



Administrative Use Only	
City Dist _____	County Dist _____
<input type="checkbox"/> Annual Event	<input type="checkbox"/> Safe at Home   Together
<input type="checkbox"/> Year Round	<input type="checkbox"/> Make A Difference Day

**PRELIMINARY HOMEOWNER APPLICATION**

Return via U.S. mail with a copy of required documents, proof of income and homeownership.

**MAILING ADDRESS ONLY: 8690 Aero Dr. #125, San Diego, CA 92123**

**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:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
 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  
 Current Homeowner Insurance 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

**MUST LIST ALL INCOME****Monthly Expense Information**

List all **monthly** household expenses

Applicant #1		Applicant #2		Expenses:	
Salary	\$	Salary	\$	Mortgage Payment	\$
Pension	\$	Pension	\$	Property Taxes	\$
Ins.	\$	Ins.	\$	Homeowners 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	\$		
<b>TOTAL Mo.</b>	<b>\$</b>	<b>TOTAL Mo.</b>	<b>\$</b>	<b>TOTAL Mo.</b>	

Do you own 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
3. A copy of current homeowner's insurance policy
4. A copy of your most recent electric or water bill
5. 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** – Do you have/own animals, such as dogs, cats, etc.? Yes \_\_\_ No \_\_\_ If yes, you will be responsible for moving them from the premises until Rebuilding Together San Diego has completed the scheduled repairs on your home. **NO** work will be done by RTSD volunteers or contractors with animals on the property.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date