



Dayton

Rebuilding Together Dayton National Rebuilding Day Application

FOR APRIL 2010 CONSIDERATION – DUE NOVEMBER 13, 2009

Return via mail to: 1056 Brown Street, Dayton OH 45409 (do not hand deliver)

In order to uphold the mission of Rebuilding Together, preference is given to those homeowners who are **low-income, elderly and/or disabled and who have lived in their homes for many years** as vital members of their community. **City of Dayton residents only.**

PROPERTY INFORMATION:

Address _____ Zip Code _____

Home Phone Number _____ Priority Board IW/SW NW SE NE FROC (circle one)

Owner occupied? Yes No single-family multi-family # of units _____

bedrooms _____ Are the property taxes current? Yes No If no, amount in arrears \$ _____

Is the property being purchased by Land Contract? Yes No Is the contract recorded? Yes No

(Doubles, rentals and land contract properties will not be considered)

Rent Own How long? _____ Purchase amount of Property \$ _____ Balance owing \$ _____

What is the nature of the problem(s) to be repaired?

____ Electrical ____ Exterior Painting ____ Interior Painting ____ Wheelchair ramp
____ Plumbing ____ Wall Repairs ____ Roof Repairs ____ Concrete repairs
____ Yard Work ____ Floor Repairs ____ Door Repairs Other (explain) _____

How did you hear about us? _____

Have you applied for assistance from Rebuilding Together or Neighbor•Care before? Yes No

Have you received assistance from Rebuilding Together before? Yes No If Yes, when? _____

HOMEOWNER INFORMATION:

Homeowner 1: _____ Age _____ Date of Birth _____

Sex: __ Male __ Female Marital Status: __ Married __ Unmarried

Currently Employed: __ Yes __ No __ Retired Number of Years With Employer _____

Name of Employer _____ Work Phone _____

Disabled: __ Yes __ No Nature of Disability if yes: _____

U.S. Armed Forces Veteran? _____

Homeowner 2: _____ Age _____ Date of Birth _____

Sex: __ Male __ Female Marital Status: __ Married __ Unmarried

Currently Employed: __ Yes __ No __ Retired Number of Years With Employer _____

Name of Employer _____ Work Phone _____

Disabled: __ Yes __ No If yes, nature of disability: _____

Have you missed a mortgage payment in the last 12 months? ____ Yes ____ No If yes, how many? _____

Relationship of Homeowners (spouses/parent-child/other) _____

Number of years homeowner has lived in the home _____

Number of adults living in the home _____ Number of adults employed or receiving income _____

Number of children living in the home _____ Ages of children _____

Do you own other property: __ Yes __ No Use of other property _____

Referral Source: (someone we can contact to verify information)

Name: _____ Address _____ Phone _____

Race (used for HUD reporting purposes only)

Homeowner 1	Homeowner 2
<input type="checkbox"/> White (non-Hispanic origin)	<input type="checkbox"/>
<input type="checkbox"/> Black (non-Hispanic origin)	<input type="checkbox"/>
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/>
<input type="checkbox"/> Hispanic	<input type="checkbox"/>
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/>

The following annual income limits for determining eligibility reflects 80% of Montgomery County Median Income:

Family Size	Income	Family Size	Income
1	\$33,700	5	\$52,000
2	\$38,550	6	\$55,850
3	\$43,350	7	\$59,700
4	\$48,150	8	\$63,550

For households larger than 8 persons, add \$3,350 per person.

MONTHLY INCOME INFORMATION:	MONTHLY EXPENSE INFORMATION:
Must include any income from ALL persons living in the home.	
Salary \$ _____	Mortgage Payment \$ _____
Retirement \$ _____	Property Taxes & Ins. \$ _____
Social Security/Disability \$ _____	Gas & Electric \$ _____
Social Security/Disability \$ _____	Water Bill \$ _____
Child Support/Alimony \$ _____	Telephone \$ _____
Rental Income \$ _____	Cellular Phone \$ _____
Other _____ \$ _____	Cable TV/Satellite TV \$ _____
Other _____ \$ _____	Other _____ \$ _____
TOTAL INCOME \$ _____ monthly	TOTAL EXPENSES \$ _____

Loans and Creditors:				
Company Name/Address	Loan Amount	Monthly Pmt.	Balance	Is account delinquent? If so, why?

WARNING!! It is a Federal crime punishable by fine and/or imprisonment, to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code, Section 1014.

IMPORTANT – READ CAREFULLY BEFORE SIGNING

Applicant's Statement:

I certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying. I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. This application shall remain the property of Rebuilding Together Dayton, to which it is submitted for the purpose of obtaining assistance.

I hereby consent to and authorize Rebuilding Together Dayton, after giving reasonable notice, to enter the property for the purpose of determining the need and scope of the repair(s) specified above. I authorize the disclosure of the above information to only those persons or agencies as necessary to secure the assistance for which this application is submitted.

Homeowner Signature

Date

Homeowner Signature

Date