yes No
2			H or NH		Yes No	Yes No	Yes No
3			H or NH		Yes No	Yes No	Yes No
4			H or NH		Yes No	Yes No	Yes No
5			H or NH		Yes No	Yes No	Yes No

Property Information:

Purchase Price:	\$	Are you up to date on your mortgage?	Yes No	Number of Bedrooms:		Year Built:	
Assessed Value:	\$	Annual Prop. Taxes:	\$	Number of Bathrooms:		Year Bought:	
Mortgage/Lot Payment?	\$	Paid Up to Date?	Yes No	Types of pet(s):		Mobile Home?	Yes No
Insurance Company		Homeowners Insurance?	Yes No	Type of heat:		Monthly cost for heat?	\$
Have you previously applied to Rebuilding Together South Sound?			Yes No	Do you plan on selling your home in the next year?			
Is there a history of criminal activity at this residence within the past 5 years?			Yes No	If yes what year(s)?			
We expect you and any able bodied family and friends to help volunteers make the repairs on your home. Is this something you can assure will happen?			Yes No				

Have you had any major problems with your home in the past? If so, please describe below:

Please list any of your disabilities we should be aware of when assessing the repair needs to your home:

Repair Wish List – What are the four most important repairs needed at your home?

1	3
2	4

Who helps you maintain your home today?		
Is anyone in your household a current or past US Military service member or the widow of one?		
Please provide 2 personal references		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Is there anyone else you we may also speak to about this application (a caregiver, case worker, etc.)?		
Name:	Agency:	Phone:
Household Income – Include Monthly Income of ALL People Living in House (including salaries of any renters). Use additional sheet if necessary.		
Source	Amount	
	\$	
	\$	
	\$	
Employer Name & Phone:		
Total Household Monthly Income of all people living in the home (Total of sources listed above including SSI, SSD, employment, retirement, rental income, etc.).		\$
Expenses - Please list UNUSUAL non-house related expenses (such as prescription or medical bills - use additional sheet if necessary).		
Type	Amount	
	\$	
	\$	
	\$	
Other Assets (such as properties, boats, rentals) or Accounts - Please list any assets valued at more than \$5,000. Do NOT list your principle residence.		
	\$	
	\$	
	\$	
Applicants <u>MUST</u> include a copy of the past 2 years IRS income tax statements, annual social security statements and / or pension benefit statements for verification of income.		
I/we certify that the above information is true and correct to the best of my/our knowledge. I/we realize that failure to provide all information requested or providing incorrect information could result in our application being invalid. An invalid application may be cause for discontinuing a project. I/we authorize Rebuilding Together South Sound to check any references, verify income and assets as necessary to complete the processing of this application for the purpose of receiving housing rehabilitation and repairs through RTSS at no cost to me or my family. I/we also understand that any information RTSS receives will be kept confidential and will be used strictly for determining my/our eligibility for this program. I further understand and agree to the following:		
»Acceptance in the program is not guaranteed and is also subject to available volunteers and sponsors.		
»We cannot guarantee that all requested work will be done.		
»Rebuilding Day projects request able bodied residents and friends to volunteer along with the team.		
»Rebuilding Day is primarily a one-day project with a crew of 20-40 skilled and unskilled volunteers.		
May we share this application with other agencies for which you may also qualify? YES NO		
Signature(s) of Homeowner(s)		
Name:	Date:	
Name:	Date:	
Rebuilding Day Applications Due: December 1st Tacoma Home Repair & Year Round Applications: First Come, First served		