P. O. Box 4416
Tumwater WA 98501
360-539-7830
rebuildingtogethertc@comcast.net
www.rebuuildingtogethertc.org

Homeowner Application Instructions and Process

Dear Friend,

Thank you for your interest in Rebuilding Together Thurston County. Please read the following application instructions to ensure your application is complete prior to sending it to our office. We recommend saving a copy of this sheet for your records.

Instructions:

1. To be considered for a rebuild project, you must meet the following criteria. (Please note that Rebuilding Together Thurston County does not provide emergency repairs). You must be:
   - low-income, and a homeowner
   - a senior citizen, person with a disability, or a family with young children
   - unable to complete the work on your own
   - You must plan to remain in your home for the next two years
   - You must maintain current homeowners insurance

2. If you meet the above criteria, please fill out all pages included.

3. Once you have completed the application, please include copies of the following documents with your application (all application documents submitted become the property of Rebuilding Together Thurston County).
   - Your tax return from the previous year
   - Verification of <u>all forms</u> of income including, i.e. Social Security Benefits Statement, Veteran's income statement, child support statement
   - Homeowner's insurance policy
   - Last two months bank statements

4. Please mail your completed application and materials to:
Rebuilding Together Thurston County
P. O. Box 4416
Tumwater WA 98501

5. Please see page 2 for information on the next steps in the application process.

Process:

1. After receiving your application, we will make sure your application is complete, and review your materials.

2. Once we have reviewed your application, we will contact you to let you know that we have received and reviewed your application, and let you know if we have any questions.

3. If your application is approved, we will call you to arrange a time for members of our friendly Site Preview Team to come and preview your home. They will assess the needed repair work. This will happen sometime in January 2011.

4. After the Site Preview Team has gone to your home and reported to the Board of Directors, the board will decide if we will be able to make the repairs on your home. If we approve your home, we will then look for a team of volunteers to assign to your home.

5. If we are able to make a volunteer match for your project, we will call you to discuss the next steps of the planning process.

Thank you for your interest in Rebuilding Together Thurston County!

Sincerely,

The All-Volunteer Board

HOMEOWNER APPLICATION 2011

Please print

Name of Homeowner			
Address			
City	Zip Code		
Home Phone		Cell Phone	
Work Phone	Email		
Age	Ethnicity (optional)		
Person to call if we can't reach you: Name:		Phone:	
Names and ages of all others living in home (list additional names on reverse):			
1._____Age___		2. _____Age____	
3. _____Age___		4. _____Age___	
5. _____Age___		6. _____Age____	
a. Number of years at this address? _____ b. Are you current on your mortgage payment? _____			
c. Have you been sited for any housing code violations?_____ If yes, please provide a copy of the notification.			

HOUSEHOLD EMPLOYMENT / INCOME INFORMATION

Total Household Annual Income: $_____

	Homeowner	Spouse or co-owner	Others in home	Relationship to owner
Wages, salary, tips				
Interest/Dividends				
Social Security/SSI				
VA benefits				
Pensions/Annuities				
Alimony/Child Support				
Other Income				
Total Income				

Do you have a renter in your home? **YES** **NO** If yes, how much do they pay? _____
Do you own other property? **YES** **NO**

PROPERTY INFORMATION

Please provide a copy of your policy or insurance verification with this application.
Purchase Price: _____Monthly House Pmt: _____ Year bought: _____
Assessed Value: _____ Annual Property Taxes: _____ # of Bedrooms:_____
Insurance Carrier: _____ Insurance Policy #: _____# of Bathrooms: _____

QUESTIONS FOR THE HOMEOWNER (*Please circle "yes" or "no"*)

1. Have you applied to Rebuilding Together Thurston County before? **YES NO**
   If yes, did we visit you or make repairs on your home? **YES NO**

2. How did you hear about us?
_____

3. Are you a veteran? **YES NO** If yes, when did you serve? _____
4. Do you plan on living at your home for the next 2 years? **YES NO**
6. Are you comfortable having volunteers make repairs in your home? **YES NO**
7. Do you have any disabilities or physical limitations? **YES NO**
If yes, please list:
_____
_____
__
_____

8. Able-bodied household members must be willing to assist in repairs?
List members available:
_____
9. Do you have an agency case-worker assisting you? **YES NO**
If yes, please list their name & phone number:
_____
10. Have you or any household members been charged with a crime in the past 5 years?
YES NO
If Yes, Please explain: _____

11. How much did you pay in electric bills last year (12 mos) $_____ Gas: $_____

REPAIRS NEEDED *(please mention/describe all that apply)*

Brief description of work needed

Foundation
Siding
Floors/Flooring
Insulate/Weatherization
Exterior/Interior Walls
Ceilings
Security Improvements
Windows/Doors
Bathroom
Electrical
Plumbing
Porch/Steps/Ramp
Grab Bars/Handrails
Trash/Clutter Removal
ADA Accessibility

Appliances: ___water heater ____furnace ____dishwasher ____refrigerator Othert_____	
Painting	
New Light Bulbs	Quantity needed _____
Shower Heads	Quantity needed _____

HOMEOWNER DISCLOSURE AGREEMENT

DIRECTIONS: *Please initial if you agree to the following statements. Your signature is required to complete your application.*

_____ My signature indicates that all of the above statements and information provided are accurate and complete.
_____ I have read the information provided by Rebuilding Together (RTTC) and understand the application process.
_____ I certify that I do not have the financial or physical means to perform the repairs for which I am applying.
_____ I understand that I may be asked to provide documentation as proof of my answers. I authorize RTTC to verify any of my information provided, including a personal background check, as may be necessary for my involvement with Rebuilding Together Thurston County.
_____ I understand that acceptance by this program is not guaranteed and subject to available sponsors and volunteers. RTTC cannot guarantee that all the requested work will be done.
_____ I give permission for RTTC representatives to inspect my home for purposes of selection and/or repair, and look at all rooms in my home.
_____ I give permission to RTTC volunteers to complete the work at my home, if my home is selected.
_____ I understand that RTTC's program is a one-day free service to homeowners in need.

_____

Applicant's Signature *Date*

If this form has been prepared by someone other than the homeowner, or if assistance has been given to the homeowner, please complete the following:

Name of Preparer: _____ Relationship: _____

Agency/Employer: _____ Phone #: _____