



LaPorte County

2015 Homeowner Application:

Must be received by November 15, 2014 for consideration
For the May of 2015 Build Day.

Throughout this document Rebuilding Together LaPorte County will be abbreviated "RTLCL"

Mail completed application with required documents to:

Rebuilding Together LaPorte County
102 G Street
LaPorte, IN 46350
Phone: 219-362-3312

Homeowner Information:

Homeowner #1:

NAME: _____

DATE OF BIRTH: ___/___/_____

GENDER: ___ MALE ___ FEMALE MARITAL STATUS: ___ MARRIED ___ SINGLE

VETERAN or WIDOW of VET: ___ YES ___ NO

CURRENTLY EMPLOYED: ___ Yes ___ No ___ Retired ___ Disabled (describe) _____

NAME OF EMPLOYER: _____

No. OF YEARS WITH EMPLOYER: _____

WORK PHONE: _____

CELL PHONE: _____

Homeowner #2:

NAME: _____

DATE OF BIRTH: ___/___/_____

GENDER: ___ MALE ___ FEMALE MARITAL STATUS: ___ MARRIED ___ SINGLE ___

VETERAN or WIDOW of VET: ___ YES ___ NO

CURRENTLY EMPLOYED: ___ Yes ___ No ___ Retired ___ Disabled (describe) _____

NAME OF EMPLOYER: _____

NO OF YEARS WITH EMPLOYER: _____

WORK PHONE: _____

CELL PHONE: _____

RELATIONSHIP OF HOME OWNERS: ___ Spouses ___ Parent-child Other: _____

Property Information:

STREET: _____ HOME PHONE #: _____

CITY: _____ STATE: ____ ZIP: _____

OWNER OCCUPIED: ___ Yes ___ No Year house was built: _____

OWNED HOME FOR HOW LONG? _____

ARE PROPERTY TAXES CURRENT? Yes No

No. ADULTS LIVING IN HOME: _____ No. CHILDREN: _____

DO YOU HAVE HOME INSURANCE? ___ Yes ___ No

INSURANCE COMPANY: _____

PURCHASED PRICE: \$ _____

BALANCE DUE: \$ _____

MORTGAGE COMPANY: _____

DO YOU OWN OTHER PROPERTY? ___ No ___ Yes, for use _____

WERE YOU REFERRED BY A PERSON/ORGANIZATION: ___ No ___ Yes, *who?* _____

HAVE YOU RECEIVED HELP FROM RTLC BEFORE? ___ No ___ Yes., If Yes, Year: _____

NATURE OF PRIOR ASSISTANCE: _____

If someone other than the homeowner prepares this application, or helps the homeowner fill it out, please complete the following:

Name of person preparing/assisting with application: _____

Relationship to applicant: _____

Address: _____ Phone: _____

Desired Repairs

Please check off the kinds of repairs you feel are needed at your home.

Rebuilding Together LaPorte cannot guarantee that specific repairs will be addressed.

- | | | |
|--|---|---|
| <input type="checkbox"/> roofing | <input type="checkbox"/> outlets/switches | <input type="checkbox"/> tree removal needed |
| <input type="checkbox"/> weak/rotting flooring | <input type="checkbox"/> plumbing/ hot water tank | <input type="checkbox"/> pests |
| <input type="checkbox"/> gutters/downspouts | <input type="checkbox"/> lighting improvements | <input type="checkbox"/> siding/trim repairs |
| <input type="checkbox"/> drainage improvements | <input type="checkbox"/> stairs/steps (unsafe) | <input type="checkbox"/> shed/basement cleanout |
| <input type="checkbox"/> insulation | <input type="checkbox"/> grab bars/handrails | <input type="checkbox"/> ceiling/wall repairs |
| <input type="checkbox"/> doors/windows | <input type="checkbox"/> ramp | <input type="checkbox"/> bathroom/kitchen |
| <input type="checkbox"/> mold/moisture issues | <input type="checkbox"/> clutter removal | <input type="checkbox"/> appliances (broken) |
| <input type="checkbox"/> heating system | <input type="checkbox"/> deadbolts/locks | <input type="checkbox"/> other: (list below) |

Provide a brief description of work needed for items checked above: (use separate page as needed)

Statements of Ownership, Income and Residence

Rebuilding Together reserves the right to require verification of all information provided on this application.

1. **Home Ownership/Residence**: Rebuilding Together services are available only to **full-time resident homeowners**.

