



Sebastopol Affiliate

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

**Rebuilding Together Sebastopol
 Application for Home Repair**

Name of Homeowner _____ Age _____
 Address _____ City _____ Zip _____
 Home Phone _____ Work/Cell Phone _____ E-Mail _____

1. Are you the owner (s) of the home at the above address? Yes No

2. How long have you owned your home? _____

3. Please list the name, age and relationships of all persons living at this address:

NAME	AGE	RELATIONSHIP TO HOMEOWNER

4. Do any of the people living at this address have a health problem or a disability Yes No

If yes, please explain: _____

5. Is anyone at this address currently being visited by any home health care service? Yes No

If yes, please provide name of agency, case worker and phone number: _____

6. Repair Work Needed: (Please be as specific as possible when listing your concerns) _____

7. Rebuilding Together does not ask for any payment for work that is done, but we do ask all family or friends who are able to participate to volunteer on the Workday. Please list any family members and friends who could be available to help if your home is selected:

NAME	AGE	RELATIONSHIP TO HOMEOWNER

8. Have you previously submitted an application to Rebuilding Together? Yes ___ No ___

If yes, what year? _____ Was work done on your home? Yes ___ No ___

Average Income Guidelines

FAMILY SIZE	1 PERSONS	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS
80% OF MEDIAN	\$55,000	\$62,850	\$70,700	\$78,550	\$84,850	\$91,150

Preference is given to low-income families with children, the elderly and disabled 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/proof of occupancy.
- A copy of your most current house payment coupon, if applicable.
- A copy of your most recent IRS Tax Return OR a copy of your benefit statement must be submitted for those who are not required to file a tax return.
- A copy of **all** pages of your most recent bank statements - all accounts.

(This documentation will be kept confidential and is necessary to verify that you own your home, reside in the house, and fit within the income guidelines for your program. Your application will not be considered without this information)

10. Each year we share our story with the community through our news media. This coverage helps spread the word about our services and means more financial support from the community for homeowners like you. If your application is approved, we hope you will be willing to speak with reporters (newspaper, TV, radio) should there be an opportunity for you to be interviewed, and/or to allow Rebuilding Together to use any photographs taken for promotion purposes. Yes No

11. If you are submitting this application on behalf of the homeowner, please provide your name, relationship, and phone number: _____

12. How did you hear about Rebuilding Together Sebastopol? _____

AUTHORIZATION STATEMENT

I certify that this information is true and correct to the best of my knowledge and belief, and that I accept and agree to the stated provisions. I understand and agree to have my home revitalized by volunteers. I understand that the information I provided during the selection and sponsorship process, will be anonymously shared with potential sponsors and others. All applications are evaluated fairly by Rebuilding Together. If accepted, the applicant must sign a release of liability and a Covid waiver before any work can begin.

I understand that submitting an application does not guarantee acceptance by Rebuilding Together.

Signature of Homeowner: _____ Date: _____
 Signature of Homeowner: _____ Date: _____

***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