



Dayton

# Rebuilding Together Dayton National Rebuilding Day Application

**FOR APRIL 2011 CONSIDERATION – DUE NOVEMBER 5, 2010**

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 monthly income limits for determining eligibility reflects 200% of poverty guidelines for Montgomery County:

Family Size	Income	Family Size	Income
1	\$1,805	5	\$4,298
2	\$2,428	6	\$4,921
3	\$3,051	7	\$5,545
4	\$3,675	8	\$6,168

<b>MONTHLY INCOME INFORMATION:</b>	<b>MONTHLY EXPENSE INFORMATION:</b>
Must include any income from <b>ALL</b> persons living in the home.	List all <u>monthly</u> household expenses.
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 _____ \$ _____
<b>TOTAL INCOME</b> \$ _____ monthly	<b>TOTAL EXPENSES</b> \$ _____

<b>Loans and Creditors:</b>				
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