



Application for Free Home Repairs

Name of Homeowner: _____ Date of Birth: _____

Gender Male Female Is this a female headed household? Yes No
Is this a grandparent headed household? Yes No

Street Address: _____

City: _____ County: _____ Zip _____

Marital Status of Homeowner:

Single Married Divorced Separated Widow(er) Other

Phone # (home) _____ Phone # (cell) _____

Phone # (work) _____

Other persons living in the home (add extra sheet if needed):

Name:	Date of Birth:	Age:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you or a member of your household active in the military or a veteran? Yes No
If yes, please provide details of service, including dates of service, branch of service, deployment details, combat experience, distinctions, etc. (This information is helpful in the event we apply for funding to assist you from a source that serves Veterans.)

If your spouse is deceased, was he or she a veteran? Yes No
If yes, please describe veteran's service. (Please see above question to guide your response.)

Are you or a family member disabled? (If yes, please explain.)

Yes No

Do you own your home?

Yes No

Name and Address of co-owner(s), if home jointly owned: _____

Including the homeowner, how many people reside in the home?

Total number in household: _____

Number of persons 60 and over: _____

Number of females: _____

Number of children under 18: _____

Number of males: _____

Number of disabled persons: _____

Is the homeowner planning to sell the home within the next two years? Yes No

Please note: We require that the homeowner(s) certify that they are not planning to sell the home within two years from the date we agree to perform work. This requirement is contained in the Authorization Statement below, as well as in our Homeowner's Agreement to be signed prior to any work being done.

Are any of the residents planning to move out within the next year?

Yes No

If yes, please list their names and expected dates of moving out: _____

Do you expect anyone to move in within the next year?

Yes No

If yes, please list their names and expected dates of moving in: _____

What is the approximate age of your home?

How long have you lived in your home?

What repairs or improvements are needed?

Are there any physical disabilities that should be addressed in assessing the repairs to your home: Yes No If yes, please explain:

The following question is optional, but very helpful for statistical purposes in seeking funding for the organization. Please indicate in the chart below the race of each member of your household. In addition, please indicate whether each person has a Hispanic ethnicity (a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race)

	# of persons of each race	# of persons of Hispanic ethnicity
Black/African American		
White		
Asian		
American Indian or Alaskan Native		
Native Hawaiian or other Pacific Islander		
Multi-racial (Please specify using above combinations if possible)		

REPORT OF INCOME						
Please fill in the chart below to include the ANNUAL income of EACH member of your household over the age of 18. Use extra pages if necessary.						
THIS INFORMATION MUST BE SUPPLIED FOR US TO PROCESS YOUR APPLICATION						
Name	Annual Wages/ Salary	Annual Social Security Income	Annual Disability	Annual Public Assistance (SSI, AFDC, etc.)	Other (e.g., Pension, Child Support, Unemployment, Rent)	Gross Annual Income (Total per person)
						HOUSEHOLD TOTAL:

Optional: Are there any special circumstances regarding the amount of expenses within your household that we need to be made aware of such as home health care, hospital costs, medication expenses, etc.? _____

Please list the name of any member of your household who is unemployed: (Do not include individuals in grades K-12, retired individuals or those receiving Social Security): _____

ASSETS:

Please fill in the correct amount or write "none" as it applies.

Savings Account: _____ Checking Account: _____

Certificate of Deposit: _____ Stocks/Bonds: _____

Other: _____

Do you own any other property/building in addition to the home you occupy? Yes No
If yes, please list _____

RENTERS:

Do you own any rental units? Yes No
If yes, number of units _____ and total monthly rent _____

Do you have any renters residing in your home? Yes No
If yes, number of renters _____ and total monthly rent _____

PLEASE BE AWARE THAT YOU MAY BE REQUIRED TO PRODUCE EVIDENCE OF YOUR INCOME AND/OR ASSETS IF REQUESTED.

Do you have a current mortgage on your home? Yes No
If yes, what is the amount: _____

If you have a mortgage, are any of the payments owed to your mortgagee past due or in default? Yes No

If yes, please state the amount of the arrearage(s) and or default(s) and state the due date(s) for each payment(s): _____

Do you have valid homeowner's insurance? Yes No

If no, please explain: _____

Are any past due real estate taxes owed with regard to this property? Yes No

If yes, (1) state amount of taxes due and specify any interest and/or penalties due: _____; and

(2) describe whether any action is pending or determined regarding the payment of these taxes: _____

How did you hear about this program? _____

If social service professional, please write their name and phone number:

Name, Agency and
Number: _____

Are you or any relatives, friends or neighbors who are willing to help work on the Rebuilding Together Day? Yes _____ No _____

If yes, please let us know who and what relation he/she is to you: _____

AUTHORIZATION STATEMENT:

I am not presently planning, nor do I intend for the next two years, to sell my home. I understand and agree to have my home rehabilitated by volunteers. I, the undersigned, certify subject to disqualification, that this information is true and correct to the best of my knowledge and belief, and that provisions stated are acceptable and agreed to.

I authorize **Rebuilding Together North Suburban Chicago** to check any references and such background checks that are necessary to complete the processing of this application for the purpose of receiving free housing repair.

I also understand that any information herein is kept confidential and will be used strictly for the purpose of determining my eligibility to receive free home repair through **Rebuilding Together North Suburban Chicago** and to recruit sponsorship.

I agree to promptly supplement this application by notifying **Rebuilding Together North Suburban Chicago** by phone and in writing regarding any material changes to the statements in this application, including but not limited to information regarding (1) late mortgage payments (2) late payments of real estate taxes and/or (3) changes in homeowner's insurance coverage. The obligation to update this application runs up to and including the date that any work may be completed.

APPLICANT SIGNATURE

DATE

CO-OWNER OR SPOUSE'S SIGNATURE

DATE

Please return completed application to:

**Rebuilding Together ★ North Suburban
P.O. Box 626
Glenview, IL 60025-0626**

If you have any questions, please call (847) 869-0900