



Sebastopol Affiliate
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Sebastopol, CA 95473
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www.rtsebastopol.org
Voice mail: 707.829.2133

**Rebuilding Together Sebastopol
Home Repair Application**

Application due by February 15th. Homeowners will be contacted by March 1st.

Name _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Work/Cell Phone _____ E-Mail _____

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

2. How long have you resided in your home? _____

3. Please list the name of all persons living at this address, and their relationship to you:

Name	Relationship

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 visited by any social or 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 help with the project. Donations are also welcome. Please list below any who can participate.

Name	Phone Number	Relationship

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

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

What work was completed? _____

9. Average Income Guidelines:

Family Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
80% Of Median Income	\$55,000	\$62,850	\$70,700	\$78,550	\$84,850	\$91,150

Preference is given to those with low income, mobility issues, veterans and families with children who are unable to do the repairs and who have no other reasonable options to complete the work.

10. Documentation Required: **(If help is needed with this section, please contact us)**

**This documentation will be kept confidential and is necessary to verify that you reside in the home, and fit within the income guidelines for this program. Your application will not be considered without this information. We do not need account numbers, birthdates or SSN numbers.*

Documents may be mailed, emailed, or if necessary, reviewed by a team member.

- A copy of your most current property tax bill/proof of occupancy.
- 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. Only the page that states total income is needed.
- A copy of pages of your most recent bank statement. Include all accounts.

11. We may share our story with the community. This coverage helps spread the word about our services and means more financial support from the community. If work is completed on your home, we hope you will be willing to allow quotes or photos. Do we have your permission? Yes No

12. If you are submitting this application on behalf of someone, please provide the following:

Name	Phone Number	Relationship

13. How did you hear about Rebuilding Together Sebastopol?

Authorization:

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 repaired by either volunteers or partners. I understand that the information I provide can be anonymously shared with Rebuilding Together National and potential sponsors for statistical purposes. All applications are evaluated fairly and prioritized based on Rebuilding Together Sebastopol availability. If accepted, the applicant must sign an agreement and release of liability before any work can begin.

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

Signature: _____ Date: _____

Please mail or email this application and any supporting documents 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 or email rebuild@rtsebastopol.org. Messages are checked regularly.

For RBT use only: Application received by: _____ Date: _____