

HOMEOWNER APPLICATION

Phone: 701-221-3232
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GENERAL INTAKE AND APPLICATION FORM FOR HOME REPAIR

This application is extensive to help deliver the most effective and efficient home repair to you. If you have any questions while filling out this application, please call Rebuilding Together Bismarck/Mandan at (701) 221-3232 and we will provide assistance in completing the application.

A site team may call to schedule an inspection of the home and get more details of work requirements. The applicant will be notified by phone or mail as to whether or not selected.

Rebuilding Together Bismarck/Mandan will require proof of income from all residents in the form of last year's income tax return, payroll stubs, social security or disability statements, pension and/or veteran's benefit statements, alimony or child support statements, AFDC statements, rent receipts, etc.

SECTION 1: HOMEOWNER INFORMATION

Name				Home Phone			
Property Address				Work or Cell Phone			
				Email			
Mailing Address				Best Way to Reach You?			
				Best Time to Reach You?			
Emergency Contact				Relationship to Applicant			
List the names and ages of all people living in the home including renters (attach separate sheet if more space is needed). Total number of adults (18+) living in home: _____ Total number of children living in home: _____							
Last Name	First Name	Date of Birth	*Relation to Owner	Gender	Disabled	**Race (optional)	Veteran: Please provide branch, date of service
				M / F	Y / N		
				M / F	Y / N		
				M / F	Y / N		
				M / F	Y / N		
				M / F	Y / N		
*Relation	S=Spouse	C=Child	R=Relative	P=Parent	O=Other		
**Race	W=White	A=Asian	B=Black	H=Hispanic	N=Native American	O=Other	

SECTION 2: TELL US ABOUT YOURSELF

Please write a brief explanation of why you feel you should be selected for our program and how it will help you and/or your family. (Use separate paper if needed): _____

Please explain why you are unable to complete repairs on your own: _____

Are any able-bodied household members willing to assist in repairs? No Yes

Please list members willing to assist: _____

If other household members are unable to assist with repairs, please explain why: _____

SECTION 3: SPECIAL NEEDS

Does anyone in the home live with a disability? Please check all that apply and provide name of individual:

- Hearing limitations _____ Sight limitations _____ Uses a wheelchair _____
 Uses a walker, cane, or crutches _____ Mental disability _____ Other _____

Comments:

SECTION 4: REPAIRS NEEDED

We concentrate on work needed to make your home safe, secure and weatherproof. Briefly describe the work to be done. Attach additional sheets if needed.

Foundation/Siding
Floors/Flooring
Insulation/Weatherization
Exterior/Interior Walls
Roof/Ceilings
Windows/Doors
Bathroom
Electrical/Plumbing
Porch/Steps/Ramp
Grab Bars/Handrail
Other

SECTION 5: HOUSE INFORMATION

Name(s) listed on Property Deed: _____

Is the home included in a life estate? No Yes Number of years homeowner has lived at this address: _____

Has the property been cited for any building or health code violations? No Yes (If yes, attach copy of notification)

Will the home be sold within the next: 1 year? 2 years? 5 years? Other? _____

Is the home insured? No Yes List Insurance Company and Agent Name: _____

Is there a mortgage on this home? No Yes Name of Mortgage Company: _____

Type of home: House Condo/Townhouse Mobile/Manufactured Year built: _____

SECTION 6: APPLICATION HISTORY

Have you applied to Rebuilding Together (formerly Christmas in April) in the past? No Yes Year(s): _____

Has Rebuilding Together (formerly Christmas in April) done work at your home in the past? No Yes Year(s): _____

How did you learn about us? TV Radio Flyer Internet Mail Other: _____

Have any household members been convicted of a crime (other than traffic violations)? No Yes – please explain: _____

SECTION 7: INCOME/ASSETS

Please attach a copy of each household member's income tax return or statement of benefits. Information provided must include income of all household members.

Do you qualify for homestead tax credit or property tax rebate? No Yes

Please list special circumstances regarding expenses within your household such as home health care, hospital costs, medication expenses, etc.: _____

Please list the name of any member of your household who is unemployed (Do not include individuals in grades K-12, retired individuals, or those receiving Social Security): _____

Are there any **renters residing in your home**? No Yes If yes, how many? _____

Review the following before completing the section requesting information about Income.

- Gross income is defined as income before any deductions have been taken.
- Income sources include: Wages (including bonuses, commission, and overtime), Salaries, Rental Income, Benefits, Pensions, Social Security, Unemployment, Worker’s Compensation, Severance Pay, AFDC, Disability, Welfare, Child Support, Alimony, Food Stamps, Medicare, Medicaid, etc. If these payments are not being received properly, applicants must still count them unless the applicant can prove that the applicant has exhausted all means of attempting to collect the money.
- **Do not include income from minors or income from a full-time student unless they are the head of the household or spouse to the head of the household.**

Attach additional sheets to further explain any item or for additional Household Members.

Income Source #1:		Gross Monthly Income	\$
Income Source #2:		Gross Monthly Income	\$
Income Source #3:		Gross Monthly Income	\$
Income Source #4:		Gross Monthly Income	\$
Income Source #5:		Gross Monthly Income	\$
Total Gross Monthly Income			\$
Total Gross Yearly Income			\$

Review the following before completing the section requesting information about Assets.

- Assets include: All cash held in savings and checking accounts, safe deposit boxes, stocks, bonds, treasury bills, certificates of deposit, money market accounts, home equity, retirement accounts, cash value of whole life insurance policies, any material item kept as an investment, etc. Count these assets in their entirety minus the penalty for early withdrawal.
- Assets **do not** include: Clothing, furniture, cars, wedding rings, interest in Indian trust land, term life insurance policies, assets that are a part of an active business, or equity in the cooperative unit in which a family lives.
- There is no limit to the amount of assets that an applicant can possess as long as the income from those assets does not cause the applicant to exceed very low, low or moderate income brackets.

Household Asset Description	Cash Value	Monthly Income from Asset
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	Total \$	Total \$

SECTION 8: VERIFICATION DOCUMENTS REQUIRED

<<<< **IMPORTANT** >>>>

All applicants **MUST** include copies of these **REQUIRED** documents to be considered for program services.*

- **Proof of number of individuals in the household** -number of dependents claimed by using most recent federal income tax return and one of the following: photo ID, birth certificate on which the applicant’s name is listed, school records which provide the applicant’s name and address, court-ordered letter of guardianship, divorce decree, letter of adoption, or social security card.
- **Proof of income:** Please provide a statement for all earned income including social security, disability, or other benefits; one month of payment stubs from employers; government declaration letter; court-ordered payment letter; bank statements showing monthly deposits; or any paper that documents income. For your privacy, please block out any social security numbers.
- **Proof of current homeowner’s insurance** – showing homeowner’s name, address, and dates of coverage.

**Please mail ALL documents with completed application to ensure prompt consideration to:
Rebuilding Together Bismarck/Mandan, PO Box 874, Mandan ND 58554**

