



Rebuilding Together in Springfield, MA Application 2012

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

PROPERTY INFORMATION: Name _____ **Date:** _____
Street Address _____ **Telephone Number** _____
Springfield, MA _____ **Zip Code:** _____ **Work/Cell Phone Number** _____

Owner occupied? Yes No single-family two-family
 Are the property taxes current? Yes No If no, amount in arrears \$ _____
 Did your home receive damage from the June 1, 2011 Tornadoes? Yes No
(Mobile homes, Rentals and Land Contract Properties will not be considered)
 What is the nature of the problem(s) to be repaired?
 ___Exterior Painting ___Wheelchair ramp ___Roof Repairs ___Yard Work Other(explain) _____
 ___Floor Repairs ___Door Repairs ___Weatherization Interior Work(explain) _____

How did you hear about us? _____
 Have you applied for assistance from Rebuilding Together? 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? ___ What Branch? _____ Years served _____
 Veteran of which war? _____ Rank? _____
 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: _____
 U.S. Armed Forces Veteran? ___ What Branch? _____ Years served _____
 Veteran of which war? _____ Rank? _____
 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 _____
 Race (used for Rebuilding Together 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"/>

Office Use Only: Date Received _____ Neighborhood: _____ CDBG: Yes No

MONTHLY

INCOME INFORMATION:

Must include any income from **ALL** persons living in the home.

Salary \$ _____

Retirement \$ _____

Social Security/Disability \$ _____

Social Security/Disability \$ _____

Child Support/Alimony \$ _____

Rental Income \$ _____

Other _____ \$ _____

Other _____ \$ _____

TOTAL INCOME \$ _____ monthly (Please submit proof of income with application)

IMPORTANT – READ CAREFULLY BEFORE SIGNING

Applicant's Statement:

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 Springfield, to which it is submitted for the purpose of obtaining assistance.

I hereby consent to and authorize Rebuilding Together Springfield, 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

Please mail application along with proof of income to:

Rebuilding Together Springfield
Colonial Block Building
1145 Main Street, Suite 111
Springfield, MA 01103
413 788-0014
email: Colleen.Loveless@rebuildingtogetherspringfield.org
Web: www.rebuildingtogetherspringfield.org