



357 Marshall Avenue, Suite 2
St. Louis, MO 63119-1839
314.918.9918
fax 314.918.9920
<http://www.rebuildingtogether-stl.org>
www.jconner@rebuildingtogether-stl.org

Dear Homeowner:

Rebuilding Together-St. Louis is a nonprofit volunteer organization that brings volunteers and communities together to improve the home and lives of low-income homeowners. Our mission is to assist those who do not have the means or ability to make the repairs themselves, **particularly older adults and the disabled**. To be eligible the house must be located in the City of St. Louis, St. Louis County, St. Charles, Franklin or Jefferson County, you must own, live in and plan to stay in this house. **Please read this letter carefully**, completely fill out and return the enclosed application with all the copies of proofs required to be considered for spring of 2010. We encourage you to turn your application in promptly, because we begin reviewing houses one year in advance of the work day which is called Rebuilding Day.

Please understand that returning the application or even a visit to your home by someone from Rebuilding Together-St. Louis does not mean you will be accepted into the program. If you are selected, we do expect available, able-bodied homeowners and family members to work alongside volunteers. Our volunteers **only complete one day** of repairs.

It is very important that you complete and enclose all information including:

- 1. Copy of the most recent U.S. Income Tax Return (if you file taxes), Circuit Breaker Form or other proof of income such as your social security benefit statement for EVERYONE living in your home.**
- 2. Copies of checking and savings bank statements for EVERYONE living in your home.**
- 3. Copy of your latest paid Real Estate Property Tax Bill.**

Not returning or completing necessary information may disqualify you for consideration. If you have any questions, call Jessie at 918-9918 extension 24.

We would like to be able to help everyone who needs our assistance, but resources and volunteers limit us. Unfortunately, many homeowners apply whom we are not able to help. **You will be notified by letter whether or not your home is selected by the end of February of 2010.**

Sincerely,

A handwritten signature in black ink, appearing to be "Jessie Conner".

Jessie Conner
Program Director



HOMEOWNER APPLICATION

REBUILDING TOGETHER ST. LOUIS

357 Marshall Avenue, Suite 2 * St. Louis, MO 63119 * 314.918.9918 * info@rebuildingtogether-stl.org

Please Feel Free to Photocopy this Form to Give to Friends, Family, and Neighbors Who Also Need Our Services.

**Please enclose all financial paperwork detailed in Section B
Omission of this paperwork may be cause for denial.
DEADLINE IS NOVEMBER 1**

For Office Use Only

Date Received: _____
Roof Needed: _____
Date Previewed: _____
Date Inspected: _____
Program: _____

Section A HOMEOWNER INFORMATION

Name of Homeowner(s): (Mrs. Ms. Mr.)

Contact Person:

Address:

Home Phone:

Cross Street:

Work Phone:

City:

State:

Zip:

Cell Phone:

If in County, please list Municipality:

List **EVERYONE** Living in the House (Including Homeowner[s]). List Additional on Back:

Name	Relationship to Owner(s)	Age	Disability (If Any)
_____	SELF	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please Check All Ethnicities that Apply to Your Family:

Caucasian African-American Hispanic Native-American Asian Other

Years You Have Owned This House: _____ Amount of House Payment:\$ _____

Have you applied to Rebuilding Together or Christmas in April before? Yes No

Has your house been repaired by Rebuilding Together or Christmas in April before?
 Yes No If "yes," what year? _____

How did you hear about this program? Alderperson Flyer TV Radio Newspaper
 Social Worker Program Friend/Relative Neighbor Other _____

Section B

FINANCIAL INFORMATION

TO BE CONSIDERED FOR OUR PROGRAM, YOU MUST PROVIDE COPIES OF ALL DOCUMENTS LISTED BELOW THAT APPLY TO YOU!

1.) PROOF OF INCOME FOR EVERYONE LIVING IN THE HOME

This includes last year's U.S. Individual Income Tax Form 1040, and **MOST RECENT** statements from Form 1099 Social Security Benefits, Pension, SSI, Circuit Breaker Form, Welfare Determination Letter, Veteran's Benefits, TANF Benefits, Employment Payroll Stubs, Unemployment Benefits, Food Stamp Benefits, Interest/Dividends or any other benefits/income someone in the home is receiving.

