



# HOMEOWNER APPLICATION

500 Aurora Ave N, #305  
 Seattle, WA 98109  
 P: 206.682.1231  
 F: 206.682.8962  
 www.rtseattle.org

## About Us

Rebuilding Together Seattle is a registered nonprofit organization that provides **entirely free home repair services** for low income homeowners and nonprofit facilities. We are part of the Rebuilding Together national affiliate network. Our work is made possible by volunteers and charitable donations.

## Our Programs

We operate our services year-round through programs that match either individual volunteers, small teams, or large groups to address as many repairs and home improvements as we have the technical expertise and financial resources to complete.

We are able to consider most repair requests, however, Rebuilding Together Seattle does not offer emergency repair services, roof replacements, foundation stabilization, and certain major plumbing (such as a new side sewer system) or major electrical (such as panel upgrades or whole house rewiring) work.

## Basic Criteria

To be considered for our programs, homeowners must meet the following criteria:

- ✓ You must be the legal property owner
- ✓ You must currently live in the home and plan to remain living in the home for at least the next 3 years
- ✓ You must be low-income and reasonably unable to complete the work on your own
  - If you are a senior citizen (65+), person with a disability, and/or a family with children under 18, income limits for a household of the following sizes are:

1 person	2 people	3 people	4 people	5 people	6 people
\$31,400	\$35,850	\$40,350	\$44,800	\$58,400	\$52,000

- If you served in the US military or are the spouse of a deceased veteran, our income limits are:

1 person	2 people	3 people	4 people	5 people	6 people
\$46,100	\$52,650	\$59,250	\$65,800	\$71,100	\$76,350

## How to Apply

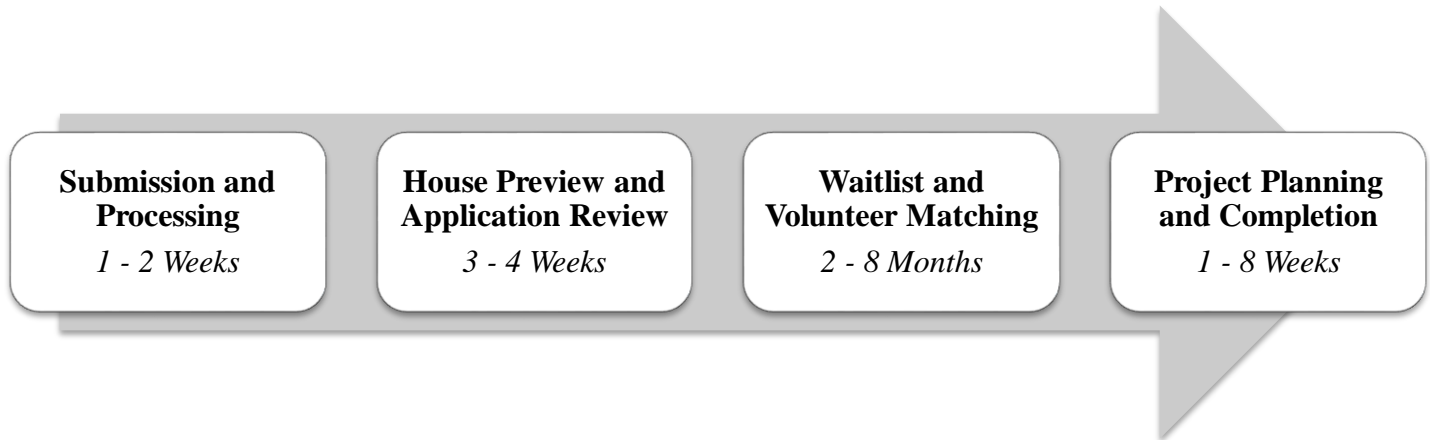
Complete and submit the attached application, along with copies of the following documents:

- ✓ Income Verification—Acceptable verification includes your most recent tax return and benefits or other income statements (Exp. Social Security, disability, unemployment, pension, etc.)
- ✓ Insurance Verification—Cover page listing coverage amounts of homeowner’s insurance policy

Please mail your completed application and materials to:

**Rebuilding Together Seattle, 500 Aurora Ave N #305, Seattle, WA 98109**

## THE APPLICATION PROCESS AND TIMELINE



### Application Submission and Processing

- We process your application to ensure you meet our basic criteria for service.
- We will contact you if we have any questions or require additional documentation.
- Please note, incomplete applications, including missing supporting documentation, will delay our processing timeline.

### House Preview and Application Review

- Once we receive a fully completed application, our staff will call to arrange a house preview.
- During our meeting we will answer any questions you have, conduct a walk-through of your home, and look at the repair work you have requested.
- We will then review your application to determine if we anticipate being able to serve you through our programs within the next year.

