

**Rebuilding Together
Orange County
P.O. Box 329
Tustin, CA 92781-0329**



Rebuilding Together Orange County

Tax I.D. # 33-0587571

HOMEOWNER APPLICATION

INSTRUCTIONS:

Complete and sign the application form

Detach the application and retain this page for your future reference

Return completed application to:

Rebuilding Together Orange County
P.O. Box 329
Tustin, CA 92871-0329

Office: 714-667-8174 Monday – Friday Fax: 714-667-0978

Web Site: www.rebuildingtogetheroc.org

Email: info@rebuildingtogetheroc.org

PROGRAM INFORMATION

REBUILDING TOGETHER ORANGE COUNTY is one of 250 affiliates nationwide. We are a non-profit **volunteer** program designed to provide free “Rehabilitation Services” for low-income homeowners, particularly the elderly and disabled.

Types of Rehab include: building ramps for wheelchair access, installing grab bars for safety and convenience, painting, electrical repairs, plumbing repairs, carpentry, and yard cleaning.

- * A member of our Site Selection Committee will contact you to arrange a home site survey. We will need to survey the entire home.
- * The sites selected for rehabilitation are based upon need and our resources available to complete the work.
- * Rebuilding Together Orange County does not unlawfully discriminate on the basis of race, color, religion, sex, national origin, ancestry, age or disability.
- * Volunteers, Trades Professionals and able-bodied members of the recipient's family will complete the agreed upon tasks.
- * Our services are primarily scheduled for our Annual Rebuilding Day, usually the last Saturday in April. Year-round services are provided if volunteers and funding sources are available.

Note: Due to the size and complexity of the work involved, we may not be able to accommodate all requests.

ELIGIBILITY REQUIREMENTS

Your house must be located in Orange County and you must OWN and OCCUPY the home.

You must be unable to do the work yourself.

Your household income must be “Low Income” based on the following HUD guidelines:

# living in Household	1	2	3	4	5	6	7	8
Annual Income under	30,300	34,650	38,950	43,300	46,750	50,250	53,700	57,150
or Monthly Income under	2,525	2,887	3,246	3,608	3,896	4,187	4,475	4,762

PLEASE CALL 714-667-8174 IF YOU NEED MORE INFORMATION OR HAVE ANY QUESTIONS

Detach and retain this sheet for your records

APPLICATION INFORMATION

For office use only Date received: _____ Number: _____
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_____	_____
Applicant	Age
_____	_____
Co Applicant	Age

Address	City	Zip	Telephone
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List ALL persons living in the house and their relationship to you.		Age	Relationship
1			
2			
3			
4			
5			
6			

(If necessary list additional names on a separate sheet).

<p>Total number of persons living the household: _____</p> <p>Are you or any member of your house disabled, if so, please describe type of disability</p> <p>_____</p> <p>Is anyone in the household a United States Veteran, if so whom? _____</p>
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How did you hear about Rebuilding Together? _____

Name of relatives living in or near this area;		Relationship	Area Code	Telephone
First Name	Last Name			

<p>What work do you need performed to <i>remain</i> warm, safe, and independent?</p> <p>List work in order of greatest need. List additional items on separate sheet, if necessary.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>
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NO GUARANTEE IS GIVEN OR IMPLIED THAT ANY OR ALL ITEMS LISTED WILL BE ACCOMPLISHED

To maximize our assistance it may be necessary to refer you to other agencies for some services.

INCOME AND ASSETS

Indicate the **combined** income and expenditures in the following categories for **all** people living in your home. This information will remain confidential.

Total Household Monthly Income

Source	Applicant	Co-Applicant	Other Household Member	Total
Salary				
Social Security, Pension Funds, Retirement, etc.				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
Welfare Payment				
Rental Income or Additional Property				

Total Monthly Income _____

Other Property? Yes _____ No _____ Value: _____

Stocks, Bonds/CDs? Yes _____ No _____ Value: _____

MONTHLY EXPENSES

Item	Amount
Mortgage/Space Rent	\$
Utilities	\$
Auto(s)	\$
Insurance: House, Car, Health	\$
Prescriptions	\$
Doctor/Dentist	\$
Other Expenses	\$
	\$
	\$
	\$

Total Monthly Expenses _____

INCOME VERIFICATION

Please provide a copy of a bank statement (feel free to mark out the account number) or a copy of your most recent income tax return.

ETHNICITY and RACE (For statistical purposes only and will not affect the selection process).

Please check the appropriate race category:

American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White
American Indian or Alaska Native and White	Asian and White	Black or African American and White	American Indian or Alaska Native and Black or African American	Other Multiple Race

Please check the appropriate ethnicity category:

Hispanic or Latino	Yes	No
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PROPERTY INFORMATION (This information is used to show proof of ownership)

Do you own or are you buying this home? Yes___ No___

Please provide a copy of the Deed of Trust and/or your most recent tax bill.

Names on title:_____

Do you have homeowners' insurance? Yes___ No___

Please provide a copy of the policy showing coverage.

Is this a mobile home? Yes___ No___ Single wide___ Double wide___

Please provide a copy of your Registration or coach decal.

Name of Mobile Home Park _____

Park Management or Association Name _____ Phone _____

Is this a Condo? ___ Frame house? ___ Age of home? _____

Condo Management or Association Name _____ Phone _____

How long have you lived in this home? _____

Do you intend to continue living in this home as long as you are able to? _____

I/we certify, subject to disqualification, that the above information is true and correct to the best of my/our knowledge and also authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing repairs and/or modifications through Rebuilding Together.

I/we also understand that any information provided on this application will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive housing rehabilitation.

I/we authorize Rebuilding Together to photograph my/our home before, during and after housing rehabilitation.

Signature of Applicant

Signature of Co-Applicant

Date _____

