



November 1, 2013

To whom it may concern:

Rebuilding Together Waycross, Inc. would love to consider your application for our services.

In order to pre-qualify one should:

1. Own or be buying your home
2. Live within the geographic boundaries of Ware County
3. Be 62 years of age or older or be permanently disabled or have children in your home that are permanently disabled
4. Qualify as low-income per HUD guidelines for Ware County
5. Not have assets that could be readily converted to cash to pay for the needed home repairs or improvements.

If you or someone you know pre-qualifies as outlined above, please complete or have them complete the enclosed application, include the requested documentation and forward the completed package to:

Rebuilding Together Waycross, Inc
P O Box 287
Waycross, GA 31502

We are accepting applications now. **Applications are due November 30, 2013 but we encourage you to complete an application early to allow us to begin the evaluation process.** Rebuilding Day will take place on Saturday, April 26, 2014.

Thanks for your support and we look forward to continuing to serve homeowners in Ware County to help them live independently, warm and safe if they so desire.

If you have any questions about the application or qualifications, please call me at (912) 285-8513 and leave a message.

Sincerely,

Berry C. Tanner, Jr.
President
Rebuilding Together Waycross, Inc.



HOMEOWNER APPLICATION 2014

SECTION 1 HOMEOWNER INFORMATION

Name of Homeowner			
Address			
City, state zip			
Home Phone		Cell Phone	
Work Phone		Date of Birth	
Email address			
Name of Emergency Contact			
Emer. Cont. Phone		Relationship to homeowner	
Ethnicity <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other:			
Female head of household <input type="checkbox"/> Yes <input type="checkbox"/> No			
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
Branch		Years Served	
Date home built		Years in Home	
Type of structure		Monthly pest control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Homeowners insurance co.		Policy no.	
Are your property tax payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are your mortgage payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			

List the names and ages of all people living in the home (attach a list if more space is needed) including renters:

Name	Age	M or F	Ethnicity

SECTION 2 SPECIAL NEEDS/ DISABILITIES

List the names of anyone permanently disabled living in the home:

Name	Nature of Disability

SECTION 3 APPLICANT HISTORY

Have you ever applied to Rebuilding Together/Christmas in April? Yes No

Has Rebuilding Together/Christmas in April ever done work on your home? Yes No

If so, what year was this work done?

SECTION 4 TYPE OF REPAIRS TO BE CONSIDERED

Type of Repair	Brief Description
Electrical	
Plumbing	

Exterior painting	
Interior painting	
Carpentry repairs	
Roof repairs	
Wheelchair ramp, grab bars, etc.	
Other	
Other	

Please list the repairs that are most important to you and you feel need immediate attention:

1.	
2.	
3.	

SECTION 5 INCOME AND OWNERSHIP VERIFICATION

Rebuilding Together serves homeowners who live on a limited income and own their own home, with a special focus on the elderly and disabled. For this reason, we must ask you to certify the total household income for all the people who live within your home and provide proof of property ownership. Please complete the chart below and provide documentation to verify this information. **Rebuilding Together REQUIRES that we have a copy of each family member's income tax return in addition to this documentation.** Information provided below must include monthly income of all household members over the age of 18.

Name	Wages Salary	Social Security Check	Disability	AFDC

I have ____ (number) renters who pay me \$ _____ on monthly basis.

SECTION 6 HOMEOWNER AGREEMENT

Rebuilding Together provides volunteer home repairs for limited income homeowners who are unable to do the work themselves. Homeowner(s) understand and affirm the following:

- Homeowner(s) will not be charged for the work performed on the Home.
- It is my/our intention to remain in the Home, barring catastrophic illness or death, for a minimum of two years after completion of repair work performed.
- Homeowner(s) will be responsible for reimbursing the cost of supplies and labor to Rebuilding Together if I/we sells, rents or accepts a contract for sale of the Home while work is being completed by Rebuilding Together or within two years after such work is completed.
- The labor will be performed by skilled & unskilled volunteers.
- None of the work done is warranted or guaranteed.
- The work to be done will be that previously discussed with me/us by a representative of the volunteers Rebuilding Together work crew and I/we understand that there is no guarantee as to the amount of work which Rebuilding Together may complete.
- In consideration of the work to be performed free of charge by the volunteers organized by Rebuilding Together for the benefit of the Homeowner(s) and home and in light of the aims and purposes of the

community service provided by Rebuilding Together in organizing this home repair and renovation program, Homeowner(s) agree to release and hold Rebuilding Together, its officers and directors, employees, agents and volunteers harmless from any cause of action, claim or suit arising from such work.

- Homeowner(s) and any able bodied family member will work alongside the volunteer group to make necessary repairs to the Home.
- Homeowner(s) do not object if a photographer takes photographs of the volunteers, my home or myself while they are working at my/our home.
- Homeowner(s) understand that if Homeowner(s) or any family member disrupts the work of the volunteers, refuses to help or leave the site, during the work day, Rebuilding Together will not perform or complete the repairs on the Home.
- Homeowner(s) are aware that Rebuilding Together will need to remove, discard or relocate objects within the home to enable the individual and/or family members to remain living in a safe, sanitary and healthy environment.
- Homeowner(s) understand that if the volunteers are placed in an unsafe work environment that Rebuilding Together will not perform or complete the repairs on the Home.
- I allow Rebuilding Together to check the validity of the personal information I have provided to the program that is required to establish my eligibility for this service.

I do swear that my total household income, including all members residing within my home is \$_____.

I/We certify that the information on this application is accurate and that I/we own the property at the address given on this application. I/We hereby release Rebuilding Together and all associated with it from any and all liability whatsoever.

_____/_____
Homeowner(s)Signature Date

_____/_____
Homeowner(s)Signature Date

Preparer* Signature Date

* If you are not the homeowner, but are assisting the homeowner(s) in completing this application, then please provide the following information in addition to your signature:

Relationship to the homeowner: _____ Phone: _____

Print Name: _____ Email: _____

For Rebuilding Together Waycross Use Only.

Date Received: _____

Date Previewed: _____

Date Inspected: _____