

**HOMEOWNER INFORMATION**

Name: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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, 2023

# SUPPORT

## REBUILDING TOGETHER

NEIGHBORS HELPING NEIGHBORS

TOTALLY VOLUNTEER

GRASSROOTS EFFORT

FREE OF CHARGE

### MISSION STATEMENT:

Rebuilding Together Mountain Communities is an affiliate of America's largest National volunteer organization that, in partnership with the community, rehabilitates the homes of low-income homeowners, particularly the elderly, veterans, disabled and families with children, so they can live in warmth, safety, and independence.

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

Place  
Stamp  
Here



## HOMEOWNER APPLICATION

Christmas in April  
**REBUILDING DAY**  
**APRIL 27, 2024**

**(909) 336-3910**

Email: [info@rtmc.build](mailto:info@rtmc.build)

Check out our website at:

[www.rtmc.build](http://www.rtmc.build)

### 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, 2023