



Sebastopol Affiliate

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**Rebuilding Together - Sebastopol
 HOMEOWNER REPAIR APPLICATION FORM
 WORKDAY APRIL 18, 2009**

Name of Homeowner(1) _____ Age _____

Name of Homeowner(2) _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ E-Mail _____

1. To receive Rebuilding Together Sebastopol services, you must own your home. Are you the owner (s) of the home at the above address? Yes No

2. How long have you owned your home? _____

3. Please list the name, age and relationships of all persons living at this address:

NAME	AGE	RELATIONSHIP TO HOMEOWNER

4. Do any of the people living at this address have a health problem or a disability Yes No

If yes, please explain: _____

5. Is anyone at this address currently being visited by any home health care service? Yes No

If yes, please provide name of agency, case worker and phone number: _____

6. Repair Work Needed: (Please be as specific as possible when listing your concerns) _____

7. Rebuilding Together does not ask for any payment for work that is done, but we do ask all family or friends who are able to participate to volunteer on the Workday. Please list any family members and friends who could be available to help if your home is selected:

NAME	AGE	RELATIONSHIP TO HOMEOWNER

Average Income Guidelines

FAMILY SIZE	1 PERSONS	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS
80% OF MEDIAN	\$41,700	\$47,700	\$53,650	\$59,600	\$64,350	\$69,150	\$73,900	\$78,650

Preference is given to low-income families with children, the elderly and handicapped persons who are unable to do the repairs and who have no able-bodied family members who might be able to do the work.

8. Documentation Required:

- A copy of your most current property tax bill.
- A copy of your most current house payment coupon.
- A copy of your most recent IRS Tax Return.
- A copy of your benefit statement must be submitted for those who are not required to file a tax return.
- A copy of **all** pages of your most recent bank statements - all accounts.

(This documentation will be kept confidential and is necessary to verify that you own your home, reside in the house, and fit within the income guidelines for your program. Your application will not be considered without this information)

9. Each year we share our story with the community through our news media. This coverage helps spread the word about our services and means more financial support from the community for homeowners like you. If your application is approved, we hope you will be willing to speak with reporters (newspaper, TV, radio) should there be an opportunity for you to be interviewed, and/or to allow Rebuilding Together to use any photographs taken for promotion purposes. Yes No

10. If you are submitting this application on behalf of the homeowner, please provide your name, relationship, and phone number: _____

**APPLICATION DEADLINE FOR OUR WORKDAY IN 2009
IS DECEMBER 31, 2008**

AUTHORIZATION STATEMENT

I certify that this information is true and correct to the best of my knowledge and belief, and that I accept and agree to the stated provisions. I understand and agree to have my home revitalized by volunteers. I understand that the information I provided during the selection and sponsorship process, will be anonymously shared with potential sponsors and others. All applications are evaluated fairly by Rebuilding Together. If accepted, the applicant must sign a release of liability before any work can begin.

I understand that submitting an application does not guarantee acceptance by Rebuilding Together.

Signature of Homeowner: _____ Date: _____
 Signature of Homeowner: _____ Date: _____

**PROOF OF INCOME MUST ACCOMPANY THIS APPLICATION. WHEN COMPLETE, MAIL APPLICATION TO:
 Rebuilding Together - Sebastopol, P.O. Box 21, Sebastopol, CA 95473**

For questions and/or additional information, please call 707.823.6636