

REBUILDING TOGETHER SJC 2020 PARTICIPANT APPLICATION

APPLICATIONS DUE: November 15, 2019

Name: _____ Date of Birth: _____

Address: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Important:

In order to be eligible for this program, you must either be a homeowner or in the process of purchasing your home (have a mortgage payment) or a land contract. Home must be owner-occupied.

Tell us about the members of your household.

How many people (including yourself) live in your home? _____

Please complete below for all members of your household.

	Name	Relationship	Age	Gender	Disabled (Y/N)	Income (Y/N)	Active Duty or Veteran	Race (See Below)
1		(Head of Household)						
2								
3								
4								
5								
6								

RACE – Data for Government Monitoring Purposes Only – Data Does Not Determine Eligibility

Please put corresponding # in space above.

- 1: American Indian/Alaska Native
- 2: Asian
- 3: Black or African-American
- 4: Native Hawaiian or Other Pacific Islander
- 5: White
- 6: Asian and White
- 7: American Indian/Alaska Native and White
- 8: Black/African American and White
- 9: American Indian/Alaska Native and Black/African American,
- 10: Other

ETHNICITY:**# of People in Household**

Hispanic or Latino	
Not Hispanic or Latino	

Tell us about your home.

1. Have you participated in Rebuilding Together (Christmas in April) in the past? Yes No

If so, what year _____?

2. Have you applied for the City of South Bend/UEA Pilot Home Repair Program? Yes No
(Please note Rebuilding Together is a separate program. You are encouraged to apply for both programs.)

3. Is your mortgage or land contract current (no past due amounts)? N/A Yes No

4. Are your property taxes current? Yes No

5. Do you have homeowner's insurance? Yes No

If no, explain: _____

6. Do you intend to live in your home for the next five years? Yes No
(If your home is currently on the market or goes on the market during the application period, you are not eligible.)

7. Is this home your primary residence? Yes No

8. Do you own homes or real estate other than this one? Yes No

If yes, please provide the address(es): _____

9. Are your utility bills current? Yes No

Tell us about your household income.

ALL Monthly Income			
Please fill in the amount that household members above 18 receive per month from each income source.			
Gross amount (before taxes)	Household Member 1	Household Member 2	Household Member 3
1. First Job			
2. Second Job or part-time job			
3. Child Support			
4. SS/SSI/SSDA			
5. Pension			
6. Alimony			
7. Investment/Dividends			
8. Rental Income from Primary home (Airbnb/Homeaway) etc. or Rental Home			
9. Self-Employment or Homebased business or Other			
Total (Add 1-9)			

Please provide the following employment information for all employed members of your household (attach additional sheets if necessary):

Employer 1

Name of Household Member/Employee: _____

Employer Name: _____ Phone Number (Main Line): _____

Your Work Address (Street, City, State, ZIP):

 Employer's Human Resources Department Address (Street, City, State, ZIP):

Employer 2

Name of Household Member/Employee: _____

Employer Name: _____ Phone Number (Main Line): _____

Your Work Address (Street, City, State, ZIP):

 Employer's Human Resources Department Address (Street, City, State, ZIP):

Complete, review, and sign. *(This page must be completed by all owner occupants of the property)*

Citizenship Disclosure

The program for which you have applied is partially funded through the United States Department of Housing and Urban Development (HUD). HUD guidelines for the use of these federal funds require that persons receiving assistance answer the following:

Are you a U.S. Citizen*? (check below)

Homeowner 1: Yes No

Homeowner 2: Yes No

* If you answer no but are a legal permanent resident, or have similar status, you may still qualify for assistance. Please provide documentation of legal status with your application.

Penalty for false or fraudulent statement. U.S. Code Title 18, Section 1001 provides: “Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title, imprisoned not more than 5 years, or both.”

I certify that all information given in this application and all information furnished in support of the application is given for the purpose of receiving assistance through Rebuilding Together (RT). Furthermore, I certify that all information provided within this application is true and complete to the best of my knowledge. **I understand that my eligibility to participate in RT depends on the accuracy of this information. I have disclosed all sources of income for my household.** I understand that incomplete applications will not be considered for assistance and that I am solely responsible for fully completing my application and responding to any requests for additional information. I agree to supply RT with all information requested and to give RT authorization to verify information contained within my application and any other documents required in connection with this application, such as address, insurance and property tax checks. I understand and agree that through my employer, RT may verify employment and income. I understand all application materials submitted become the property of RT.

I understand that even if my household meets eligibility requirements, I am not guaranteed assistance; RT’s ability to perform work is subject to the availability of resources, monetary and otherwise. If I am selected for participation in the program, I understand that all work will be done at no cost to me. I understand that any able-bodied family member at home on the RT work days will participate in this effort. Further, I understand that the information provided on this form is confidential and that the data collected from this application will only be used in a statistical report.

I agree that this form may be reproduced and a copy shall be effective consent as the original signed form.

Homeowner/Applicant Signature 1

Date

Homeowner/Applicant Signature 2

Date

Provide the following documentation with your application. (Supply Copies Only – No Originals)

The following items **must** be included with this application:

1. Documentation for ALL income for EVERY household member

**Except as noted below, a past tax return or a bank statement showing direct deposit of income are not acceptable documentation of income.*

- A. For regular employment, please provide copies of the most recent two months' worth of your paycheck stubs
- B. For the self-employed, please provide a copy of your three most recent full Federal tax returns, including Schedule C
- C. For Social Security, a pension, public assistance, unemployment, alimony, child support, or other such income, please provide a copy of one of the following for each source:
 - 1. Your award letter for the current year (not a benefit statement),
 - 2. Print-out from appropriate agency documenting your income, or
 - 3. Most recent two months' worth of your checks / check stubs
- D. A copy of the most recent statement for any mutual fund, 401(k), other retirement accounts, or similar financial assets.
- E. A copy of all pages of the six (6) most recent monthly bank statements for each account (including checking, savings, money market, etc.) held by a member of your household. The bank statement must include the names of the financial institution and the account holder.
 - Check here if no one in your household has a bank account.

2. Documentation of Homeownership

Please provide a copy of one of the following (a mortgage statement is not acceptable):

- 1) Recorded deed, or
- 2) Recorded land contract

** This document must include the Recorder's stamp. If you do not have a copy of your recorded deed or land contract, you may obtain one from the office of the County Recorder, 3rd floor of the County-City Building, (574) 235-9525 **There is a fee charged for this service.***

3. Documentation of Homeowner's Insurance

Please provide a copy of your current homeowner's insurance policy declaration page.

4. Please provide copy of photo identification (copy of Federal or State issued ID for anyone over 18 in the Household.)

5. If veteran, provide copy of DD 214 Certificate of Release or Discharge.

Return your application to Rebuilding Together. Complete **ALL** sections of this application, including all documentation requested above. **Incomplete applications will not be accepted.**

Application materials can be mailed to:

Rebuilding Together
c/o South Bend Heritage
803 Lincolnway West
South Bend, IN 46616

Application materials can be dropped off at:

Rebuilding Together
South Bend Heritage
803 Lincolnway West
South Bend, IN 46616

Need help with this application? Please call 574-289-1066 ext. 1215, visit our website at www.rebuildingtogethersjc.org, or email us at info@rebuildingtogethersjc.org.