



HOMEOWNER APPLICATION

811 Harrison St
Seattle, WA 98109
P: 206.682.1231
F: 206.682.8962
www.rtseattle.org

Dear Friend,

Thank you for your interest in Rebuilding Together Seattle! We are a non-profit organization that provides **free home repairs** to low-income homeowners. We serve the elderly (65+), persons with disabilities, families with children, and veterans in need. *Please read the following criteria and save this sheet for your records:*

1. To be considered for our programs, you must meet the following criteria:

- ✓ You must be low-income, and a homeowner (*please review our income guidelines below*)
- ✓ If you are a senior citizen (65+), person with a disability, and or a family with children under 18, you must have an income less than the following:

1-person household	2 people	3 people	4 people	5 people	6 people
\$30,900	\$35,300	\$39,700	\$44,100	\$47,650	\$51,200

- ✓ If you served in the US military or are the living spouse of a veteran, you must have an income less than:

1-person household	2 people	3 people	4 people	5 people	6 people
\$44,750	\$51,150	\$57,550	\$63,900	\$69,050	\$74,150

- ✓ You must be unable to complete the work on your own
- ✓ You must live in your home and intend to reside in your home for at least the next 3 years

2. Rebuilding Together Seattle does not provide emergency repairs, roof replacements, foundation stabilization, and certain major plumbing (such as new side sewer system) or electrical (such as total rewiring).

4. Once you have completed the application, please include copies of the following two documents with your application (*we are happy to make copies and return the originals*):

- Your most recent tax return and/or benefits statements and other income verification
 - Exp. Social Security, disability, unemployment, pension
- Verification of homeowner's insurance—policy cover page

5. **Is my application complete?**

- I have filled out all pages of the application
- I have enclosed a copy of my homeowner's insurance
- I have enclosed a copy of my most recent tax return form and/or benefits statements

6. Please mail your completed application and materials to:

Rebuilding Together Seattle, 811 Harrison St, Seattle, WA 98109

Thank you for your interest in our organization. We look forward to receiving your application!



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THE APPLICATION PROCESS

Dear Applicant,

The following information provides an overview of our application process. Please feel free to call our office with any questions.

1. After receiving your application, we will process the application to ensure you meet our basic criteria. Please allow two weeks for this process.
2. Once we have processed your application, we will contact you if we have any questions.
3. If your application is complete, our staff will call you to arrange a time to preview your home. During the preview, our staff will meet with you to answer any questions and to do a walk-through of your home, assessing the repair work you have requested.
4. After the preview, the Rebuilding Together Seattle (RTS) Board of Directors and Staff will decide whether or not your home repair needs are a good fit for one of our programs. You will receive a letter from our office notifying you of our decision. Please allow 3-4 weeks for this decision.
5. If we approve your home, we will then look for a volunteer and/or sponsor group to complete some, or all, of the repair requests. *Please know that this matching process can take a number of months, depending on the repair needs.*
6. If RTS is able to make a volunteer match for your project, we will call you to discuss the next steps for planning and completion.

Thank you for your interest in Rebuilding Together Seattle!

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HOMEOWNER CONTACT INFORMATION		<i>MISSION: RTS brings volunteers and communities together to help low income homeowners live in warmth, safety, and independence</i>	
First Name		Address	
Last Name		City, Zip	
Primary Phone		Alternate Contact Name	
Secondary Phone		Alternate Contact Phone	
Email		Relationship To Applicant	

HOMEOWNER BACKGROUND AND HISTORY					
Ethnicity (Optional)		Date of Birth		Age	
Has anyone in the home served in the military?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Dates of Service		Branch	
Is anyone the spouse of a living or deceased veteran?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Dates of Service		Branch	
Is anyone in the home disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Who in the household?			
Please describe any disabilities or limitations					
Does anyone in the home have a caseworker?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Caseworker name, phone			
Do you intend to live in your home the next 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If not, please explain			
How did you hear about us? <i>(please specify)</i>					
Have you ever applied to Rebuilding Together Seattle or <i>Christmas in April</i> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	When?			
Have we ever done work on your home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	When?			



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HOUSEHOLD MEMBERS *Please list everyone who lives in the house, including children, temporary residents, and renters*

Name	Relationship	Age

♦ Please attach additional sheets, as needed, in order to include all individuals who reside or stay in the home

HOUSEHOLD INCOME INFORMATION *We require a copy of all tax returns and/or benefits statements (e.g. SS, disability, unemployment, etc.)*

Name	Monthly Wages/Salary	Monthly Benefits	Other Monthly Income*	Annual Income
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

*Please include any rental income within the last 12 months

Are there any special circumstances regarding income or expenses within your household? e.g. temporary or seasonal employment, healthcare expenses, etc. that we should be aware of? Please explain below.

♦ Please attach additional sheet, as needed, in order to include all income earners

PROPERTY INFORMATION *We require a copy of your current homeowner's insurance policy face/cover sheet*

Do you have current homeowner's insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Year Built	
Do you have a mortgage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Year Purchased	
If so, are you behind in any payments?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Purchase Price	
Monthly Mortgage Payment		Do you receive any utility assistance/reductions?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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REPAIRS AND ASSISTANCE NEEDED	
<i>We are not able to replace roofs, re-pipe or do major sewer repairs, fix foundations, or rewire houses</i>	
Area to be addressed	Brief description of the work needed
Gutters/Soffits	
Exterior Siding	
Porch/Steps/Ramp	
Grab Bars/Handrails	
Other Accessibility	
Windows/Doors	
Security/Safety	
Weatherization	
Walls/Ceilings	
Flooring	
Electrical	
Plumbing	
Appliances	
Clutter Removal/Cleaning	
Yardwork	
Painting	
Other	



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HOMEOWNER DISCLOSURE AGREEMENT

Directions: *Please initial all statements that you agree with. Your signature is required to complete your application. Please call our office if you have any questions.*

_____ (Initial) My signature below indicates that all of the above statements and information provided are accurate and complete.

_____ I have read the application instructions and understand the application process.

_____ I understand that Rebuilding Together Seattle's program is a free service to homeowners in need.

_____ I certify that I do not have the financial means to pay for the repairs for which I am applying.

_____ I understand that I may be asked to provide documentation as proof of my answers. I authorize Rebuilding Together Seattle (RTS) to verify any of the information provided, including a personal background check, as may be necessary for my involvement with RTS.

_____ I understand that RTS reserves the right to run a criminal background check on any homeowner applicant and any other adult living in the home.

_____ I understand that acceptance of this program is not guaranteed and subject to available funding and volunteers. RTS cannot guarantee that all the requested work will be done.

_____ I understand that RTS retains the right to decline my application or end the program process in the event that any illegal activities at my residence are detected.

_____ I give permission for trusted RTS representatives to inspect my home for purposes of selection and/or repair, and look at all rooms/spaces in my home. I also give permission to trusted RTS volunteers to complete the work at my home, if my home is selected.

_____ I give permission for trusted RTS representatives to take and use photos of my home and repair needs.

Applicant's Signature

Date

If this form has been prepared by someone other than the homeowner, please complete the following:

Name of Preparer: _____ Relationship: _____

Agency/Employer: _____ Phone: _____