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Lowell

Homeowner Application

Return no later than October 31, 2011

(Please Print)

(Please check one) Mr. & Mrs. Mr. Mrs. Ms.

Name: _____

Address: _____ Zip Code _____

Phone : (Home) _____ (Work) _____ (Cell) _____

Age of Applicant(s): _____ / _____

Are you or a family member Veterans? Yes No

Are you employed? Yes No _____ If yes, employer name _____

How did you hear about Rebuilding Together * Lowell _____

Total Annual Household Income: \$ _____ (Include income of all people living in household)

Please list everyone (other than the applicant) who lives in the house:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Employed</u>
_____	_____	_____	___Y ___N
_____	_____	_____	___Y ___N
_____	_____	_____	___Y ___N
_____	_____	_____	___Y ___N

Is the homeowner or anyone else residing in the home disabled? Yes No

If yes, please indicate by checking below all that apply:

Sight Impaired Hearing Impaired Wheelchair Walker

Other Impairments (please list)

PROPERTY INFORMATION

Do you own and live in your home? ____ Yes ____ No

Number of Bedrooms _____ Number of Bathrooms _____

Do you have homeowners insurance? ____ Y ____ N

Name of Insurance Company _____

(Insurance is required to participate in the Rebuilding Together Lowell program)

Do you intend to sell your home within the next two years? * ____ Y ____ N

***Recipients who sell their home within two years of participating in the program are expected to reimburse Rebuilding Together Lowell for the value of services received.**

Have you applied for any other home improvement programs? ____ Y ____ N

If so, what program? _____

Should your home be approved for the program, what repairs would you need done?

____ Electrical ____ Exterior Painting ____ Interior Painting

____ Plumbing ____ Wall Repair ____ Roof Repair

____ Yard Work ____ Floor Repair ____ Door Repair

____ OTHER (Please Specify)

Please give any information about yourself that will be important for us to consider in evaluating your application (e.g. medical conditions, etc.), and let us know how the repairs you have listed will help you:

If your home is selected, able-bodied family/friends are expected to help on Saturday, April 28th, 2012. Are there any reasons that they will not be able to participate?

Volunteers may not be able to complete all requested repairs. I/we certify that the above information is true and correct to the best of my/our knowledge. I/we realize that failure to provide all information requested could result in our application being invalid. I/we authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation through Rebuilding Together Lowell. I/we also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility of this program.

Signature(s) of Homeowner(s)

Date

If chosen you must submit the following information (**do not submit this information with your application**): Signed tax returns for the last two (2) years and/or a determination letter, and/or paycheck stubs. In addition you will be required to sign a Self-Declaration of Income Report and a Homeowner Agreement form and photo waiver.