



Washington County
Post Office Box 592
Salem IN, 47167

Date application received: / /

HOMEOWNER APPLICATION

Please print. Information is kept confidential. Please complete and return this application as soon as possible to Rebuilding Together Washington County, Inc. at the above address. All applications will be given consideration and will be reviewed semi-annually.

Name of homeowner(s): _____

Address: _____ City: _____ Zip: _____

Telephone number: _____ Number of years at this address: _____

Names and ages of all persons living in the home: _____

Is the homeowner, or anyone else residing in the home, disabled? Yes No

If so, indicate special needs: _____

If your home is approved for the program, what work would you like done?

Electrical Exterior painting Interior painting

Plumbing Wall repairs Roof repairs

Yard work Floor repairs Door repair

Other (please specify below): _____

Homeowner(s) combined income (Social Security, pensions, annuities, etc.) per year:

Under \$10,000 \$10,000 - \$20,000 \$20,000+

You must provide proof of income for ALL persons living in the home (example: copy of last year's Federal income tax return, year end Social Security statements, pension statements, Interest Statements or Unemployment Compensation statement). NOTE: Individual check stubs or W2's are NOT ACCEPTABLE.

I confirm that any persons residing in my home or visiting on work day(s), who are physically able, will work alongside the volunteers. Names and ages: _____

I own and live in the property at the address given above, my property taxes are currently paid, and there are no further liens or encumbrances on this property. I expect to live in this home for the next three years. I agree to produce mortgage payment book, deed, or other documents showing ownership if requested. In addition, I also agree to provide the following:

Homeowner's insurance company: _____

Homeowner's insurance policy number: _____

Homeowner's insurance coverage period: _____

You must provide proof of homeowner's insurance (copy of the first page of your insurance policy showing your address, insurance agent, dates of coverage amounts.)

Homes will be selected on the basis of greatest need and the ability of Rebuilding Together teams to accomplish the needed repairs. A site selection team may call to visit your home to get more details of the work required. You will be notified by letter whether or not your home is selected. If your home is selected, there will never be a charge for our service, and repairs will be made on a pre-determined date.

My signature below indicates that the information provided above is accurate and complete. I have read the information provided by Rebuilding Together Washington County, Inc. and have a basic understanding of the program and its process. I give Rebuilding Together Washington County, Inc. my permission to inspect my home for purposes of home selection and/or repair.

Signature of Applicant

Date of Application

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

Is the homeowner aware of this application? Yes No

Name of person preparing or assisting with application: _____

Telephone number: _____ Agency: _____