



## HOMEOWNER APPLICATION

### National Rebuilding Day 2012

**THERE IS NO APPLICATION FEE REQUIRED TO APPLY TO RECEIVE ASSISTANCE FROM REBUILDING TOGETHER.** Rebuilding Together has not authorized any other person or entity to act as its agent for purposes of this application and any fees or costs associated with this application paid by the applicant to any such person or entity are not fees or costs charged by Rebuilding Together.

Homeowner(s) name & address:

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Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-applicant: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Emergency/Secondary Contact: \_\_\_\_\_

Relationship to homeowner: \_\_\_\_\_ Phone: \_\_\_\_\_

How many people live in this home? \_\_\_\_\_ Do you own other property? Yes  No

Have you received assistance from Rebuilding Together (formerly Christmas in April) before?  
Yes  No  If yes, in what year did we work on your house? \_\_\_\_\_

Do you have a PAAD card? Yes  No

Are/were you or a family member a Veteran/member of the Armed Forces? Yes  No

Number of years served: \_\_\_\_\_ Where? \_\_\_\_\_

Rebuilding Together is an all-volunteer effort that relies on community involvement. If your home is selected, friends and family age 14 and older are expected to work with us, including helping and thanking volunteers. Please initial to indicate your agreement:

*I understand that I am required to volunteer to the best of my ability and that adult family members or friends on site during the workday will also participate. \_\_\_\_\_ Initial*

Please list the names and phone numbers of family members, friends, church members or others who may be willing to help. Lack of friends or family to help will not disqualify you.

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If someone other than the homeowner prepares this application, or helps the homeowner fill it out, please complete the following:

Name of person preparing/assisting with application: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Race and Ethnicity Data for Household

It is requested that race and ethnicity information be provided by persons applying for services from Rebuilding Together Bergen County, Inc., for HUD reporting purposes solely. Although providing the information below is optional, the compiling of such data is expected to benefit the delivery of HUD affiliated services.

Information provided will have absolutely no influence on eligibility to the programs offered by Rebuilding Together Bergen County, Inc.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

NOTE: Check all categories that apply for each occupant

<i>Name of Occupant</i>	<i>Age</i>	<i>Hispanic</i>	<i>White</i>	<i>Asian</i>	<i>Black or African Amer.</i>	<i>Amer. Indian or Alaska Native</i>	<i>Native Hawaiian or Other Pacific Isl.</i>	<i>Other; Please Specify</i>
<b>Totals</b>								

The above information has been freely, and accurately reported, to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I choose to exercise my option to not report the requested information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **Documents required to prove ownership, income and residence**

Please submit copies of the following documents when you return the application. Applications submitted without these documents will not be considered. If you must send originals, please enclose a self-addressed stamped envelope for their return.

1. Proof of ownership (submit one only)

- a copy of your current property tax bill
- OR a copy of the deed to your property

2. Proof of income (submit one only) for all residents in your home

- a copy of your (and/or their) W2 or benefit/retirement statement(s)
- OR a copy of your (and/or their) last year's Federal tax return (1040)
- OR a copy of your (and/or their) SSI Statement

3. Proof of residence (submit one only)

- a copy of a recent telephone bill OR cable TV bill
- OR a copy of a recent PSE&G

## **Property Information**

Year purchased: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_ Number of stories: \_\_\_\_\_

Do you have homeowner's insurance? Yes  No

If yes, please answer the following:

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## **Desired Repairs**

Please note that this is only a list of repairs that you hope to have completed. This list will tell us what you think is most critical to you. We cannot guarantee that every item will be addressed.

