

# Rebuilding Together Acadiana

## HOMEOWNER APPLICATION

**For Office Use Only.**

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Entered By: \_\_\_\_\_

House #: \_\_\_\_\_

Program: \_\_\_\_\_

Multi-program: \_\_\_\_\_

**SECTION 1 HOMEOWNER INFORMATION**

Name of Homeowner: \_\_\_\_\_

Address \_\_\_\_\_

City, state zip: \_\_\_\_\_

**Mailing Address**, if different: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Please check ethnicity:

White  African American  American Indian

Alaskan Native  Hispanic  Middle Eastern

Asian/Pacific Islander  Other: \_\_\_\_\_

Female head of household  Yes  No

How many years have you lived in your home?: \_\_\_\_\_

Date home built: \_\_\_\_\_

What Parish is the house in? \_\_\_\_\_

Is the house a Mobile Home? YES or NO

Do you have homeowners insurance? Yes or No

Is your homeowners insurance current? Yes or No

Are you property tax payments current? Yes or No

List the names and ages of all people living in the home including yourself (attach a list if more space is needed):

Total number of people living in the home \_\_\_\_\_

Name	Date of Birth	SS#	Ethnicity	Gender	Disabled
_____	_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	_____	Yes or No

Is anyone in the household in the military or a veteran? \_\_\_\_\_ If yes, please list which **branch** and discharge status. \_\_\_\_\_

Is there any other information you would like us to know about you or your family? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 2 SPECIAL NEEDS/ DISABILITIES**

Is the homeowner or anyone in the home disabled?  Yes  No If yes, Who: \_\_\_\_\_

Please indicate by checking below all that apply:  Hearing impaired  Sight impaired  Wheelchair bound  
 Uses a walker  Mentally challenged  
 Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**SECTION 3 APPLICANT HISTORY**

Have you ever applied to Rebuilding Together Acadiana?  Yes  No, When? \_\_\_\_\_

Have you ever applied to Christmas in April Acadiana?  Yes  No, When? \_\_\_\_\_

Has Rebuilding Together or Christmas in April ever done work on your home?  Yes  No When \_\_\_\_\_

**Do you or any of your family members who reside in the home have a social worker or caseworker ?**

Yes  No, Their Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SECTION 4 TYPE OF REPAIRS TO BE CONSIDERED**

Type of Repair	Brief Description	
Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exterior painting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interior painting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Carpentry Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Floor repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wheelchair ramp, grab bars, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list the repairs that you feel need immediate attention		<b>Please list the name and telephone number of a person to contact in case of an emergency:</b>
1. _____		Name: _____
2. _____		Phone: _____
3. _____		Relationship to you: _____

Did you receive any damages from Hurricanes or Tornados? \_\_\_\_\_ If yes, please list the storm and the damages: \_\_\_\_\_

I \_\_\_\_\_ certify that my home at \_\_\_\_\_ (address) has damages from Hurricane \_\_\_\_\_ and is in need of repair services to fix the above mentioned items.

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

Rebuilding Together Acadiana serves homeowners who live on a limited income and own their own home, with a special focus on the elderly and disabled. For this reason, we must ask you to certify the total household income for all the people who live within your home and property ownership.

### Verification of Income

Please fill in the chart below and provide documentation to verify this information. **Rebuilding Together REQUIRES that we have a copy of each family member's proof of income, with documentation.** Information provided below must include annual income of all household members.

Name	Wages Salary	Social Security Check	Disability	AFDC	Other (Eg. Pension)	Gross Annual Income
Total						

Are there any special circumstances regarding the amount of expenses within your household that we need to be made aware of such as home health care, hospital costs, medication expenses, etc. ?

\_\_\_\_\_

**Please list the name of any member of your household who is unemployed:** (Do not include individuals in grades K-12, retired individuals, or those receiving Social Security.):

**Other Information:**

Do you have any pets? \_\_\_\_\_ If yes, what type and how many. \_\_\_\_\_

Do you own any property other than your home? \_\_\_\_\_ Please explain. \_\_\_\_\_

How many children do you have in Acadiana? \_\_\_\_\_

If you are chosen to receive repair services from the volunteers of Rebuilding Together Acadiana, are there any members of your family or friends that will help work on your home? \_\_\_\_\_

Are you receiving assistance from any other organizations? \_\_\_\_\_

## **Applications cannot be processed until all documentation is turned in.**

### **Application Documentation Checklist:**

*(Please send copies, originals will not be returned)*

- Completed application.**
- Proof of Ownership** (Tax bill with your name & address or Bill of Sale papers)
- Proof of Income** (for all household members 18+ years)
- Utility Bill** (Please attach copy of electric or gas bill)

**SECTION 6 HOMEOWNER AGREEMENT**

Rebuilding Together Acadiana provides volunteer home repairs for limited income homeowners who are unable to do the work themselves.

- \* All work is done by **volunteers** and will be skilled, semi-skilled & unskilled. They may not be able to complete all the repairs required within the home.
- \* There is no cost to the homeowner for these repairs.
- \* All able bodied family members or visitors will work along side of the volunteers

I do swear that my total household income, including all members residing within my home is \$\_\_\_\_\_.  
**I do file** federal income tax and have provided Rebuilding Together with a copy.

**OR**

I do swear that **I am not required** to file federal income tax. My household income for last year was \$\_\_\_\_\_, from the following sources: \_\_\_\_\_

I/We certify that the information on this application is accurate and that I/we own the property at the address given on this application. I/We have no present intention to move or offer my home for sale over the next two years. I/We hereby release Rebuilding Together Acadiana and all associated with it from any and all liability whatsoever.

I understand that my social security number may be used to confirm information on this application and that **any false information given will result in the termination of my application and any further assistance from Rebuilding Together Acadiana.** I have read the information provided by Rebuilding Together Acadiana and have a basic understanding of the program and its process. I give Rebuilding Together Acadiana volunteers my permission to inspect my home for purposes of home selection and/or repair.

\_\_\_\_\_  
Homeowner(s) Signature / \_\_\_\_\_ Date

\_\_\_\_\_  
Homeowner(s) Signature / \_\_\_\_\_ Date

**Preparer Signature\*** \_\_\_\_\_ **Date** \_\_\_\_\_

\* If you are not the homeowner, but are assisting the homeowner(s) in completing this application, then please provide the following information in addition to your signature:

Relationship to the homeowner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Email: \_\_\_\_\_



**Return to:**  
**Rebuilding Together Acadiana**  
**P.O. Box 3177**  
**Lafayette, LA 70502**

**Questions? Call 337-291-9910**