

Rebuilding Together of Northwest Arkansas

614 E. Emma Ave. Suite 203
Springdale, AR 72764
479-725-2488

email: info@rebuildingtogethernwa.org

Homeowner Application

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. Information is kept confidential. Complete and return this application as soon as possible to the above address.

Name(s): _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Number of years at this address: _____

Names and **ages** of **all** persons living in the home: _____

Is homeowner or anyone else residing in the home, disabled? If so, please describe nature of disability and any special needs: _____

Is anyone residing in the home a U.S. Veteran? _____

If yes, Branch of Service & Dates Served? _____

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? _____

Do you have children or family living elsewhere in Northwest Arkansas? _____

Please list their names and ages: _____

Explain why you or your family members cannot complete the needed repairs: _____

Do you own your home? _____ Do you own the land that your home is on? _____

Is there a mortgage on your home? _____ If so, who holds the mortgage? _____

Is your home a mobile home or a permanent structure?

Do you plan to move and/or sell your home within the next 2 years? _____

Do you own other property? _____ If so, what is that property used for? _____

If your home is selected, can you provide the following?

Proof of ownership _____ (Warranty deed, mortgage payment book, etc.)

Proof that mortgage payments are current _____ (Payment receipt, letter from bank)

Current paid property tax receipt or evidence that you are not required to pay property tax

Are you a United States Citizen? _____ Yes _____ No

If No, please include a copy of Resident Alien card or Visa with application.

The combined INCOME (Social Security, interest, salary, other) for the owner(s) **and all persons living in this home** is _____ per month.

Please attach some form of documentation of your income.

Checking account balance _____ Savings account balance _____

If your home is approved for the program, what work would you like done? _____

How did you find out about Rebuilding Together of Northwest Arkansas? _____

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

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? _____

Name of person preparing or assisting with application: _____

Phone: _____ Agency: _____

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