2.) MOST RECENT ASSETS OF EVERYONE LIVING IN HOME

Assets include copies of Checking/Savings Accounts, Certificates of Deposit, Mutual Funds and Stocks.

3.) COPY OF YOUR LATEST PAID REAL ESTATE TAXES

List **TOTAL MONTHLY** amount **BEFORE DEDUCTIONS** of All Household Members.

NAME	_____	_____	_____	_____
Wages/ Employment	\$ _____	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____	\$ _____
SSI	\$ _____	\$ _____	\$ _____	\$ _____
Food Stamp Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Pension Annuities	\$ _____	\$ _____	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____	\$ _____
(Please List Type)				
Gross Total	\$ _____	\$ _____	\$ _____	\$ _____

List the Amount of **EACH PERSON'S ASSETS**. If you do not have a Certain Asset, write "N/A."

NAME	_____	_____	_____
Checking Account	\$ _____	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____	\$ _____
COD	\$ _____	\$ _____	\$ _____
IRA, Mutual Funds or Stocks	\$ _____	\$ _____	\$ _____

Section C**HOUSE INFORMATION****Check All Repairs Needed in Your Home:**

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Exterior | <input type="checkbox"/> Door | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Wall | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Interior | <input type="checkbox"/> Window | <input type="checkbox"/> Heating |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Floor | <input type="checkbox"/> Guttering |
| <input type="checkbox"/> Yard Work | <input type="checkbox"/> A/C | <input type="checkbox"/> Roof |
| | <input type="checkbox"/> Tuckpointing | |

Check All That Apply to Your Home:

- | | | |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> One Story | <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Two Story | <input type="checkbox"/> Brick | <input type="checkbox"/> Flat Roof |
| <input type="checkbox"/> Over | <input type="checkbox"/> Siding | <input type="checkbox"/> Pitched Roof |
| <input type="checkbox"/> Two Story | | <input type="checkbox"/> Shingled Roof |

How will these repairs help you? _____

Rebuilding Day is a ONE DAY event. Please list the three most important repairs needed.

1.) _____

2.) _____

3.) _____

Explain why you or your family have not made the repairs. _____

If your home is selected, we expect able-bodied family and friends to help. Will this happen? If "yes," who will help? If "no," why will no one help? _____

Section D**HOMEOWNER AGREEMENT**

Do you understand volunteers will be working on your home only ONE DAY? Yes No

- I HAVE INCLUDED:**
- Proof of Income for ALL Living in or Owning the House
 - Copies of Bank Statements and Other Assets of All in House
 - Copy of Latest Paid Real Estate Taxes

▶ APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS INFORMATION!

General Release Form

I/we hereby authorize Rebuilding Together-St. Louis or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income (including IRS returns), credit, residency and banking information from all persons, companies, or firms holding or having access to such information. Rebuilding Together-St. Louis or its designated agents have the option to release this information for the purposes of volunteer education. This authorization, shown as original signature or photocopy, hereby gives Rebuilding Together-St. Louis the right to request all information it can or could obtain from any person, company or firm on any matter referred to above. I/we agree to have no claim for defamation, violation of privacy, or otherwise, against any person or firm or corporation by reason of any statement or information released by them to the Rebuilding Together-St. Louis for the purposes of the program. The term of this authorization shall commence on the date of signature(s) and be in force for a period of two (2) years.

My signature below indicates that the information provided herein is accurate and complete. I have read the information provided by Rebuilding Together-St. Louis and have a basic understanding of the program and its process. I give Rebuilding Together-St. Louis with volunteers my permission to inspect my home for purposes of house selection and/or repair.

Signature of Applicant: _____

Date: _____

Signature of Co-Applicant: _____

Date: _____

I would like my information shared with other agencies who might be able to help me:

Signature of Applicant: _____

Date: _____

Signature of Co-Applicant: _____

Date: _____