



HOMEOWNER APPLICATION

2009-2010 Program Year

APPLICATION PROCESS

Complete and sign the application form
(Return with Asset Form and Verification of Income)

Mail to:
Rebuilding Together
PO Box 540436
Omaha, Nebraska 68154

APPLICATION DEADLINE

November 6, 2009

*For more information call 965-9201
between 10:00 a.m. and 4:00 p.m.*

*Para Mayor Informacion o Si Necesita Ayuda Para Completar Este Formulario Llame Al 733-2720 o
731-5413*

PROGRAM INFORMATION

Rebuilding Together Omaha is a volunteer program designed to provide "Home Rehabilitation Services" to elderly and permanently disabled homeowners. We help homeowners who cannot afford to hire the work done, and do not have the physical ability to do the work themselves.

Due to financial limitations we serve the area east of 52nd Street in Omaha.

- The House Selection Committee determines which homes will be rehabilitated based upon need and our ability to complete the work.
- Volunteers and Trade Professionals will complete agreed-upon tasks at **absolutely no charge to the homeowner.**
- Applications must be received no later than _____.

We are limited in the type of work we can do. Due to size and complexity of the work needed, we may not be able to do certain types of work.

ELIGIBILITY REQUIREMENTS

All homeowners selected must complete the attached application and meet the guidelines below:

- Your house must be in Omaha east of 52nd Street.
- You must be 62 years of age or older **or** be permanently disabled any age
- You must own the home that needs repairs (no rental property).
- Your home must be a single family dwelling that you occupy yourself.
- The house must be structurally sound.
- **All applicants must complete:**
 - *Application*
 - *Asset Form*
 - *Provide proof of your income*
- **Incomplete applications will not be processed.**
- Your household income must be less than the following guidelines:

Total Household size	1 person	2 people	3 people	4 people
Monthly Household Income	\$1,958	\$2,238	\$2,517	\$2,796

FOR MORE INFORMATION PLEASE CALL 965-9201

REBUILDING TOGETHER APPLICATION

Name of Applicant (Homeowner) _____ Age _____

Spouse Name _____ Age _____

Address (*must be east of 52nd Street in Omaha*)
Omaha _____
City _____ Zip Code _____ Telephone (homeowner) _____

List *all* additional persons living in the house:

<i>Name</i>	<i>Relationship</i>	<i>Age</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of persons living in the household _____

Friends or relatives living in the area (in **case of emergency** or alternate phone #):

Name _____ Telephone _____
Name _____ Telephone _____

Are you a Veteran? Yes ___ Branch: _____ Years: _____

Are you permanently disabled? Yes ___ No ___

What is the nature of your disability? _____

(You must enclose verification of disability with this application; Social Security, SSI or SSD payment information is considered verification)

Do you have a caseworker? Name _____ Phone # _____

Do you have an application for rehab assistance with other agencies? Yes ___ No ___
If Yes – What organizations? _____

What work do you need done?

INCOME AND STATISTICAL INFORMATION

"Income" means the combined amount of money received from the following sources by all people living in the house. This information will remain confidential to the Selection Committee:

	Monthly Household income	(For Office Use Only)
Social Security		Income Verification
SSI or SSD		
AFDC		
Salaries		
Alimony & child support		
Interest & Dividends		
Pensions or annuities		
Rental Income		
Other Income		
Total Monthly		
Household Income	\$ _____	

Monthly Non-reimbursed Medical Expenses (out of pocket costs) \$ _____
(includes prescriptions, co-pays and supplemental insurance premiums)

- 1) Do you own or are you buying this house? Yes No
- 2) Do you *owe* any back property taxes? Yes No
- 3) Do you have "home owners insurance"? Yes No
- 4) Is the title of the property in your name? Yes No

Check the category that represents the ethnic background of the Head of Household (used for statistical information only):

American Indian Asian Black Hispanic White

How did you hear about this program? Newspaper TV Friend or Neighbor
 Other (explain) _____

AUTHORIZATION STATEMENT

*I am not presently planning to, nor do I intend within the next two years to sell my home.
 I understand and agree to have my home rehabilitated by volunteers.
 I the undersigned, certify subject to disqualification, that this information is true and correct to the best of my knowledge and belief, and that the provisions stated are accepted and agreed to.*

 Applicant Signature

 Date