



APPLICATION # 19-	Financial Approved: Operation Approved:
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**\*RebuildingTogether Day: MAY 11, 2019\***

**HOMEOWNER APPLICATION DEADLINE:  
Postmarked by March 1st**

**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)**

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

**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	\$ _____
<b>Total monthly household expenses</b>	<b>\$ _____</b>

## 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: \_\_\_\_\_