



Administrative Use Only	
City Dist _____	County Dist _____
<input type="checkbox"/> Annual Event	<input type="checkbox"/> Safe at Home
<input type="checkbox"/> Year Round	<input type="checkbox"/> Roof Repair/Replacement

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 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: _____

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

Monthly Expense Information

List all **monthly** household expenses.

Applicant #1		Applicant #2			
Salary	\$	Salary	\$	Mortgage Payment	\$
Pension	\$	Pension	\$	Property Taxes & Ins.	\$
Soc. Sec.	\$	Soc. Sec.	\$	Gas & Electric	\$
Disability	\$	Disability	\$	Water/Sewer	\$
Annuities	\$	Annuities	\$	Telephone	\$
Child Support	\$	Child Support	\$	Cable TV	\$
Alimony	\$	Alimony	\$	Other	\$
Rental Income	\$	Rental Income	\$	Other	\$
Other	\$	Other	\$		
TOTAL Mo.	\$	TOTAL Mo.	\$	TOTAL Mo.	

Other Property? Yes ___ No ___ Value \$ _____ Address: _____

Total Annual Income \$ _____

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



CONSENT TO SHARE INFORMATION WITH PARTNERING COMMUNITY ORGANIZATIONS

Rebuilding Together San Diego partners with a number of community organizations that can provide additional assistance with their programs and services.

In order to facilitate the referral process, to screen and determine if you and your property might qualify for their program services, we are requesting your permission to share your application with our collaborative partners.

The services our partners offer include, but not limited to: weatherization, window replacement, heater replacement, refrigeration and water heater replacement, reduction of utility bills, solar panel installation, minor mold and lead abatement remediation.

All personal information provided by you and/or any member of your household will remain confidential and will not be published or made available to any persons or agency other than those individuals directly involved in our collaborative program. Confidentiality will be protected to the full extent provided by law.

Agreement: I understand that Rebuilding Together San Diego has an established collaboration of partner organizations. I agree to allow the information and documents that pertain to my residence to be shared with these partner agencies. I agree that the documents that I have provided to Rebuilding Together San Diego to determine my eligibility for this program will be made available to these partner agencies in order for them to assess my eligibility for consideration to receive services administered by these agencies.

I give my permission to have these partnering organizations contact me to discuss their programs, should I be eligible.

Name: _____
Please Print

Date: _____

Signature: _____

I elect to decline consent to share information.
Please check the box and sign.

Name: _____

Date: _____

