

# Rebuilding Together of Northwest Arkansas

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 Office: 479-725-2488 Fax: 479-725-2487  
 Email: [info@rebuildingtogethernwa.org](mailto:info@rebuildingtogethernwa.org)

Date Application Recd:		Date Appr for Funding:	
Income Qualified:		Funding Source:	
Level of Income:		Work Completed:	
Entered to Database		Work Inspected:	
Date to Site Selection:		Docs filed of Record	
Date to Quotes		Acctg Summary Complete:	
<b>OFFICE USE ONLY</b>			

## Homeowner Application - Confidential

All eligible applications will be reviewed by the selection team. All applicants will be notified once the homes have been selected. Homes will be selected on the basis of greatest need and the ability of Rebuilding Together teams to accomplish the needed repairs.

**Please print. Complete and return this application as soon as possible to the above address.**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Yrs at Address:** \_\_\_\_\_

**Please complete the following for every person in household:**

**Race Codes:** C=Caucasian, H=Hispanic, B=African American, A=Asian, M=Marshallese, O =Other race: \_\_\_\_\_ (fill in blank)

**Please state Branch of Service & Dates Served by Veterans:**

Last Name	First Name	Relation-ship	Race Code	Sex	Age	Date of Birth	Type of Disability	Annual Income before Medicare Deduct			Gross Wages if working
								Soc Sec Income	Disability Income	VA Benefits	
		Applicant									

**TOTAL GROSS INCOME FOR ALL HOUSEHOLD MEMBERS \$ \_\_\_\_\_**

**Please attach some form of documentation for each person stated above-if no income, please state!**

**Please tell us about problems you are having with your home: In order of importance starting with #1 as most urgent**

Interior	Exterior	Paint Exterior
Accessibility & Widening doors	Guttering	Ramp
Bath Fixtures	Hot Water Heater	Roof
Bath - Plumbing	Heater	Roof Repair
Kitchen Cabinets & Countertops	Heater Repair	Siding
Kitchen - Plumbing	Heat / Air System	Soffit & Fascia
Kitchen Fixtures	Heat / Air Repair	Windows & Doors
Plumbing Leaks / Backup	Insulation	Additional comments about issues in your home/family that would help us better evaluate your needs, may be attached or written on back.
Electrical	Septic Systems	
Flooring	Sewer Line	
Paint Interior	Well / Pump	

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Other Family Members Living in Northwest Arkansas:					Explain why you and other family members cannot do repairs:
Last Name	First Name	Relationship	Age	Type of Disability	

Checking account balance \$ \_\_\_\_\_ Savings account balance \$ \_\_\_\_\_

**HOME INFORMATION**                      Y = Yes    N = No

Do you own your own home	Is there a mortgage on your home?	Who holds the mortgage?
Do you own the land that your home is on?	Do you plan to move/sell your home within the next 2 years?	
Is your home a Permanent Structure	Can you provide the following:	Are you a United States Citizen?
Is your home a Mobile Home?	Proof of Ownership?	If No, please include a copy of:
Do you own other property?	Mortgage pmts are current?	Resident Alien Card or Visa
If so, what is that property used for?		

Emergency Contact – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that persons residing in my home or visiting on the designated workday who are physically able and age 14 or older, will be required to work with the volunteers.

Do you have religious beliefs that would prevent us doing this work on a Saturday? YES \_\_\_\_ NO \_\_\_\_

How did you find out about Rebuilding Together of Northwest Arkansas? **Please circle correct one:**

Prev Client    Newspaper    Radio    TV    Senior Center    Website    Ozark Transit    Church

Other Non-Profit Agency (please identify): \_\_\_\_\_ Other: \_\_\_\_\_

May Rebuilding Together refer your application to other organizations for assistance? \_\_\_\_\_

**Have you received any other assistance with your home in the past 10 years? Please circle correct agency!**

Office of Human Concern    Community Development Block Grant (CDBG)    Other: \_\_\_\_\_

My signature below indicates that the information provided above is accurate and complete. I have read the information provided by Rebuilding Together of Northwest Arkansas and have a basic understanding of the program and its process. I give Rebuilding Together of Northwest Arkansas permission to inspect and photograph my home for purposes of home selection and / or repair.

\_\_\_\_\_  
Signature of Homeowner(s)

\_\_\_\_\_  
Date of Application

If this form is prepared by someone other than the homeowner, or if assistance is given to the homeowner, please complete the following: Is the homeowner aware of this application? \_\_\_\_\_

Person Assisting w/Appl: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

**The selection of homes to work on is at the complete discretion of Rebuilding Together of Northwest Arkansas!**