



HOMEOWNER APPLICATION INSTRUCTIONS

811 Harrison St
Seattle, WA 98109
P: 206.682.1231
F: 206.682.8962
www.rtseattle.org

Dear Friend,

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

1. To be considered for a rebuild project, you must meet the following criteria:

- You must be low-income, and a homeowner
- You must be a senior citizen, person with a disability, and/or a family with young children
- You must be unable to complete the work on your own
- You must plan to remain in your home for the next 2 to 5 years
- You must maintain current homeowners insurance

2. If you meet the above criteria, please fill out all pages of the *Homeowner Application*.

3. Please note that Rebuilding Together Seattle **does not provide** emergency repairs, major remodel work, or roof replacements.

4. Once you have completed the application, please include copies of the following two documents with your application (*we are happy to make copies and mail back the originals*):

- Your tax return from the previous year and/or Social Security Benefits Statement
- Your homeowner's insurance verification form

5. Is my application complete?

- I have filled out all pages (1-3) of the application
- I have enclosed a copy of my homeowners insurance form
- I have enclosed a copy of my last year's tax return form or SS Benefits Statement

6. Please mail your completed application and materials to:

**Rebuilding Together Seattle
811 Harrison St
Seattle, WA 98109**

7. Please see the reverse side of this sheet for information on the next steps to the **application process**.

8. For other questions concerning the application process, please contact our office at **(206) 682 - 1231**. Thank you for your interest in Rebuilding Together Seattle! We hope to hear from you!

THE APPLICATION PROCESS

Dear Applicant,

Please read the following information to gain an understanding of our application process.

1. After receiving your application, we will make sure your application is complete, and review your materials. Please allow at least two weeks for us to review your application.
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 access the repair work you requested at your home.
4. After the Site Preview Team has gone to your home, the **RTS Board of Directors** will decide if we will be able to make the repairs at your home. If we approve your home, we will then look for a team of volunteers to assign to your home.
5. If RTS is 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 Seattle!



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HOMEOWNER INFORMATION

RTS provides donated repair services for homeowners in need so that they can continue to live independently in warmth and safety.

First Name		Last Name	
House Address		City, ST, Zipcode	
Home Phone		Cell Phone	
Work Phone		Email	
Age		Ethnicity (Optional)	
Emergency Contact Name		Emergency Contact Phone #	

HOUSEHOLD EMPLOYMENT / INCOME INFORMATION

Total Household Annual Income: \$ _____

Wage Earner Name & Employer	Monthly	Annual Amount
	\$	\$
	\$	\$
	\$	\$

Please list everyone who lives inside the house (use additional sheet if needed):

Name	Age	Relationship	Employed?	
			YES	NO
			YES	NO
			YES	NO
			YES	NO

Please provide 2 neighbor or family references living outside your home:

Name	Relationship	Phone Number

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 Seattle 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. Have any of your family members (deceased or living) served in the military? **YES** **NO**
5. Do you plan on living at your home for the next 2 to 5 years? **YES** **NO**
6. Are you comfortable having volunteers make repairs in your home? **YES** **NO**
7. Do you have any disabilities of physical limitations? **YES** **NO**

If yes, please describe:

8. Do you have any able-bodied household members willing to assist in repairs? **YES** **NO**
 If yes, please list members: _____
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: _____

REPAIRS NEEDED *(please mention all that apply!)*

Area to be repaired	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 and/or Cleaning	
ADA Accessibility	
Energy, Appliances/water heater	
Painting <i>(Please note: RTS cannot accommodate all painting requests)</i>	
New Light Bulbs and/or Shower Heads	*Quantity light bulbs needed: _____ *Quantity of shower heads needed: _____

HOMEOWNER DISCLOSURE AGREEMENT

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

_____ (Initial) My signature indicates that all of the above statements and information provided are accurate and complete.

_____ I have read the information provided by RTS 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 RTS to contact my references, and verify any of my information provided, including a personal background check, as may be necessary for my involvement with Rebuilding Together Seattle.

_____ I understand that acceptance of this program is not guaranteed and subject to available sponsors and volunteers. RTS can not guarantee that all the requested work will be done.

_____ I give permission for trusted RTS representatives to inspect my home for purposes of selection and/or repair, and look at all rooms in my home. I give permission to trusted RTS volunteers to complete the work at my home, if my home is selected.

_____ I understand that RTS'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 #: _____