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.

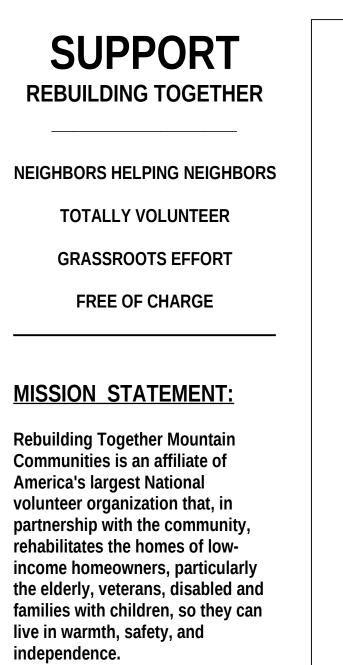
If you need assistance completing this form, please call 336-3910.

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