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RebuildingTogetherSJC.org

REBUILDING TOGETHER SJC 2021 PARTICIPANT APPLICATION

APPLICATIONS DUE: November 30, 2020

Let's start with some basic info.

Applicant Name: _____

Date of Birth: _____ **Age:** _____

Address: _____ **ZIP:** _____

Is this home your primary address? Yes No

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

What is the best way to get in touch with you?

- Phone
- E-Mail
- Letter
- Call someone else (spouse, sibling, children): *Phone:* _____

Did you, or anyone in your household, have COVID-19? Yes No

If yes, when? _____

Now, tell us about the members of your household.

How many people (including yourself), over the age of 18, live in your home? _____

How many people under the age of 18 live in your home? _____

Are there any people in your household that are Hispanic or Latinx? Yes No

If yes, how many people? _____

Please complete the table below for all members of your household.

	Name	Relationship	Age	Gender	Has Income?	Disabled?	Active Duty or Veteran?	Race (see below)
1								
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

Now, tell us about your home.

1. Have you participated in Rebuilding Together (Christmas in April) in the past?

Yes No If yes, what year? _____

2. Have you applied for the City of South Bend/UEA Home Repair Program?

Yes No Not Sure / Don't know what that is.

3. Do you currently own your home?

Yes No

4. Is your mortgage completely paid off?

Yes No

5. Is your mortgage or land contract current (no past due amounts)?

Yes No N/A

6. Are your property taxes current?

Yes No

7. Do you have homeowner's insurance?

Yes No If no, please explain: _____

8. Do you intend to live in your home for the next five years?

Yes No If no, please explain: _____

9. Do you own homes or real estate other than this one?

Yes No If yes, please provide address(es): _____

10. Are your utility bills current?

Yes No If no, please explain: _____

Now, tell us about your household income.

Please fill in the amount that household members over the age 18 receive per month from each income source.

Gross amount (before taxes)	Household Member 1	Household Member 2	Household Member 3
First Job			
Second Job or Part-Time Job			
Child Support			
Social Security			
Disability			
Pension			
Alimony			
Investment/Dividends			
Rental Income			
Self-Employment			
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 2

Name of Household Member/Employee: _____

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

Your Work 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.

Please supply copies only – no originals.

See next page for a handy checklist to make sure you have everything you need!

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. Please provide a copy of the most recent statement for any mutual fund, 401(k), other retirement accounts, or similar financial assets.
- E. Please provide 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.

Application Checklist

- Completed & Signed Application
- Income (any one or combination of income – for everyone over the age of 18):
 - 2 months' worth of paystubs
 - Pension statement
 - Social Security Award Letter
 - Most recent statement for IRA and other assets
- Documentation of Homeownership - Recorded Deed or Land Contract
- 6 months' worth of bank statements for all accounts
- Documentation of Homeowners Insurance
- Photo ID
- DD 214 Certificate of Release – Veteran Status

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 or visit our website at www.rebuildingtogethersjc.org.