



Homeowner Application

Please return to:

Rebuilding Together South Sound
 4019 S. Orchard St.
 Tacoma, WA 98466
 Main: (253) 238-0977
www.rebuildingtogether.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: | | | | Birth Date: | | | | Email: | | | |

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

| Name | Birth Date MM/DD/YY | Gender <i>*Optional</i> | Relationship | Ethnicity: Hispanic or Non Hispanic (circle one) <i>*Optional</i> | RACE (American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, White) <i>*Optional</i> | Employed? | Disabled? | Veteran? |
|------|------------------------|----------------------------|--------------|---|---|-----------|-----------|----------|
| 1 | | M F | SELF | H or NH | | Yes No | Yes No | Yes No |
| 2 | | M F | | H or NH | | Yes No | Yes No | Yes No |
| 3 | | M F | | H or NH | | Yes No | Yes No | Yes No |
| 4 | | M F | | H or NH | | Yes No | Yes No | Yes No |
| 5 | | M F | | 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 | | Homeowner Insurance? | Yes No | Type of heat: | | Monthly cost for heat? | \$ | |
| | | | | Do you plan on selling your home in the next year? | | | | Yes No |

| | | | |
|---|--------|----------------------|--|
| Have you previously applied to Rebuilding Together South Sound? | Yes No | If yes what year(s)? | |
|---|--------|----------------------|--|

| | |
|--|--------|
| Is there a history of criminal activity at this residence within the past 5 years? | Yes No |
|--|--------|

| | |
|---|--------|
| We expect all able bodied household members 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?

How did you find out about Rebuilding Together?

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** Homeowners and Residents 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 MUST include a copy of last year's IRS income tax statements, annual social security statements and / or most recent pension benefit statements for verification of income for every person in the home.

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**