



July 2010

To whom it may concern:

Rebuilding Together Waycross, Inc. would love to consider your application for our services.

In order to pre-qualify one should:

1. Own or be buying your home
2. Live within the geographic boundaries of Ware County
3. Be 62 years of age or older or be permanently disabled or have children in your home that are permanently disabled
4. Qualify as low-income per HUD guidelines for Ware County
5. Not have assets that could be readily converted to cash to pay for the needed home repairs or improvements.

If you or someone you know pre-qualifies as outlined above, please complete or have them complete the enclosed application, include the requested documentation and forward the completed package to the address shown on the application. We are accepting applications now. **Applications are due September 30, 2010.**

Thanks for your support and we look forward to continuing to serve homeowners in Ware County to help them live independently, warm and safe if they so desire.

If you have any questions about the application or qualifications, please call Board member Julie Rigdon at (912) 281-1800.

Sincerely,

Berry C. Tanner, Jr.
President
Rebuilding Together Waycross, Inc.



APPLICATION
REBUILDING DAY: APRIL 30, 2011
(Due September 30, 2010)

Homeowner(s) name							
Address							
City, State Zip							
Phone		Cell Phone					
Date of birth		Social Security No					
Emergency/Secondary Contact		Contact Phone					
Please list the names and phone numbers of family members, church or other social organization members and/or friends who may be willing to help. Lack of friends or family to help will not disqualify you.							
Name				Phone Number			
Are you a Veteran of US Military Service or the widow/widower of a Veteran?				Yes <input type="checkbox"/>	Branch		Years Served
				No <input type="checkbox"/>			
Have you received assistance from Rebuilding Together and/or Christmas in April before? When?				Yes <input type="checkbox"/>		Year	
				No <input type="checkbox"/>			
Do you own other property				Yes <input type="checkbox"/>			
				No <input type="checkbox"/>			
Year home purchased		Number of bedrooms		Number of Stories		Number of occupants	
Type of structure				Do you have monthly pest control?			Yes <input type="checkbox"/>
							No <input type="checkbox"/>
Name of homeowners insurance company				Policy number			
Required Documentation							
Please submit copies of the following documents when you return the application. Applications submitted without these documents will not be considered.							
Proof of ownership (submit one only):		<input type="checkbox"/> a copy of your current property tax bill			<input type="checkbox"/> copy of the deed to your property		
Proof of income (submit one only) for all residents in your home:		<input type="checkbox"/> a copy of your (and/or their) W2 or benefit/retirement statement(s)			<input type="checkbox"/> a copy of your (and/or their) last year's Federal tax return (1040)		
Proof of residence (submit one only):		<input type="checkbox"/> a copy of a recent telephone bill or cable TV bill			<input type="checkbox"/> a copy of a recent utility bill		

Financial Information

Income sources:	Monthly Household Amounts
Employment	
Social Security	
SSI	
Pension	
Retirement	
VA	
Rents	
Other	
Total household monthly income	
Expenses/liabilities	
Property tax	
Mortgages (first/second liens)	
Utilities	
Medical (include prescription costs)	
Insurance (homeowner's, health, auto)	
Other	
Total household monthly expense	

Desired Repairs

Please note that this is only a list of repairs that you hope to have completed. This list will tell us what you think is most important to you. **Rebuilding Together Waycross cannot guarantee that every item will be addressed or that it will be possible to complete the desired repairs.**

Interior Repairs	
Exterior Repairs	
Painting	

Rebuilding Together is an all-volunteer effort that relies on community involvement. If your home is selected, friends and family ages 14 and older are expected to work with us. Please initial to indicate your agreement:

I understand that I am required to volunteer to the best of my ability, and that adult family or friends on site during the workday will also participate. _____ Initial

If someone other than the homeowner prepares this application, or helps the homeowner fill it out, please complete the following:

Name of person preparing/assisting with application: _____

Relationship to applicant: _____

Address: _____ Phone: _____

Homeowner's Statement of Eligibility

I, _____ have asked Rebuilding Together to provide repairs to my home at _____ in Ware County. I understand that Rebuilding Together Waycross is funded by charitable donations and grants to provide assistance to the elderly, disabled or low-income families with children who have no other means to afford home repairs.

I also understand that Rebuilding Together Waycross is obligated to use its charitable donations and government funds only for assistance to eligible homeowners. In addition, I understand that to knowingly submit false information is considered fraud and punishable under law. By signing my name to this statement, I guarantee that I am eligible to receive this assistance, as follows:

1. All the information submitted on my Homeowner Application is complete and correct. _____ **Initial**
2. I am the sole owner of the home at the above address, or I share ownership with persons who are also eligible to receive this assistance. _____ **Initial**
3. This same house is my full-time residence. _____ **Initial**
4. I will not sell, rent or transfer ownership of this house for five years after completion of repairs. _____ **Initial**
5. I, my spouse, partner and/or any other owners of my home have no other financial resources to afford the services that I have requested. _____ **Initial**
6. I authorize Rebuilding Together and its representatives to complete paperwork required to obtain building permits necessary to repair my home. _____ **Initial**
7. I understand that Rebuilding Together Waycross is a neighbor-helping-neighbor organization and I will do everything possible to get my friends and family to help on the workday. _____ **Initial**

Signed: _____
(Homeowner)

Date: _____

(Homeowner)

Date: _____

Signed: _____
(Witness)

Date: _____

(Printed name of witness)

Phone: _____

Send completed application to: Rebuilding Together,
P.O. Box 287
Waycross GA 31502

Incomplete forms will be returned, delaying possible consideration.