HOMEOWNER INFORMATION

Name:	Ар
P.O. Box:	E S
	D
City:Zip:	P
	T.
Age: Email	0
Phone:Cell:	Inc
	Liv
Are you retired? Y/N	
Are you a veteran? Y/N	то
Are you disabled? Y/N	۸
Evalain Disability	Ap S
Explain Disability	A
	. ^ P
Are you employed? Y/N	Ар
Hrs/week?	Μ
	In
Have you been a previous recipien	
of Christmas in April or Rebuilding	
Together? Y/N When?	
Explain special or extenuating	F O
circumstances beyond your	0
control.	то
	10
	. (Pl
	Ta

INCOME/ASSETS

Applicant/s Monthly In	ncome:
Employment	\$
Social Security	\$
Disability:	\$
Pension	\$
TANF	\$
Other	\$
Income or Contributio	on of Others
Living in Home	\$
TOTAL INCOME	\$
Applicant/s Assets: (L	.ist Value)
Savings/CD's	\$
Annuities/Bonds	\$
Properties	\$
Applicant/s MAJOR M	onthly Exp.
Mortgage	\$
Insurance	\$
Medical	\$
Utilities	\$
Automobile	\$
Food	\$
Other	\$
TOTAL EXP.	\$
(Please include Copy	of Property
Tax Bill, Tax Return o	

Tax Bill,	lax Re	eturn	or othe
verificati	on of i	ncom	e.)

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			
		N	
			 -
	 	<u></u>	 -
6.			

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

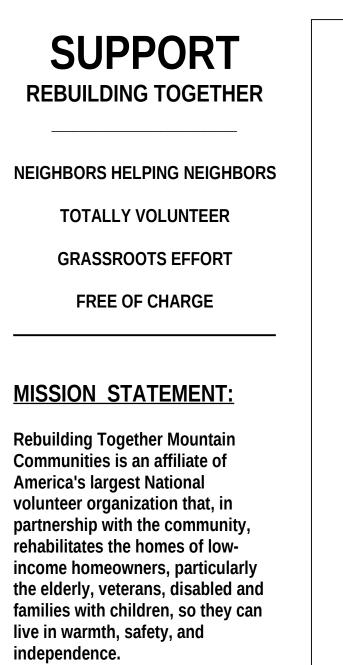
If you need assistance completing this form, please call 336-3910.

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, 2024



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

Here

Place Stamp



HOMEOWNER APPLICATION

Christmas in April REBUILDING DAY APRIL 26, 2025



Check out our website at: 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 \$35,900 Two Persons in Household \$41,000 Three Persons in Household \$46,100 Four Persons in Household \$51,250 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, 2024