

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

REBUILDING TOGETHER
MOUNTAIN COMMUNITIES
P.O. BOX 3540
BLUE JAY, CA 92317-3540

Place
Stamp
Here



HOMEOWNER APPLICATION

Christmas in April
REBUILDING DAY
APRIL 29, 2023

(909) 336-3910

Check out our website at
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
\$30,800

Two Persons in Household
\$35,200

Three Persons in Household
\$39,600

Four Persons in Household
\$44,000

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.