



PRELIMINARY HOMEOWNER APPLICATION

**Return via U.S. mail: with a copy of required documents
proof of income and home ownership
Mail to: 2013 Franklin Avenue, San Diego, CA 92113**

HOMEOWNER INFORMATION:

Homeowner 1: _____ Date of Birth: _____ Gender: M F
 Address: _____ City: _____ Zip Code: _____
 Telephone No.: _____ Cellular Home E-mail: _____@_____
 Marital Status: Married Unmarried **Disabled:** Yes No Nature of Disability: _____
 Are you a U.S. Armed Forces **Veteran?** Yes No Ethnicity: _____
 Name of Employer: _____ Address: _____ Phone: _____
 Type of Business: _____ No. Years on Job: _____ Position/Title: _____

Homeowner 2: _____ Date of Birth: _____ Gender: M F
 Address: _____ City: _____ Zip: _____
 Telephone No.: _____ Cellular Home E-mail: _____@_____
 Marital Status: Married Unmarried **Disabled:** Yes No Nature of Disability: _____
 Are you a U.S. Armed Forces **Veteran?** Yes No Ethnicity: _____
 Name of Employer: _____ Address: _____ Phone: _____
 Type of Business: _____ No. Years on Job: _____ Position/Title: _____

HOUSEHOLD INFORMATION:

Are other members of household disabled? Yes No Nature of Disability: _____
 Have you missed a mortgage payment in the last 12 months? Yes No How many? _____
 Number of adults living in the home: _____ Number of adults receiving income: _____
 Number of children living in the home: _____ Ages of children: _____
 Do you own other property? Yes No Use of other property: _____
 Emergency contact:
 Name: _____ Address: _____ Phone: _____
 Referral Source: _____ Name: _____ Phone: _____

PROPERTY INFORMATION:

First Mortgage Holder: _____ Name(s) on Title: _____
 Owner occupied? Yes No Number of years Homeowner has lived in the home: _____
Property: Home Mobile Home Condo #of Bedrooms _____ # of Bathrooms _____
 Sq. Footage: _____ Do you plan on selling this property within the next year? Yes No
 Do you have homeowners insurance? Yes No Carrier: _____
 Year home was built: _____

Known Repairs and/or Hazards:

___ Electrical ___ Exterior Painting ___ Interior Painting ___ Wheelchair ramp
 ___ Plumbing ___ Toilet ___ Accessibility Modification ___ Grab Bars
 ___ Yard Work ___ Wall Repairs ___ Roof Repair(s) ___ Smoke/CO2 Detector
 ___ Window(s) ___ Floor Repairs ___ Door Repair(s) ___ Faucet Replacement

Other: _____ Additional Needs: _____

List any agencies, programs or church groups that you are involved with, that would be interested in assisting if you were accepted into our program: _____

Have you applied to any other organization for either a loan or a grant to repair or improve your home? Yes No If yes, please provide information: _____

Monthly Income Information

Must include any income from ALL persons living in the home

Salary \$_____
Retirement \$_____
Social Security/Disability \$_____
Child Support/Alimony \$_____
Rental Income \$_____
Other: _____ \$_____
Other: _____ \$_____

TOTAL MONTHLY INCOME: \$_____

Monthly Expense Information

List all *monthly* household expenses.

Mortgage Payment \$_____
Property Taxes & Ins. \$_____
Gas & Electric \$_____
Water Bill \$_____
Telephone \$_____
Cable TV \$_____
Other: _____ \$_____

TOTAL MONTHLY EXPENSES: \$_____

The following documents are REQUIRED for your application to be considered:

- 1. A copy of the most recent Federal Income Tax Return and W-2 form(s) for each member of the household or certification that you are not legally required to file a tax return. (If you receive SSI, Social Security Pension(s), Retirement, VA Benefits, Welfare or other fixed income, please include a copy of your Award Letter or Benefit Statement – a copy of your check is NOT sufficient.
2. A copy of the most current property tax bill, mortgage payment statement, or homeowner’s insurance.
3. A copy of your most recent electricity bill
4. A letter explaining why your home should be considered for the RTSD program
RTSD serves all religions and ethnic backgrounds, without exception or discrimination

WARNING!! It is a Federal crime punishable by fine and/or imprisonment, to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code, Section 1014.

IMPORTANT – READ CAREFULLY BEFORE SIGNING

Applicant’s Statement:

I/We certify that the above information is true and correct to the best of my/our knowledge. I/We certify that I/we do not have the financial means (savings, investments, etc.) to perform the repairs for which I/We are applying. I/We authorize you to check any references necessary to complete the processing of this application for the purpose of being considered to receive housing rehabilitation through Rebuilding Together San Diego. I/We also understand that any information received will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive housing rehabilitation.

Homeowner Signature

Date

Homeowner Signature

Date