



Dear Homeowner:

Rebuilding Together Oakland County is a non-profit volunteer organization that is affiliated with a national organization called *Rebuilding Together*. Our mission in our Oakland County communities we serve is to provide free home repairs to low-income homeowners, especially elderly, disabled, military veterans, and families with children who often have no place to turn when they need help. Most of our work is done on the last Saturday in April.

Condos or mobile homes do not qualify. You must own and live in a single family home. Besides being low-income, your mortgage, taxes, and insurance must be up to date.

If you have received a copy of this application and feel you would qualify for our assistance in repairing your home to a safe and warm environment, please complete the attached form and mail it with the required documentation to the address noted below. If you need assistance in filling out this application, please call 248-432-6551 and leave a message.

Documentation required with this application:

____ Photocopied documentation of total household income verification for everyone living in the household who is 18 or over. Include filed income tax forms, pay stubs, social security statements, Pension or disability statements and any other sources of income statements.

____ If making a mortgage payment, then include a copy of your current mortgage statement.

____ If home insurance is not paid by your mortgage company, then include a copy of your homeowners insurance “declaration page”.

____ If a veteran, please include a copy of your discharge paper.

Once we review your application, you will be contacted by one of our representatives to advise if you may qualify for our program. However a follow up home visit must be scheduled to complete the evaluation. **Rest assured that the information you provide us will be held in the strictest confidence.**

Homeowner applications are being accepted for the 2016 National Rebuild Day for *Rebuilding Together Oakland County* being held on Saturday, April 30th.

RTOC Homeowner Application Processing
31700 West 12 Mile Road – Suite #201
Farmington Hills, MI 48334

Revised 1/27/16



**HOMEOWNER APPLICATION
COMPLETELY CONFIDENTIAL**

If you need assistance in filling out this application,
please call 248-432-6551 and leave a message.

Applicant

Date _____

Please provide the following information:

NAME: _____
Last First Middle Date of Birth

ADDRESS: _____
Street Home Telephone #

City/Township/Village ZIP Code Cell Phone #

HOME & LOT OWNED BY: _____

(Note: must be single family home & not a condo or mobile) Name as it appears on deed to property

Occupant information

Marital status of applicant(s): SINGLE MARRIED WIDOW/WIDOWER

Number of individuals living in the household with the applicant(s) _____ VETERAN

Names, ages, and relationship of those individuals to the applicant(s):

Name Relationship Age Employed (Y/N) Monthly Income Disabled (Y/N)

Homeowners Representative that is filling out this application

(If applicable)

Name _____ Relationship _____

Cell Phone _____ Are you also the emergency contact? (Y/N) _____

Employment information

Name of applicant's employer _____

Employer's address _____

Business phone no. _____ No. of years employed _____ Date terminated _____

Name of co-applicant's employer _____

Employer's address _____

Business phone no. _____ No. of years employed _____ Date terminated _____

COMPLETELY CONFIDENTIAL

Financial Information

Income by Month

Applicant's base salary (Gross) \$ _____

Co-applicant's salary (Gross) \$ _____

Children or other working person's contribution to household income (Monthly) \$ _____

Pensions, annuities, social security, A.D.C., public assistance, food stamps, etc. (Monthly) \$ _____

Earnings from savings, rents, interests (Monthly) \$ _____

Other income each month (Please explain) \$ _____

Total monthly income \$ _____

Housing Costs

Monthly House Payment \$ _____
(Include a copy of your mortgage statement)

Are taxes and insurance included in the house payment?
 Yes No

If no:
 Property tax amount \$ _____
 Home insurance amount \$ _____

Up to date on your mortgage payment? _____
 Up to date on your tax payments? _____
 Up to date on all utility payments? _____
 Are you in foreclosure? _____

IMPORTANT

Please submit one copy of your past year's federal and state tax returns, including all schedules and forms to support the income information in this section. If you no longer file, include your social security statement.

Assets

Amount in U.S. savings Bonds \$ _____

Securities (Stocks, bonds) \$ _____

Other real estate (Market value) \$ _____

Bank accounts:
 Savings: \$ _____
 Checking: \$ _____
 Other assets (Please explain) \$ _____

Total Assets \$ _____

Liabilities

	<u>Monthly Payment</u>	<u>Unpaid Balance</u>
Automobile loans: Name of lender _____	\$ _____	\$ _____
Loans:		
Personal	\$ _____	\$ _____
Home improvement	\$ _____	\$ _____
Life insurance	\$ _____	\$ _____
Credit Accounts: Installment/charge accounts-list:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other (please explain) \$ _____	\$ _____	
Total Liabilities	\$ _____	\$ _____

COMPLETELY CONFIDENTIAL

Housing information

Length of time in present home _____ Is this your current residence? (Y/N) _____
Your only residence? (Y/N) _____ Do you own rental or other property? (Y/N) _____
Name & address of mortgage or land contract holder: **(Include a current mortgage statement)**
Name _____
Address _____
Mortgage account no. _____
Year home was built? _____
Is your home insured? Yes No
Are your property taxes current? Yes No
If no, how many years of back taxes are owed? _____
Description of home: (example: ranch, 3 bedroom, 1 bath, basement, etc.)

Home Repair Information

Homeowner's Repair Wish List:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

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

If your home is selected, will you and/or your family members help the volunteers accomplish the repairs to your home? _____

COMPLETELY CONFIDENTIAL

In the space provided, please describe any unusual circumstances pertaining to this application (add additional pages if necessary).

Have you ever applied for this program before? Yes No If yes, when? _____

Have you received home repair help from your country or city before? Yes No

If yes, when? _____

How did you hear about us? _____

IMPORTANT - READ CAREFULLY BEFORE SIGNING

I/We hereby certify that the foregoing information is true and complete to the best of my/our knowledge, and inquiries may be made to verify the statements made herein. I/We further certify that the property address contained herein is my/our principal place of residency and I/We request a review of the property for consideration of assistance through the program for which this application is made. I/We further understand that in order to maintain the viability of this program, the program administrators may request a health, safety, and legal review of the property while considering this application. 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. I/We understand that completing this application does not mean automatic selection and that houses chosen for rehabilitation will be determined on a needs/scope criteria. I/We understand that by completing this application, Rebuilding Together Oakland County is in no way guaranteeing services or assistance.

Signature of Applicant _____
Date

Signature of Co-Applicant _____
Date

To qualify for the Work Day for *Rebuilding Together Oakland County* to be held on the last Saturday of April, you must mail this application with supporting documents to the following address within two weeks. If received after that, we may place it in our hold file and will notify you if we can provide help at another time of the year.

RTOC Homeowner Application Processing
31700 West 12 Mile Road – Suite #201
Farmington Hills, MI 48334

Revised 1/27/16