



APPLICATION

APRIL REBUILDING PROGRAM AND OCTOBER BLOCK BUILDING PROGRAM

Homeowner Name: _____
Address: _____
Zip code: _____

Date of birth: _____ Social Security: _____ Phone: _____

Co-applicant: _____ Date of birth: _____ Social Security: _____

Emergency/Secondary Contact: _____ Phone: _____

Have you received assistance from Rebuilding Together/Christmas in April before? Yes No
If yes, in what year did we work on your house? _____

Do you own other property? Yes No How many people live in this home? _____

Are you a veteran of the US armed forces? Yes No

How did you hear about us? _____

Rebuilding Together is an **all-volunteer** effort that relies on community involvement. If your home is selected, friends and family ages 14 and older are expected to work with us, including helping and thanking volunteers. Please initial to indicate your agreement:

I understand that I am required to volunteer to the best of my ability, and that adult family or friends on site during the workday will also participate. _____ Initial

Please list the names and phone numbers of family members, church or other social organization members and/or friends who may be willing to help. Lack of friends or family to help will not disqualify you.

If someone other than the homeowner prepares this application, or helps the homeowner fill it out, please complete the following:

Name of person preparing/assisting with application: _____

Relationship to applicant: _____

Address: _____ Phone: _____

Documents required to prove ownership, income and residence

Please submit **copies** of the following documents when you return the application. Applications submitted without these documents will not be considered. If you must send originals, we will copy and return the originals to you.

- 1. **Proof of ownership** (submit **one only**)
 - a **copy** of your current property tax bill
 - OR** a **copy** of the deed to your property
- 2. **Proof of income** (submit **one only**) for **all** residents in your home
 - a **copy** of your (and/or their) W2 or benefit/retirement statement(s)
 - OR** a **copy** of your (and/or their) last year's Federal tax return (1040)
- 3. **Proof of residence** (submit **one only**)
 - a **copy** of a recent telephone bill **OR** cable TV bill
 - OR** a **copy** of a recent PG&E **OR** EBMUD **OR** garbage bill

Property Information

Year Purchased: _____ Number of bedrooms: _____ Number of Stories: _____

Do you have homeowner's insurance? Yes No

If the above was answered "yes" please answer the following:

Insurance Company: _____ Policy #: _____

Agent's Name: _____ Phone #: _____

Desired Repairs

Please note that this is **only** a list of repairs that you hope to have completed. This list will tell us what you think is most important to you. **Rebuilding Together Oakland cannot guarantee that every item will be addressed.**

Interior Repairs: _____

Exterior Repairs: _____

Paint: _____

Financial Information

<u>Income sources</u>	<u>Your income (monthly)</u>	<u>Household income (monthly)</u>
Employment	\$ _____	\$ _____
AFDC	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Retirement	\$ _____	\$ _____
VA	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
<u>Total monthly income:</u>	\$ _____	\$ _____

Assets (Household)

Property value of address we will repair	\$ _____
Automobile(s)	\$ _____
Checking (add balances of all accounts)	\$ _____
Savings (add balances of all accounts)	\$ _____
Cash on hand	\$ _____
Other _____	\$ _____
<u>Total household assets:</u>	\$ _____

Expenses/liabilities (household amount per month)

Property tax	\$ _____
Mortgages (first/second liens)	\$ _____
Credit card payments	\$ _____
PG&E, EBMUD	\$ _____
Phone, cable, garbage	\$ _____
Medical (include prescription costs)	\$ _____
Insurance (homeowner's, health, auto)	\$ _____
Food	\$ _____
Other _____	\$ _____
<u>Total monthly household expenses:</u>	\$ _____

Homeowner's Statement of Eligibility

I, _____ have asked Rebuilding Together provide repairs to my home at _____ in Oakland, CA. I understand that Rebuilding Together Oakland is funded by charitable donations and grants to provide assistance to low-income elderly or disabled homeowners who have no other means to afford home repairs. **The selection decision is not and shall not be made on the basis of race, color, religion, national origin, sex, marital status, sexual orientation, or veteran status.**

I also understand that Rebuilding Together Oakland is obligated to use its charitable donations and government funds only for assistance to eligible homeowners. In addition, I understand that to knowingly submit false information is considered fraud and punishable under law. By signing my name to this statement, I guarantee that I am eligible to receive this assistance, as follows:

1. All the information submitted on my Homeowner Application is complete and correct. _____ *Initial*
2. I am the sole owner of the home at the above address, or I share ownership with persons who are also eligible to receive this assistance. _____ *Initial*
3. This same house is my full-time residence. _____ *Initial*
4. I will not sell, rent or transfer ownership of this house for three years after completion of repairs. _____ *Initial*
5. I, my spouse, partner and/or any other owners of my home have no other financial resources to afford the services that I have requested. _____ *Initial*
6. I authorize Rebuilding Together and its representatives to complete paperwork required to obtain building permits necessary to repair my home. _____ *Initial*
7. I understand that Rebuilding Together Oakland is a neighbor-helping-neighbor organization and I will do everything possible to get my friends and family to help on the workday. _____ *Initial*
8. I am aware Rebuilding Together Oakland is a 1- or 2-weekend volunteer program. Promises cannot be made as to the specific work that will be done. I understand it may not be possible for volunteers to return after Rebuilding Weekend. _____ *Initial*
9. I authorize Rebuilding Together Oakland to verify any information I have provided on this application, and I understand that the City of Oakland's Police Department may screen my address for history of illegal activity. _____ *Initial*

Signed: _____ Date: _____
(Homeowner)

(Homeowner) Date: _____

Signed: _____ Date: _____
(Witness)

(Printed name of witness) Phone: _____