



Dear Applicant,

Thank you for your inquiry into the possibility of receiving services from Rebuilding Together Seattle. We are a non-profit, home repair and rehabilitation program for less advantaged homeowners. We help seniors, persons with disabilities and families with children who are in the lower income bracket in the greater Seattle metro area. By spreading the spirit of volunteerism, we are able to offer these repairs at no cost to the property owner.

In order to be considered for the program, all of the following criteria must be met:

1. You are an individual, or a member of a family, who owns and lives in their own home in the greater Seattle area.
2. You are unable to make necessary repairs on your home due to income, disability or a combination of the two.
3. You must complete the enclosed application and return it to the Rebuilding Together office along with a copy of your most recent income tax return or social security benefits statement.
4. You must enclose a copy of your homeowner's insurance verification.

After your application has been reviewed, we will contact you about sending members of our house selection committee to visit you and your home. These individuals will determine whether or not your home meets our selection criteria. Please understand that we are not able to help everyone who applies to the program.

Rebuilding Days occur in April and October each year. We are in the process of reviewing homes now, so please return the application to us as soon as possible. If you have any questions about the application or the home repair program in general, please feel free to call the office at **(206) 682-1231** or email info@RTSeattle.org. Thank you for your interest in our services.

Sincerely,

Rebuilding Together Seattle

Homeowner Application

Please Complete All Sections on Both Pages

First Name:		Last Name:		Date:	
Address:					
City:	WA	Zip Code:		Home Phone	
Age:		Email Address		Work Phone	

Please List EVERYONE else who lives in the house: (use additional sheet if necessary)

Name	Age	Relationship	Employed?
			Yes No
			Yes No
			Yes No
			Yes No

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

Name:		Relationship:		Phone:	
Name:		Relationship:		Phone:	

Property Information

Purchase Price:		Monthly House Pmt:		Number of Bedrooms:		Year Bought:	
Assessed Value:		Annual Prop. Taxes:		Number of Bathrooms:		Homeowners Insurance?	Yes No
Insurance Carrier				Insurance Policy #:			

Please provide a **copy** of your homeowner's **insurance verification** with this application.

Is there a history of criminal activity at this residence within the past 5 years?
Yes No

Please Explain if Yes:

You and/or your family and friends will need to work with the volunteers in order
Yes No

to accomplish the repairs on your home. Can you assure this will happen?
 Please list any disabilities we should be aware of when assessing the repair needs to your home.

Repair Priority List – What are the four most important repairs needed at your home?

1.	3.
2.	4.
Do you have an agency caseworker assisting you?	Name: _____ Phone: _____
Who helps you maintain your home today?:	_____

Please tell us how you found out about Rebuilding Together: _____

Rebuilding Together Seattle Homeowner Application

Have you previously applied to Rebuilding Together / Christmas in April?	Yes	No	If yes what year(s)?	
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Total Household Income			
Wage Earner / Employer		Monthly	Annual Amount
		\$	\$
		\$	\$
		\$	\$
Employers Name & Phone:			
Total Household Annual Income, please include income of all people living in the house. (Total of sources listed above including SSI, employment, rental income, etc.)			\$
Other Assets or Accounts Please list any assets valued at more than \$5,000, please do NOT list your principle residence.			
_____			\$
_____			\$
_____			\$
Applicants must include a copy of their most recent IRS income tax statement, annual social security statements and / or pension benefit statements for verification of income.			

I/we certify that the above information is true and correct to the best of my/our knowledge. I/we realize that failure to provide all information requested could result in our application being invalid. I/we authorize Rebuilding Together Seattle (RTS) to check any references, verify income and assets as necessary to complete the processing of this application for the purpose of receiving housing rehabilitation and repairs through RTS at no cost to me or my family. I/we also understand that any information RTS receives will be kept confidential and will be used strictly for determining my/our eligibility for this program. I further understand and agree to the following: < This is primarily a one-day project for selected homeowners. < A crew of 15-50 volunteers will do the work – both skilled and unskilled volunteers participate. < Acceptance in the program is not guaranteed and is subject to available volunteers and sponsors. < We cannot guarantee that all requested work will be done. < All able bodied residents or local family should volunteer to help along with the RTS volunteers.

Signature(s) of Homeowner(s):

	Date:	
	Date:	

Referred by: Is the homeowner aware of this referral? YES NO			
Name:	Organization:	Phone:	Email:
Return Application to: Rebuilding Together Seattle 811 Harrison St. Seattle, WA 98109		Phone:	206-682-1231
		Fax:	206-682-8962

	Email: info@RTSeattle.org
	Web: www.RTSeattle.org