

HOMEOWNER INFORMATION

Name: _____

P.O. Box: _____

City: _____ Zip: _____

Age: _____

Phone: _____ Cell: _____

Are you retired? Y/N

Are you a veteran? Y/N

Are you disabled? Y/N

Explain Disability

Are you employed? Y/N

Hrs/week? _____

Have you been a previous recipient of Christmas in April or Rebuilding Together? Y/N When? _____

Explain special or extenuating circumstances beyond your control.

INCOME/ASSETS

Applicant/s Monthly Income:

Employment \$ _____
Social Security \$ _____
Disability: \$ _____
Pension \$ _____
TANF \$ _____
Other \$ _____

Income or Contribution of Others

Living in Home \$ _____

TOTAL INCOME \$ _____

Applicant/s Assets: (List Value)

Savings/CD's \$ _____
Annuities/Bonds \$ _____
Properties \$ _____

Applicant/s MAJOR Monthly Exp.

Mortgage \$ _____
Insurance \$ _____
Medical \$ _____
Utilities \$ _____
Automobile \$ _____
Food \$ _____
Other \$ _____

TOTAL EXP. \$ _____

(Please include Copy of Property Tax Bill, Tax Return or other verification of income.)

HOME INFORMATION

Name/s on Deed/Title:

Street Address: _____

Parcel #: _____

No. of years in home: _____

Homeowners Insurance is required.

Carrier & Policy # _____

Is this home for sale? Y/N

Will you sell within 2 yrs? Y/N

Is this a mobile home? Y/N

Others living with you, relationship, and age.

1. _____

2. _____

3. _____

4. _____

5. _____

I was referred by: _____

HOME REPAIR REQUESTS

List the most critical areas needing attention at your home.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Due to the size and complexity of some work requested, our volunteers may be unable to complete certain projects.

If you need assistance completing this form, please call 336-3910.

I/We certify that the above is true and correct to the best of our knowledge.

Signed: _____

Date: _____

All requested documentation must be submitted with application by October 31.

SUPPORT

REBUILDING TOGETHER

NEIGHBORS HELPING NEIGHBORS

TOTALLY VOLUNTEER

<p style="text-align: center;"> REBUILDING TOGETHER MOUNTAIN COMMUNITIES P.O. BOX 3540 BLUE JAY, CA 92317-3540 </p>
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Place
Stamp
Here



HOMEOWNER APPLICATION

Christmas in April
REBUILDING DAY
APRIL 25, 2020

(909) 336-3910

Check out our website at
[www.rebuildingtogether
mountaincommunities.org](http://www.rebuildingtogethermountaincommunities.org)

ELIGIBILITY REQUIREMENTS:

You must have owned your home for at least two years and live there full time.

You must be a low income homeowner, especially those that are elderly, disabled or families with children.

Low income is defined by San Bernardino County as.....

One Person in Household
\$25,150

Two Persons in Household
\$28,750

Three Persons in Household
\$32,350

Four Persons in Household
\$35,900

You must submit income statements for all persons living in home, including dependent children on assistance.

All requested documentation must be submitted with application by October 31.

