



HOMEOWNER APPLICATION INSTRUCTIONS

811 Harrison St
Seattle, WA 98109
P: 206.682.1231
F: 206.682.8962
www.rtseattle.org

Dear Friend,

Thank you for your interest in Rebuilding Together Seattle! We are a non-profit organization that provides free home repairs to low-income homeowners. We serve the elderly, disabled, families with children, and veterans in need. *Please read the following application instructions before completing your application. Please save this sheet for your records.*

1. To be considered for our program, you must meet the following criteria:

- ✓ You must be low-income, and a homeowner (*please review our income guidelines*)

Seattle-Bellevue, WA HUD Metro FMR Area – Very Low (50%) Income Limits

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
\$29,500	33,700	37,950	42,150	45,150	45,500	52,250	55,650

- ✓ You must be a senior citizen, person with a disability, and/or a family with young children
- ✓ You must be unable to complete the work on your own
- ✓ You must live in your home and plan to reside in your home for the next 2 to 5 years
- ✓ You must maintain current homeowners insurance

2. Rebuilding Together Seattle does not provide emergency repairs, major remodel work, or roof replacements.

3. If you meet the above criteria, please fill out all pages of the Homeowner Application.

4. Once you have completed the application, please include copies of the following two documents with your application (*we are happy to make copies and mail back the originals*):

- Your most recent tax return and/or Social Security Benefits Statement
- Your homeowner's insurance verification form

5. **Is my application complete?**

- I have filled out all pages of the application
- I have enclosed a copy of my homeowners insurance form
- I have enclosed a copy of my most recent tax return form or SS Benefits Statement

6. Please mail your completed application and materials to:

Rebuilding Together Seattle
811 Harrison St
Seattle, WA 98109

Thank you for your interest in our organization! We look forward to receiving your application!

THE APPLICATION PROCESS

Dear Applicant,

Please read the following information to gain an understanding of our application process. Please feel free to call our office with any questions.

1. After receiving your application, we will process your application. Please allow at least two weeks for this process.
2. Once we have reviewed your application, we will contact you if we have any questions.
3. If your application is complete, two members of our friendly **Site Preview Team** will call you to arrange a time to preview your home! They will do a walkthrough of your home, and assess the repair work you requested.
4. After the Site Preview Team has gone to your home, the **RTS Board of Directors and Staff** will decide whether or not your house is a good fit for our program. You will receive a letter from your office, notifying you of our decision.
5. If we approve your project, we will then look for a volunteer and/or sponsor group to assign to your home. *Please know that this process can take some time.*
6. If RTS is able to make a **volunteer match** for your project, we will call you to discuss the next steps of the planning process.

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HOMEOWNER INFORMATION

MISSION: RTS provides donated repair services for homeowners in need so that they can continue to live independently in warmth and safety.

First Name		Last Name	
House Address		City, ST, Zipcode	
Home Phone		Cell Phone	
Work Phone		Email	
Age		Ethnicity (Optional)	
Emergency Contact Name		Emergency Contact Phone #	

HOUSEHOLD EMPLOYMENT / INCOME INFORMATION

Total Household Annual Income: \$ _____

Wage Earner Name & Employer (Please list all wage earners living in your home)	Monthly	Annual Amount
	\$	\$
	\$	\$
	\$	\$

Please list everyone who lives inside the house (please include additional sheet if needed):

Name	Age	Relationship	Employed?	
			YES	NO
			YES	NO
			YES	NO
			YES	NO

Please provide a neighbor and/or family references living outside your home:

Name	Relationship	Phone Number

PROPERTY INFORMATION

Please provide a copy of your policy or insurance verification with this application.

Purchase Price: _____ Monthly House Pmt: _____ Year Bought: _____
Year Built: _____ Assessed Value: _____ Annual Property Taxes: _____
 Insurance Carrier: _____ Insurance Policy #: _____
Is your Mortgage in good standing? ____ (Y/N). Please explain the circumstances (Foreclosure, Reverse Mortgage, Bankruptcy, etc.) below:

QUESTIONS FOR THE HOMEOWNER (*Please circle "yes" or "no"*)

1. Have you applied to Rebuilding Together Seattle before? **YES** **NO**
 If yes, did we visit you or make repairs on your home? **YES** **NO**
2. **How did you hear about us?** _____
3. **Are you a veteran?** **YES** **NO** **If yes, when and where did you serve? During which wars?**
(If applicable): _____
4. Have any of your family members (deceased or living) served in the military? **YES** **NO**
 Was this veteran your spouse? **YES** **NO**
5. Do you plan on living at your home for the next 2 to 5 years? **YES** **NO**
6. Are you comfortable having volunteers make repairs in your home? **YES** **NO**
7. Do you have any disabilities of physical limitations? **YES** **NO**

<i>If yes, please describe:</i>

8. Do you have any able-bodied household members willing to assist in repairs? **YES** **NO**
If yes, please list members: _____
9. Do you have an agency case-worker assisting you? **YES** **NO**
If yes, please list their name & phone number: _____
10. Have you or any household members been charged with a crime in the past 5 years? **YES** **NO**
If Yes, Please explain: _____

REPAIRS NEEDED (*please mention all that apply!*)

Area to be repaired	Brief description of work needed
Siding	
Floors/Flooring	
Insulate/Weatherization	

Walls and Ceilings	
Security Improvements	
Windows/Doors	
Bathroom	
Electrical	
Plumbing	
Porch/Steps/Ramp	
Grab Bars/Handrails	
Trash, Clutter Removal	
Interior Cleaning	
Yard work	
ADA Accessibility	
Appliances	
Painting (<i>Please note: RTS cannot accommodate all painting requests</i>)	

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 information provided by RTS and understand the application process.

_____ I certify that I do not have the financial means to perform the repairs for which I am applying.

_____ I understand that I may be asked to provide documentation as proof of my answers. I authorize RTS to contact my references and verify any of my information provided, including a personal background check, as may be necessary for my involvement with Rebuilding Together Seattle.

_____ I understand that acceptance of this program is not guaranteed and subject to available sponsors and volunteers. RTS can not guarantee that all the requested work will be done.

_____ 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.

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

_____ I understand that RTS's program is a free service to homeowners in need.

_____ I understand that RTS reserves the right to run a criminal background check on any homeowner applicant and any other adult living in the home.

_____ *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 #: _____