## Rebuilding Together® Kern County

*Tax I. D. # 26-2142845*

## HOMEOWNER APPLICATION

## INSTRUCTIONS:

## Complete and sign the application form

Detach the application and **keep this page** for your future reference

**Return completed application to:**

**Rebuilding Together® Kern County**

**P.O. BOX 11622**

**Bakersfield, CA 93389**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program Information | | | | | | | | | |
| **REBUILDING TOGETHER® Kern County** is a non-profit **volunteer** program designed to provide free “Rehabilitation Services” for veterans, low-income homeowners, particularly the elderly and disabled, to make their home warm, safe, dry, accessible and healthy.  **Types of Rehab** include: building ramps for wheelchair access, installing grab bars for safety and convenience, painting, electrical repairs, plumbing repairs, carpentry, and yard cleaning. | | | | | | | | | |
| \* | A member of our Site Selection Committee will contact you to arrange a home site survey. We will need to survey the entire home. | | | | | | | | |
| \* | The Site Selection Committee determines which homes will be rehabilitated based upon need and our resources available to complete the work. | | | | | | | | |
| \* | All applicants will be notified in writing as to whether or not their home has been selected. | | | | | | | | |
| \* | Volunteers, Trades Professionals and able-bodied members of the recipient’s family will complete the agreed upon tasks. | | | | | | | | |
| \* | Our work is scheduled for a Rebuilding Day, *usually a Saturday in April, August, or October.* | | | | | | | | |
| ***Note: Due to the size and complexity of the work needed, we may not be able to do certain projects.*** | | | | | | | | | |
| ELIGIBILITY REQUIREMENTS | | | | | | | | | |
| **You must OWN and OCCUPY the home, and it must need repairs or modifications to make the home safe and healthy.** | | | | | | | | | |
| **You must be unable to do the work yourself**. | | | | | | | | | |
| **Your household income must be “Low Income” based on the following HUD guidelines**: | | | | | | | | | |
| # living in Household | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Annual Income under  or  Monthly Income under | | 33,550    2,795 | 38,350    3,195 | 43,150      3,595 | 47,900    3,991 | 51,750    4,312 | 55,600      4,633 | 59,400      4,950 | 63,250      5,270 |
| **PLEASE CALL 661-977-5021 IF YOU NEED MORE INFORMATION OR HAVE ANY QUESTIONS** | | | | | | | | | |
| ***Detach and retain this sheet for your records*** | | | | | | | | | |



For office use only

Date received:\_\_\_\_\_\_\_\_\_

Number:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rebuilding Together® Kern County**

**P.O. BOX 11622**

**Bakersfield, CA 93389**

# **APPLICATION INFORMATION**

|  |  |  |
| --- | --- | --- |
| Applicant |  | Age |
| Co-Applicant |  | Age |

|  |  |  |
| --- | --- | --- |
| Street Address |  |  |
| **City, State** | **Zip** | **Phone** |

|  |  |  |  |
| --- | --- | --- | --- |
| **List ALL persons living in the house and their relationship to you.** | | **Age** | **Relationship** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

(List additional names on a separate sheet). **Total number of persons living the household:\_\_\_\_\_\_\_\_\_\_**

**Are you or any member of your household disabled, if so, please describe type of disability:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you or any member of your household served in the military, if so, please describe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### How did you hear about Rebuilding Together?

|  |
| --- |
| **What work do you need performed to *remain* warm, safe, and independent?**  List work in order of greatest need. List additional items on separate sheet, if necessary. |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

***(NO GUARANTEE IS GIVEN OR IMPLIED THAT ANY OR ALL ITEMS LISTED WILL BE ACCOMPLISHED).***

|  |  |  |  |
| --- | --- | --- | --- |
| Name of relatives living in or near this area:  First Name Last Name | Relationship | Area Code | Telephone# |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# **INCOME AND ASSETS**

Indicate the **combined** income and expenditures in the following categories for **all people living in your home**. This information will remain confidential.

**Total Household** Monthly Income **Total Household** Monthly Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| Social Security | $ | Mortgage/Space Rent | $ |
| SSI of SSD | $ | Utilities | $ |
| Salaries/Employment (Total) | $ | Autos | $ |
| Employer | $ | Insurance: House, Car, Health | $ |
| Employer | $ | Prescriptions | $ |
| Other Income (Total) | $ | Doctors/Dentists | $ |
| Pension | $ | Other Expenses | $ |
| Pension | $ |  | $ |
| Annuities | $ |  | $ |
| Investments | $ |  |  |
| Rental Income | $ |  |  |
|  |  |  |  |
| Total | **$** | Total | **$** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of financial Institution | Total Amount | Checking | Savings |
| Applicant |  |  |  |  |
| Co-Applicant |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

Financial Holdings

Other Property? Yes \_\_\_\_\_ No \_\_\_\_\_ Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stocks/Bonds/CDs? Yes \_\_\_\_\_ No \_\_\_\_\_ Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Income verification:**

(We may review a copy of your bank statement (feel free to mark out the account number) or

a copy of your most recent income tax return to verify your income)

**Ethnicity**: (For statistical purposes only and will not affect the selection process).

**Please check the appropriate category:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| American Indian/ Alaska Native | Asian | Black/African American | Native Hawaiian/PacificIslander | White | American Indian/Alaska Native & White | Asian and White |
| Black African American and White | American Indian/Alaska Native & Black African | Other | Mexican/Chicano | Puerto Rican | Cuban | Other Hispanic/Latino |

**Property Information: (This information is used to show proof of ownership)**

Do you own or are you buying this home? Yes\_\_\_ No\_\_\_

(We may request a copy of the Deed of Trust and/or your most recent tax bill.)

Names on title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have homeowners’ insurance? Yes\_\_\_ No\_\_\_

(We may request to see a copy of the policy showing coverage.)

Is this a mobile home? Yes\_\_\_ No\_\_\_ Single wide\_\_\_ Double wide\_\_\_

(We may request a copy of your Registration or coach decal.)

**Name of Mobile Home Park** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Park Management or Association Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_

Is this a Condo? \_\_\_ Frame house?\_\_\_ Age of home? \_\_\_\_\_\_

Condo Management or Association Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_

How long have you lived in this home?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you intend to continue living in this home as long as you are able to?\_\_\_\_\_\_\_

I/we certify, subject to disqualification, that the above information is true and correct to the best of my/our knowledge and also authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing repairs and/or modifications through Rebuilding Together.

I/we also understand that any information provided on this application will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive housing rehab.

I/we authorize Rebuilding Together to photograph my/our home before, during and after housing rehabilitation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Signature of Co-Applicant

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_