Repairs for Health and Safety: \_\_\_\_\_

\_\_\_\_\_

Energy-Efficiency Modifications: \_\_\_\_\_

\_\_\_\_\_

Modifications for Mobility or for the Visually or Hearing Impaired: \_\_\_\_\_

\_\_\_\_\_

Plumbing or Electrical: \_\_\_\_\_

\_\_\_\_\_

## Financial Information

<b>Income sources</b>	<b>Your income (monthly)</b>	<b>Household income (monthly)</b>
Employment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Retirement	\$ _____	\$ _____
VA	\$ _____	\$ _____
Rental	\$ _____	\$ _____
<b>Total monthly income:</b>	<b>\$ _____</b>	<b>\$ _____</b>

### **Household expenses/liabilities (monthly)**

Property tax	\$ _____
Mortgages (first/second liens)	\$ _____
PSE&G	\$ _____
Phone, cable, garbage	\$ _____
Medical (include prescription costs)	\$ _____
Insurance (homeowner's, health, auto)	\$ _____
Other _____	\$ _____
<b>Total monthly household expenses:</b>	<b>\$ _____</b>

## Homeowner's Statement of Eligibility

I, \_\_\_\_\_, have asked Rebuilding Together to provide repairs to my home at \_\_\_\_\_ in Bergen County. I understand that Rebuilding Together Bergen is funded by charitable donations and grants to provide assistance to the elderly, disabled, veterans or low-income families with children who have no other means to afford home repairs.

I also understand that Rebuilding Together Bergen County is obligated to use its charitable donations and grants only for assistance to eligible homeowners. In addition, I understand that to knowingly submit false information is considered fraud and punishable under law. By signing my name to this statement, I guarantee that I am eligible to receive this assistance, as follows:

1. All the information submitted on my Homeowner Application is complete and correct. \_\_\_\_\_ *Initial*
  
2. I am the sole owner of the home at the above address, or I share ownership with persons who are also eligible to receive this assistance. \_\_\_\_\_ *Initial*
  
3. This same house is my full-time residence. \_\_\_\_\_ *Initial*
  
4. I will not sell, rent or transfer ownership of this house for five years after completion of repairs. \_\_\_\_\_ *Initial*
  
5. I understand that when work is completed Rebuilding Together will put a lien on the property in the amount of \$6,000 (the cost of a house sponsorship) for five years and I will be responsible for reimbursing that amount if I sell, rent or accept a contract for sale of the home while work is being completed or within five years after work is completed. \_\_\_\_\_ *Initial*
  
6. I, my spouse, partner and/or any other owners of my home have no other financial resources to afford the services that I have requested. \_\_\_\_\_ *Initial*
  
7. I authorize Rebuilding Together and its representatives to complete paperwork required to obtain building permits necessary to repair my home. \_\_\_\_\_ *Initial*
  
8. I understand that Rebuilding Together works primarily on Saturdays. \_\_\_\_\_ *Initial*
  
9. I understand that Rebuilding Together is a volunteer organization, and I will do everything possible to get my friends and family to help on the workday. \_\_\_\_\_ *Initial*

We cannot assist everyone who applies, so please tell us why you think Rebuilding Together should choose you and your family. What impact would our work would have on your life? Tell us about your situation at home and your activities in the neighborhood/community.

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Homeowner)  
\_\_\_\_\_  
(Homeowner) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Witness)  
\_\_\_\_\_  
(Printed name of witness) Phone: \_\_\_\_\_

### **HUD Low-Income Guidelines**

Rebuilding Together Bergen County uses the following low-income guidelines set by the Department of Housing and Urban Development for Bergen County:

1 person - \$45,100	5 people - \$69,600
2 people - \$51,550	6 people - \$74,750
3 people - \$58,000	7 people - \$79,900
4 people - \$64,400	8 people - \$85,050

To see if you qualify, please calculate your total annual household income and compare it to the maximum annual income listed above for the number of people who live in your home.

We work primarily on Saturdays, and most of our projects are completed during April on National Rebuilding Day. To be considered for home repairs in April 2012, please return your completed application by November 1, 2011, to:

**Rebuilding Together Bergen County**  
**P.O. Box 1389**  
**Ridgewood, NJ 07450-1389**

**Questions? Please call 201-447-8886 or email [info@rebuildingtogetherbergen.org](mailto:info@rebuildingtogetherbergen.org)**