



Applying for:	
<input type="checkbox"/> Annual April Event	<input type="checkbox"/> Year-Round Program

PRELIMINARY HOMEOWNER APPLICATION

Applicant Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Ethnicity _____ Number of Dependents _____

Are you a Veteran _____ Marital Status Married Single Separated Widowed

Name & Address of Employer _____

Type of Business _____ Phone _____

No. Years on Job _____ Line of Work _____ Position/Title _____

Co-Applicant Name _____

Address _____ City _____ Zip _____

Home Phone _____ Social Security # _____

Date of Birth _____ Ethnicity _____ Number of Dependents _____

Are you a Veteran _____ Marital Status Married Single Separated Widowed

Name & Address of Employer _____

Type of Business _____ Phone _____

No. Years on Job _____ Line of Work _____ Position/Title _____

How did you hear about Rebuilding Together San Diego?

Have you previously submitted an application to *Rebuilding Together San Diego* (formerly *Christmas in April*)?

Yes No If yes, when? _____ What work was done? _____

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 _____

Annual Income

Source	Applicant	Co-Applicant	Other Household Member	Total
Salary				
Social Security, Pension, Funds, Retirement, etc.				
Unemployment Benefits				

Mail to **REBUILDING TOGETHER San Diego 2013 Franklin Avenue, SAN DIEGO CA 92113**

Workers Compensation				
Alimony, Child Support				
Welfare Payment				
Additional Property				

Total Annual Gross Income _____

Mortgages

First Mortgage Holder Name _____ Payment _____

Second Mortgage Holder Name _____ Payment _____

Name(s) on Title _____ Property Taxes _____

Property Home Mobile Home Condo

House Sq. Footage _____ # of Bedrooms _____ # of Bathrooms _____ # Years in home _____

Do you have homeowners insurance? Yes No Carrier _____

Known Repairs, Work Needed, and Hazards

Prioritize the work needed on the property:

Do you plan on selling this property within the

next year? Yes No

1. _____ 3. _____

2. _____ 4. _____

Additional Needs _____

Do you or anyone in your home have physical disabilities of which we should be aware in assessing the repairs in your home? _____

***Please provide us with a letter explaining why your home should be considered for the RTSD Program. (must use separate piece of paper to be included with this application).

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: _____

I/We certify that the above information is true and correct to the best of my/our knowledge. I/We also authorize you to check any references necessary to complete the processing of this application for the purpose of receiving 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.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Referred by _____ Relation _____

Phone Number _____ Address _____

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