



## 2018 National Rebuilding Month Home Improvement Application

**Open Application Period:**  
May 1, 2017 - **October 31, 2017**

Homeowner(s) name & address:

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Home phone: \_\_\_\_\_ Cell or work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Co-applicant's date of birth: \_\_\_\_\_

Secondary/Emergency contact (family member or close friend) living at another address:

Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to homeowner: \_\_\_\_\_

How many people live in this home? \_\_\_\_\_ Do you own other property? Yes  No

Have you received assistance from Rebuilding Together (formerly Christmas in April) before?  
Yes  No  If yes, in what year did we work on your house? \_\_\_\_\_

Do you have a PAAD card? Yes  No

Are/were you or an immediate family member a Veteran/member of the Armed Forces?

Yes  No  Who? \_\_\_\_\_ Number of years served: \_\_\_\_\_

Where/What branch of the military? \_\_\_\_\_

Rebuilding Together is an all-volunteer effort that relies on community involvement. If your home is selected, able-bodied family members age 14 and older are expected to work with us, including helping and thanking volunteers. (Lack of family or friends to help will not disqualify you.) Please initial to indicate your agreement:

*I understand that I am required to volunteer to the best of my ability and that adult family members or friends on site during the workday will also participate.* \_\_\_\_\_ (Initial)

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



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Name of person preparing/assisting with application: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Race and Ethnicity Data (optional)

Race and ethnicity information provided by applicants for services from Rebuilding Together North Jersey is used for HUD-reporting purposes only. Providing this information is optional. Our compiling of such data is expected to benefit the delivery of HUD-affiliated services. Information provided (or waiving the option to report this information) will have absolutely no influence on your eligibility for services provided by Rebuilding Together North Jersey.

*Check all race/ethnicity categories that apply.*

Name(s) of Occupant(s)	Month/Year of Birth	Hispanic	White	Asian	Black or African American	Native American or Alaska Native	Native Hawaiian or Other Pacific Island	Other: Please Specify
<b>Totals</b>								



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The above household information has been freely and accurately reported, to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I choose to exercise my option not to report the requested information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **Documents required to prove ownership, income and residence**

Please submit copies of the following documents when you return the application. Applications submitted without these documents will not be considered. If you must send originals, please enclose a self-addressed stamped envelope for their return.

1. Proof of ownership (submit one only)
  - a copy of your current property tax bill
  - OR a copy of the deed to your property
2. Proof of income (submit one only) for all residents in your home
  - a copy of your (and/or their) W2 or benefit/retirement statement(s)
  - OR a copy of your (and/or their) last year's Federal tax return (1040)
  - OR a copy of your (and/or their) Social Security or SSI Statement
3. Proof of residence (submit one only)
  - a copy of a recent telephone bill OR cable TV bill
  - OR a copy of a recent PSE&G

## **Property Information**

Year purchased: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_ Number of stories: \_\_\_\_\_

Do you have homeowner's insurance? Yes  No

If yes, please answer the following:

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_



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## Desired Repairs

Please note that this is only a list of repairs that you hope to have completed. This list will tell us what you think is most critical to you. Rebuilding Together North Jersey cannot guarantee that every item will be addressed.

Repairs for Health and Safety: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Energy-Efficiency Modifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accessibility Modifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## Financial Information

<b>Income sources</b>	<b><u>Your</u> income (monthly)</b>	<b><u>Total household</u> income (monthly)</b>
Employment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Retirement	\$ _____	\$ _____
VA	\$ _____	\$ _____
Rent	\$ _____	\$ _____
<b>Total monthly income:</b>	<b>\$ _____</b>	<b>\$ _____</b>

## **Household expenses/liabilities (monthly)**

Property taxes	\$ _____
Mortgages (first/second liens)	\$ _____
PSE&G	\$ _____
Phone, cable, trash	\$ _____
Medical (include prescription costs)	\$ _____
Insurance (homeowner's, health, auto)	\$ _____
Other _____	\$ _____
<b>Total monthly household expenses:</b>	<b>\$ _____</b>



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## Homeowner's Statement of Eligibility

I, \_\_\_\_\_, have asked Rebuilding Together to provide repairs to my home at (address/town) \_\_\_\_\_ in (circle one) Bergen County / Passaic County. I understand that Rebuilding Together North Jersey is funded by donations and grants to provide assistance to seniors, people with disabilities, veterans, or low-income families with children who have no other means to afford home repairs.

I also understand that Rebuilding Together North Jersey is obligated to use its donations and grants 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 (next page) to this statement, 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. \_\_\_\_\_ *Initial*
2. I am the sole owner of the home at the above address, or I share ownership with persons who are also eligible to receive this assistance. \_\_\_\_\_ *Initial*
3. This same house is my full-time residence. \_\_\_\_\_ *Initial*
4. I will not sell, rent or transfer ownership of this house for five years after completion of repairs. \_\_\_\_\_ *Initial*
5. I understand that when work is completed Rebuilding Together will put a lien on the property in the amount of \$7,500 for five years and I will be responsible for reimbursing that amount if I sell, rent or accept a contract for sale of the home while work is being completed or within five years after work is completed. \_\_\_\_\_ *Initial*
6. 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. \_\_\_\_\_ *Initial*
7. I authorize Rebuilding Together and its representatives to complete paperwork required to obtain building permits necessary to repair my home. \_\_\_\_\_ *Initial*
8. I understand that Rebuilding Together works primarily on Saturdays. \_\_\_\_\_ *Initial*
9. I understand that Rebuilding Together North Jersey is a neighbor-helping-neighbor organization. I will ask friends and family to help on the workday. \_\_\_\_\_ *Initial*
10. I or my family members will donate 6 hours to Rebuilding Together to assist the organization. The volunteer time will be spent doing outreach, mailings, or helping at a project site. \_\_\_\_\_ *Initial*



## 2018 National Rebuilding Month Home Improvement Application

We cannot assist everyone who applies, **so please tell us why Rebuilding Together should choose you and your family.** What impact would our work have on your life? Tell us about your situation at home and your activities in the community (use additional paper if needed).

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Homeowner)

\_\_\_\_\_  
(Homeowner) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Printed name of witness) Phone: \_\_\_\_\_



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## HUD Low-Income Guidelines

Rebuilding Together North Jersey uses the following low-income guidelines set by the Department of Housing and Urban Development (HUD) for Bergen and Passaic Counties:

1 person - \$47,000	5 people - \$72,500
2 people - \$53,700	6 people - \$77,850
3 people - \$60,400	7 people - \$83,250
4 people - \$67,100	8 people - \$88,600

To see if you qualify, please calculate your total annual household income and compare it to the maximum annual income listed above for the number of people who live in your home.

**THERE IS NO APPLICATION FEE REQUIRED TO APPLY TO RECEIVE ASSISTANCE FROM REBUILDING TOGETHER.** Rebuilding Together has not authorized any other person or entity to act as its agent for purposes of this application and any fees or costs associated with this application paid by the applicant to any such person or entity are not fees or costs charged by Rebuilding Together.

We work primarily on Saturdays. Most repair work is done in spring and fall. **To be considered for National Rebuilding Month for April, 2018 applications should be returned by: October 31, 2017.**

Please mail your completed application and supporting documents to:

**Rebuilding Together North Jersey  
P.O. Box 1389  
Ridgewood, NJ 07450-1389**

### **Questions?**

Phone: 201-447-8886

Email: [info@RTNorthJersey.org](mailto:info@RTNorthJersey.org)

Fax: 201-857-3909