The title to this home is held in the following names:

The following persons live in this home (include **name, age and relationship**):

Is homeowner or anyone else living in the home disabled? If so, indicate special needs such as wheelchair, walker, hearing or sight impaired, etc.

Are there **any children age 6 and under** staying/visiting/living at this home on a regular basis (such as for daycare)?

Do you **owe city taxes** on your home? ____ Yes ____ No

2. **Income Disclosure** for **all** residents in your home.

Annual Income of homeowner(s): _____

Sources of income:

Social Security pension current wages other _____

Annual Income of others living in the home: _____

Sources of income:

Social Security pension current wages other _____

Documentation to be enclosed with application:

- _____ Copy of Title to House
- _____ Income Verification:(Paystubs, State/FedTax)
- _____ Copy of Homeowners Insurance

Homeowner's Statement of Eligibility

I, _____ have asked Rebuilding Together LaPorte County to provide repairs to my home. I understand that Rebuilding Together LaPorte County is funded by charitable donations and grants to provide assistance to low-income elderly or disabled homeowners who have no other means to afford home repairs. I also understand that RTALC is obligated to use its charitable donations only for assistance to eligible homeowners. In addition, I understand that to knowingly submit false information is considered fraud and punishable under law. By signing my name and initialing these statements, I guarantee that I am eligible to receive this assistance, as follows:

1. All the information submitted on my homeowner application is complete and correct. _____
2. I am the owner of the home at the above address. _____
3. This same house is my full-time residence. _____
4. I will not sell, rent or transfer ownership of this house for 18 months after completion of repairs. _____
5. I, my spouse, partner and/or any other owners of my home have no other financial resources to afford the services that I have requested. _____
6. I authorize RTALC and its representatives to complete paperwork required to obtain building permits necessary to repair my home. _____
7. **I understand that RTALC is a neighbor-helping-neighbor organization and I will do everything possible to get my friends and family to help on the workday.** _____
8. I am aware RTALC is offering me one day of volunteer labor by their team. Promises cannot be made as to the specific work that will be done. I understand it may not be possible for volunteers to return after the scheduled work day. _____
9. I authorize RTALC to verify any information I have provided on this application, and I understand that the City of LaPorte's Police Department may screen my address for history of illegal activity or a background check may be requested. _____
10. I authorize RTALC to inquire with other service agencies regarding my eligibility for any services or assistance I've requested from RTALC. _____
11. I will take full responsibility for securing valuables located in my house when volunteers are working in my home. I understand Rebuilding Together cannot be held responsible for misplaced or broken items. _____

Rebuilding Together is an **all-volunteer** effort that relies on community involvement. If your home is selected, friends and family who are present at the home on work day are expected to work with us, including helping and thanking volunteers. Please initial to indicate your agreement:

I understand that I am required to volunteer to the best of my ability, and that adult family or friends on site during the workday will also participate. _____

Signed: _____ Date: _____ (Homeowner)



Dear Homeowner,

Thank you for your interest in applying for the Rebuilding Together LaPorte County work day. Volunteers from the community come together to help individuals and families in need to maintain a safe, healthy and independent life. Thanks to the generosity of our sponsors and the hard working people who donate their time and talent in-kind, we are able to help deserving homeowners in our community at no cost to them. This upcoming May, in the identified LaPorte neighborhoods, Rebuilding Together LaPorte County will build an army of volunteers to work to make our community a better place one home at a time.

While May of 2015 seems far away, to adequately plan for supplies and volunteers, we need several months to prepare. **The deadline for homeowner applications is November 15, 2014.** This gives us adequate time to conduct our in-home visits, select our projects for the year and prepare for the RTALC Build Day.

To be an eligible homeowner, you must meet the following criteria:

- Live in the work area defined by Rebuilding Together LaPorte County
- Be able to demonstrate a position of financial hardship
- Be the owner and occupant of the home
- All able bodied homeowners and family members must be willing to work on work day

From all the applications submitted, members of the RTALC board will preview and select projects which best fit the mission of Rebuilding Together. In keeping with our mission, we focus our efforts on those who are low-income, elderly and/or disabled, veterans, those with young children living in the home and those who have lived in their homes for many years as vital members of the community.

If your home is selected, a scope of work will be developed and a house captain and house ambassador will be assigned to your home. The house captain and ambassador will serve as the project leaders on your home to coordinate volunteers and skilled labor from 8:00 am to 5:00 p.m on the build day.

Thank you for your interest in Rebuilding Together.

Sincerely,

Russ Klosinski, President
Rebuilding Together LaPorte County