



APPLICATION # 18-	Financial Approved: Operation Approved:
-------------------	--

REBUILDINGTOGETHER DAY: MAY 5, 2018

**HOMEOWNER APPLICATION DEADLINE:
Postmarked by March 1, 2018**

**HOMEOWNER APPLICATION
(FOR REBUILDING TOGETHER-LINCOLN COUNTY USE ONLY)**

Homeowner(s)Name: _____

Physical location: _____

Mailing address: _____

Date of birth: _____ Phone: _____

Co-applicant: _____ Date of birth: _____

Emergency/Secondary Contact: _____ Phone: _____

Have you received assistance from Rebuilding Together 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? _____

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: _____

For assistance call (207) 380-5719

RETURN FORM TO REBUILDING TOGETHER - LINCOLN COUNTY

drop off point: Hawke Motors 203 Townsend Avenue, Boothbay Harbor

or mail it to: RT-LC, PO Box 22, Boothbay Harbor, ME 04538

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

RT Application Approval Committee will obtain necessary documentation from Lincoln County Registry of Deeds.

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** utility 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 #: _____

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 –Lincoln County cannot guarantee that any or every item will be addressed.**

Interior Repairs: _____

Exterior Repairs: _____

Paint: _____

Financial Information**Assets**

Residence (assessed value) _____
 Other land and buildings _____
 Cash Assets/Accounts _____
 Stocks, Bonds, and Other _____

Income sources (provide monthly figures)

	Your income	Household income
Employment	\$ _____	\$ _____
Other	\$ _____	\$ _____
Social Sec.	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Retirement	\$ _____	\$ _____
VA	\$ _____	\$ _____
Rental	\$ _____	\$ _____
<u>Total monthly income:</u>	\$ _____	\$ _____

Expenses/Liabilities (household amount per month)

Mortgages (first/second liens)	\$ _____
Property Taxes	\$ _____
CMP	\$ _____
Phone, cable, garbage	\$ _____
Medical (including prescriptions)	\$ _____
Insurances (home, health, auto)	\$ _____
Food	\$ _____
Transportation	\$ _____
Clothing	\$ _____
Credit card debt	\$ _____
Misc. bills	\$ _____
Total monthly household expenses	\$ _____

Homeowner's Statement of Eligibility

I, _____ have asked Rebuilding Together to provide repairs to my home at _____ in Lincoln County. I understand that Rebuilding Together-Lincoln County is funded by charitable donations and grants to provide assistance to the elderly, disabled or low-income families with children who have no other means to afford home repairs.

I also understand that Rebuilding Together – Lincoln County 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 understand that if I need to sell within that two year period, I will be responsible for reimbursing Rebuilding Together-Lincoln County for the cost of the materials that were used in the repair. _____ *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-Lincoln County and its representatives to complete paperwork required to obtain building permits necessary to repair my home. _____ *Initial*
7. I understand that Rebuilding Together–Lincoln County is a neighbor helping-neighbor organization and I will do everything possible to get my friends and family to help on the workday. _____ *Initial*

Signed: _____ Date: _____
(Homeowner)

_____ Date: _____
(Homeowner)

Signed: _____ Date: _____
(Witness)

_____ Phone: _____
(Printed name of witness)



Homeowner Demographic Information

Name: _____

Dated: _____

Project# _____

This personal information will not be shared

How many years have owners lived the home _____

How many people live in the home (total number) _____

Demographics: (number of each that applies)

Gender

Male _____
 Female _____

Ages

18 and younger _____
 19 - 24 _____
 25 - 64 _____
 65 and older _____

Race

White / Non Hispanic _____
 Other (Specify) _____

Disability

18 and younger _____
 19 - 24 _____
 25 - 64 _____
 65 and older _____

Veterans

Disabled Veterans _____

Head of Household (√ one) no children under 18 or with children under 18

Male _____
 Female _____
 Grandparent _____
 Guardian _____

Non Profit Facility Information

Number of people served annually: _____