

Sebastopol Affiliate

P.O. Box 21 Sebastopol, CA 95473 www.rtsebastopol.org 707.829.2133

Rebuilding Together Sebastopol HOMEOWNER REPAIR APPLICATION FORM WORKDAY APRIL 28, 2018

Name of Homeowner				Age	
Address		City		Zip	
Home Phone	Work Pho	one	E-Mail		
1. To receive Rebuilding owner (s) of the home		•		r home. Are you the	
2. How long have you o	owned your home?				
3. Please list the name,	, age and relationsh	nips of all per	sons living at this a	address:	
NAME		AGE RELATIONSH		IIP TO HOMEOWNER	
4. Do any of the people	living at this addre	ess have a he	ealth problem or a d	lisahility □ Yes □ No	
	-		·	•	
If yes, please explain:_					
				re service? Yes No	
If yes, please provide n	name of agency, cas	se worker and	d phone number:		
6. Repair Work Needed	: (Please be as spe	cific as possi	ole when listing you	ır concerns)	
7. Rebuilding Together family or friends who a members and friends w	re able to participat	te to volunte	er on the Workday.	Please list any family	
		405	RELATIONSHIP TO		
NAME		AGE		HOMEOWNER	
		AGE		HOMEOWNER	
		AGE		HOMEOWNER	

If yes, when? _____ Was work done on your home? Yes ____No ____

Average Income Guidelines

FAMILY SIZE	1	2	3	4	5	6
	PERSONS	PERSONS	PERSONS	PERSONS	PERSONS	PERSONS
80% OF MEDIAN	\$46,150	\$52,750	\$59,350	\$65,900	\$71,200	\$76,450

Preference is given to low-income families with children, the elderly and handicapped persons who are unable to do the repairs and who have no able-bodied family members who might be able to do the work.

9. Documentation Required*:	
 □ A copy of your most current property tax bill. □ A copy of your most current house payment coupon. □ A copy of your most recent IRS Tax Return OR a copy of your beathose who are not required to file a tax return. □ A copy of all pages of your most recent bank statements - all according to the page of your most recent bank statements - all according to the your most recent bank statements - all according to the your most recent bank statements - all according to the your most recent bank statements - all according to the your most recent bank statements - all according to the y	
(This documentation will be kept confidential and is necessary to verify that you of within the income guidelines for your program. Your application will not be consider	wn your home, reside in the house, and fit ered without this information)
10. Each year we share our story with the community through ou spread the word about our services and means more financial sup homeowners like you. If your application is approved, we hope yo reporters (newspaper, TV, radio) should there be an opportunity for allow Rebuilding Together to use any photographs taken for pro-	pport from the community for u will be willing to speak with for you to be interviewed, and/or
11. If you are submitting this application on behalf of the homeov relationship, and phone number:	
12. How did you hear about Rebuilding Together Sebastopol?	
APPLICATION DEADLINE FOR OUR WOR February 1, 2018	KDAY IN 2018 IS
AUTHORIZATION STATEMENT I certify that this information is true and correct to the best of my accept and agree to the stated provisions. I understand and agree volunteers. I understand that the information I provided during the process, will be anonymously shared with potential sponsors and evaluated fairly by Rebuilding Together. If accepted, the applicant before any work can begin.	e to have my home revitalized by ne selection and sponsorship others. All applications are
I understand that submitting an application does not guarantee ac	cceptance by Rebuilding Together.
Signature of Homeowner: Signature of Homeowner:	

*PROOF OF OWNERSHIP & INCOME MUST ACCOMPANY THIS APPLICATION.
WHEN COMPLETE, MAIL APPLICATION TO:
Rebuilding Together Sebastopol, P.O. Box 21, Sebastopol, CA 95473

For questions and/or additional information, please call and leave a message at 707.829.2133