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| Section I: Homeowner Information |
| Homeowner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_Ethnicity:African American  Alaskan Native American Indian Asian/Pacific Islander Hispanic  Middle Eastern White Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Female head of household: Y / NVeteran: Y / N Spouse of Veteran: Y / N |
| Address of home to be repaired:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip Code |
| Contact Information:Primary Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_Home  Cell  Work Secondary Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_Home  Cell  WorkEmail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Emergency / Alternate Contact:Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Homeowner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_Home  Cell  Work |
| Section II: Household Membership |
| List all people living in the home (attach a list of more space is needed). Include renters.

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| Name | Age | Ethnicity | Sex | Disabled | Relationship to Homeowner |
|  |  |  | M / F | Y / N | Homeowner |
|  |  |  | M / F | Y / N |  |
|  |  |  | M / F | Y / N |  |
|  |  |  | M / F | Y / N |  |
|  |  |  | M / F | Y / N |  |
|  |  |  | M / F | Y / N |  |
|  |  |  | M / F | Y / N |  |

Please comment on any disabilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Section III: House Information |
| Year home was built: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of years at this address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Trash collection service provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you ever been cited for any code violations?Y / N If yes, please provide a copy of citation. | Name of mortgage company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you ever missed a mortgage payment over the last 12 months? If yes, how many payments were missed?Y / N \_\_\_\_\_ payment(s) missed.Do you have a homeowners association? Y / NName of HOA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have homeowners insurance? Is your homeowners insurance current? Are your property tax payments current? | Y / NY / NY / N |
| Section IV: Repairs Requested |
| List all repairs you would like to request in order of preference/immediate need. If more space in needed, attach additional sheets.1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Section V: Income of Household |
| 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.NOTE: DOCUMENTATION OF INCOME IS REQUIRED TO VERIFY INCOME.Examples of documentation include: most recent W-2 form, official Social Security letter, etc.Enter any income received on a **monthly** basis.

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| Name | Wages | Social Security | Disability | AFDC | Other | Total |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total Household Monthly Income (sum of Total column): |  |
| Total Household Annual Income (Monthly x12): |  |

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.?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have any renters who live in the home? Y / NIf yes: I have \_\_\_\_\_\_ number of renters who pay me $\_\_\_\_\_\_\_\_\_\_ on a monthly basis. |
| Section VI: Applicant History |
| Have you ever applied to Rebuilding Together or Christmas in April before?Has Rebuilding Together or Christmas in April ever done work on your home? | Y / N If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Y / N If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you or anyone in your household have a social worker or caseworker? Y / NIf yes: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_How did you learn about Rebuilding Together? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Section VII: Homeowner Agreement |
| Rebuilding Together Pitt County provides volunteer home repairs for low-income homeowners who are unable to afford the repairs or do the work themselves.Submission of your application does not guarantee we will perform repair work on your home. We give priority to the disabled, seniors and veterans. Because we are a volunteer organization dependent on contributions from the community we may be unable to financially fund your project.After receipt of your application Rebuilding Together Pitt County will be in touch with you by phone. Submit application to:Rebuilding Together Pitt CountyP. O. Box 31006Greenville, NC 27833Questions? Call (252) 814-0600Our website is [www.rebuildingtogetherpittcounty.com](http://www.rebuildingtogetherpittcounty.com)Please initial the following statement to acknowledge you have read and understand the information provided. |
| \_\_\_\_\_\_\_\_ | I/We allow Rebuilding Together to check the validity of the personal information provided to the program that is required to establish my eligibility for this service. |
| Homeowner(s) Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Homeowner(s) Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ | Preparer’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Homeowner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_ |