

# HOMEOWNER APPLICATION

Rebuilding Together  
Greater Los Angeles  
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## PROGRAM INFORMATION

**REBUILDING TOGETHER GREATER LOS ANGELES** is one of over 200 Rebuilding Together affiliates nationwide. We are a non-profit **volunteer** program whose purpose is to provide **free** home rehabilitation services for low-income homeowners, particularly the elderly, disabled, and families with children, so that they may remain in their own homes safe, warm, and dry.

**Types of Rehab** include: installation of hand rails, grab bars, and ramps; painting; yard cleanup; low-maintenance landscaping; clutter removal; electrical repairs; plumbing repairs; carpentry; drywall repair; fence repair.

## ELIGIBILITY REQUIREMENTS

- Your house must be in the Los Angeles area and you must **OWN** and **OCCUPY** the home.
- You must be unable to do the work yourself or hire a contractor to do it for you.
- Your combined household income must be “Low Income” based on the following HUD guidelines:

# Living In Household:	1	2	3	4	5	6	7	8
Combined Household Annual Income under:	44,400	50,750	57,100	63,450	68,550	73,600	78,700	83,750
Or								
Combined Household Monthly Income under:	3,700	4,230	4,758	5,287	5,712	6,133	6,558	6,979

## SELECTION PROCESS

After we receive your completed application,

- A member of our Site Selection Committee will contact you to arrange a home site survey. The Site Selection Committee determines which homes will be rehabilitated based upon need and our resources available to complete the work.
- All applicants will be notified in writing as to whether or not their home has been selected.
- Volunteers, Trades Professionals and able-bodied members of the homeowner's family will complete the agreed upon tasks.

## APPLICATION INSTRUCTIONS

- 1) Complete the application form as best as you can
- 2) Detach this front page and retain it for future reference
- 3) Return completed application to the address above. Additional postage may be required
- 4) Please be ready to provide proof of ownership and income documentation. You can send copies of the documents with your application or have them available on the day of we visit.

**PLEASE CALL 310-645-6500 IF YOU NEED MORE INFORMATION OR HAVE ANY QUESTIONS**

**APPLICATION INFORMATION**

For office use only  
Date received: \_\_\_\_\_  
Number: \_\_\_\_\_

<b>Applicant</b>		<b>Age</b>
<b>Co-Applicant</b>		<b>Age</b>
<b>Address</b>		
<b>City</b>	<b>Zip</b>	<b>Telephone</b>

List <b>ALL</b> persons living in the house and their relationship to you.	Age	Relationship to you
1		
2		
3		
4		
5		

If necessary list additional names on a separate sheet

**Total number of persons living the household:** \_\_\_\_\_

**Are you or any member of your house disabled?**

**If so, please describe type of disability:** \_\_\_\_\_

Name of relatives living in or near this area:		Relationship to you	Telephone with Area Code
First Name	Last Name		

**How did you hear about Rebuilding Together?** \_\_\_\_\_

**Are you or anyone in your household a veteran of the Armed Forces?**     Yes     No  
If yes, please list branch and dates of service

**Have you or anyone in your household been employed in the motion picture or television industry?**     Yes     No  
If yes, please list

**What work do you need performed to *remain* safe, warm, dry, and independent?**

List work in order of greatest need. List additional items on separate sheet, if necessary.

1.

2.

3.

4.

5.

***(NO GUARANTEE IS GIVEN OR IMPLIED THAT ANY OR ALL ITEMS LISTED WILL BE ACCOMPLISHED).***

Are there urgent home modifications needed to prevent falls, increase home accessibility, or increase home safety? If so, please list below. List additional items on separate sheet, if necessary

Examples include: interior/exterior stairway handrails, ramps for wheelchairs and walkers, widening of doorways for wheelchairs, installation of grab bars and other shower/bath safety equipment, clutter removal/organization

1.

2.

3.

**INCOME AND ASSETS**

Indicate the **combined** income and expenditures in the following categories for **all** people living in your home. This information will remain confidential.

Total Household <u>Monthly</u> Income		Total Household <u>Monthly</u> Expenses	
Social Security	\$	Mortgage/Space Rent	\$
SSI of SSD	\$	Utilities	\$
Salaries/Employment (Total)	\$	Autos	\$
Employer:	\$	Insurance: House, Car, Health	\$
Employer:	\$	Prescriptions	\$
Other Income (Total)	\$	Doctors/Dentists	\$
Pension:	\$	Other Expenses	\$
Pension:	\$		\$
Annuities	\$		\$
Investments	\$		
Rental Income	\$		
<b>Total Monthly Income</b>	<b>\$</b>	<b>Total Monthly Expenses</b>	<b>\$</b>

**Financial Holdings**

	Financial Institution	Total Amount	Checking	Savings
Applicant				
Co-Applicant				
Other				
Other				

Other Property? Yes \_\_\_\_\_ No \_\_\_\_\_ Value \_\_\_\_\_  
 Stocks/Bonds/CDs? Yes \_\_\_\_\_ No \_\_\_\_\_ Value \_\_\_\_\_

**Income verification:**

We may ask to see two months recent bank statements or a copy of your most recent income tax return. Other sources of verifiable income include pension and Social Security payments.

**Ethnicity:** (For statistical purposes only and will not affect the selection process).

**Please check the appropriate category:**

African American/Black	American Indian/Alaskan Native	Asian	Caucasian	Native American	Hawaiian/Pacific Islander	Hispanic/ Latino
Other						

**Property Information: (This information is used to show proof of ownership)**

Do you own or are you buying this home? Yes\_\_\_ No\_\_\_

**We may ask to see a copy of the Deed of Trust and/or your most recent tax bill.**

Names on title:\_\_\_\_\_

Do you have homeowners' insurance? Yes\_\_\_ No\_\_\_

**We may ask to see a copy of the policy showing coverage.**

Is this a mobile home? Yes\_\_\_ No\_\_\_ Single wide\_\_\_ Double wide\_\_\_

Please provide a copy of your Registration or coach decal.

**Name of Mobile Home Park** \_\_\_\_\_

Park Management or Association Name \_\_\_\_\_ Phone \_\_\_\_\_

Is this a Condo? \_\_\_ Frame house?\_\_\_ Age of home? \_\_\_\_\_

Condo Management or Association Name \_\_\_\_\_ Phone \_\_\_\_\_

How long have you lived in this home? \_\_\_\_\_

Do you intend to continue living in this home as long as you are able to? \_\_\_\_\_

I/we certify, subject to disqualification, that the above information is true and correct to the best of my/our knowledge and also authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing repairs and/or modifications through Rebuilding Together.

I/we also understand that any information provided on this application will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive housing rehab.

I/we authorize Rebuilding Together to photograph my/our home before, during and after housing rehabilitation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

Date \_\_\_\_\_