### Waitlist and Volunteer Matching

- You will receive a letter in the mail notifying you of our decision.
- If we approve your home for our programs waitlist, we will then look for a volunteer and/or sponsor group to complete some, or all, of the requested repairs.
- When we find a volunteer match we will call to discuss *Project Planning and Completion*.



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HOMEOWNER CONTACT INFORMATION		<i>MISSION: RTS brings volunteers and communities together to help low income homeowners live in warmth, safety, and independence</i>	
First Name		Last Name	
Address		City, Zip	
Primary Phone		Secondary Phone	
Alternate Contact Name		Alternate Contact Phone	
Relationship To Applicant		How did you hear about us?	

HOMEOWNER BACKGROUND AND HISTORY					
Ethnicity (Optional)		Date of Birth		Age	
Has anyone in the home served in the military?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Dates of Service		Branch	
Is anyone the spouse of a living or deceased veteran?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Dates of Service		Branch	
Is anyone in the home disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Who in the household?			
Please describe any disabilities or limitations					
Does anyone in the home have a caseworker?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Caseworker name, phone			
Has anyone in the home been convicted of a crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain			
Do you intend to live in your home the next 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If not, please explain			
Have you ever applied to Rebuilding Together Seattle or <i>Christmas in April</i> (our former name)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	When?			
Has our organization ever done work on your home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	When?			



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HOUSEHOLD MEMBERS		
<i>Please list <u>everyone</u> who lives in the house, including children, temporary residents, and renters</i>		
Name	Relationship	Age

♦ Please attach additional sheets, as needed, in order to include all individuals who reside or stay in the home

HOUSEHOLD INCOME INFORMATION				
<i>We require a copy of all income statements: tax returns, benefits statements, rental income, etc.</i>				
Name	Monthly Wages/Salary	Monthly Benefits*	Other Monthly Income**	Annual Income
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
*Benefits include pensions, Social Security, SSI/other disability benefits, unemployment, etc.				
**Please include any rental income within the last 12 months and any other sources of income				
Are there any special circumstances regarding income or expenses within your household? e.g. temporary or seasonal employment, healthcare expenses, etc. that we should be aware of? Please explain below.				

♦ Please attach additional sheet, as needed, in order to include all income earners

PROPERTY INFORMATION			
<i>We require a copy of your current homeowner's insurance policy face/cover sheet</i>			
Do you have current homeowner's insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Year Built
Do you have a mortgage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Year Purchased
If so, are you behind in any payments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Purchase Price
Monthly Mortgage Payment	Do you receive any utility assistance/reductions?		<input type="checkbox"/> YES <input type="checkbox"/> NO



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REPAIRS AND ASSISTANCE NEEDED	
<i>We are not able to replace roofs, re-pipe or do major sewer repairs, fix foundations, or rewire houses</i>	
Area to be addressed	Brief description of the work needed
Gutters/Soffits	
Exterior Siding	
Porch/Steps/Ramp	
Grab Bars/Handrails	
Other Accessibility	
Windows/Doors	
Security/Safety	
Weatherization	
Walls/Ceilings	
Flooring	
Electrical	
Plumbing	
Appliances	
Clutter Removal/Cleaning	
Yardwork	
Painting	
Other	



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## HOMEOWNER DISCLOSURE AGREEMENT

Directions: *Please initial all statements that you agree with. Your signature is required to complete your application. Please call our office if you have any questions.*

\_\_\_\_\_ (Initial) My signature below indicates that all of the above statements and information provided are accurate and complete.

\_\_\_\_\_ I have read the application instructions and understand the application process.

\_\_\_\_\_ I understand that Rebuilding Together Seattle (RTS) programs are a free service to homeowners in need and I certify that I do not have the financial means to pay for the repairs for which I am applying.

\_\_\_\_\_ I understand that acceptance into RTS programs is not guaranteed and subject to available funding and volunteers. Additionally, RTS cannot guarantee that all the requested work will be done.

\_\_\_\_\_ I understand that I may be asked to provide additional documentation. I authorize RTS to verify any information, including conducting a personal or criminal background check, for any applicant or other adult living in the home.

\_\_\_\_\_ I understand that RTS retains the right to decline my application or end the program process in the event that any illegal activities at my residence are detected or suspected.

\_\_\_\_\_ I certify that any firearms or weapons are secured and will remain so during any visits or work performed by RTS representatives or volunteers.

\_\_\_\_\_ I give permission for trusted RTS representatives to inspect my home for purposes of selection and/or repair, and look at all rooms/spaces in my home. I also give permission to trusted RTS volunteers to complete the work at my home, if my home is selected.

\_\_\_\_\_ I give permission for trusted RTS representatives to take and use photos of me, my family, my home, and repair needs.

*Applicant's Signature*

*Date*

**If this form has been prepared by someone other than the homeowner, please complete the following:**

Name of Preparer: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agency/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_