

HOMEOWNER APPLICATION



RETURN WITH:

- **PROOF OF INCOME** A copy of the Tax Returns for ALL who are receiving income & living in the home.
- **LAST MONTH MORTGAGE STATEMENT** (if applicable)

APPLICANT INFORMATION

Applicant: _____ **Date of Birth:** _____

Social Security Number: _____

Address: _____ **City** _____, **NE** **Zip Code:** _____

Phone: _____ **2nd Phone** _____

Marital Status: Married Unmarried Separated Divorced Widowed

Spouse Name: _____ **Date of Birth:** _____

Emergency Contact: *Friend or Relative living in the area to contact in case of an emergency.*

Name: _____ **Telephone:** _____

Name: _____ **Telephone:** _____

Background Information: *Please mark all that apply. Information is used in seeking additional funding.*

Native American Asian African African American Hispanic/Latino
 European/White Other _____

Do you have a caseworker? ___ Yes ___ No **Agency:** _____

Name: _____ **Telephone:** _____

Are you a Veteran: ___ Yes ___ No **Branch:** _____ **Years:** _____

Spouse of a Veteran: ___ Yes ___ No

Are you permanently disabled? ___ Yes ___ No **Disabled Children?** ___ Yes ___ No

Please list medical conditions and/or disabilities for yourself as well as children living in the home below: *(Include if you use a cane, walker or wheelchair)*

MONTHLY INCOME AND ASSETS

Income	Amount
Social Security	
Pension/Annuities	
Salaries/Wages	
Rental Income	
Alimony & Child Support	
AFDC	
Other Income	
TOTAL MONTHLY INCOME	

Do you own multiple houses/property? ___ Yes ___ No

Do you own stocks and/or bonds? ___ Yes ___ No

Do you own any RV's and/or boats? ___ Yes ___ No

Do you have retirement, IRA etc. saving? ___ Yes ___ No
 If Yes - list total amount \$ _____

*If you answered YES to any of the above questions, please explain on a separate sheet of paper.

Other Occupants: *List ALL additional persons living in the house (full-time or part-time) and their income.*

Name	Date of Birth	Relationship	Employer/School	Monthly Wages

Do you have children staying in your home a minimum of 12 hours or more per month? ___ Yes ___ No

**This information may help us identify and refer you to other organizations for assistance.*

MONTHLY EXPENSES and DEBT

Monthly Non-reimbursed Medical Expenses \$ _____

**Money you pay out of pocket; prescriptions, co-pays and supplemental insurance premiums etc.*

Current Outstanding Debt

Name of Creditor	Monthly Payment	Unpaid Balance

HOME INFORMATION

Is the house **titled** in your name? Yes No

Is there any legal proceedings over ownership of home Yes No

Do you currently **reside** in your home? Yes No

Is the home a **mobile** or **pre-manufactured** home? Yes No

Do you **plan to stay** in your home? Yes No

Do you have any judgments or liens on the property Yes No

Do you owe any **back property taxes**? Yes No

Do you have a mortgage payment? Yes No

If yes, provide a copy of last month mortgage statement

Do you have "home-owner's insurance"? Yes No

What is the name of your insurance company? _____

What is your insurance deductible? _____

What is the name of your neighborhood? _____

How many bedrooms are in your home? _____ bedrooms

How many **years** have you owned the house? _____ years

Repairs Needed: Check off below what type of repairs are needed in your home.

- Home Repair** (electrical/plumbing)
- Home Modification** (for bathing, movement etc.)
- Roofing Repair** (leaking, gutters, etc.)

Please describe the repairs needed. How long has there been a problem?

How did you hear about this program?

- Friend or Neighbor
- Newspaper
- TV
- SENCA
- Omaha Healthy Kids Alliance
- City of Omaha
- Visiting Nurses
- Eastern Nebraska Office on Aging
- 211

Other _____

Have you applied for home assistance from any other agencies? Yes No

If Yes, which agency? _____

Have you been denied assistance from any other agencies? Yes No

AUTHORIZATION AND RELEASE STATEMENT

The undersigned applicant (s) ("Applicant") declares that he/she has read and understands Rebuilding Together Omaha's Homeowner Application ("Application") and that the information that he/she has provided in the Application is true and correct to the best of his/her knowledge. The Applicant acknowledges and agrees that any information provided in the Application that is false, inaccurate, or misleading will void the Application entirely and disqualify the Applicant from Rebuilding Together Omaha's Application selection process. Further, the Applicant agrees and authorizes Rebuilding Together Omaha, as well as its agents, employees, and representatives, to (a) distribute, share, and use any and all information that the Applicant provides in this Application to verify and/or confirm the truth of such information, (b) to assist and/or enable Rebuilding Together Omaha to evaluate whether to approve or select the Applicant's Application and (c) to distribute and share any and all information that the Applicant provides with other community service organizations whose service may benefit the homeowner. The original or a copy of this application may be retained even if the application is not approved.

I understand that by filing this application, I am authorizing Rebuilding Together Omaha to evaluate my actual need for the repair program.

I understand that the evaluation may include home visits, employment verification, criminal background check, and title search.

PHOTOGRAPHIC AUTHORIZATION AND RELEASE STATEMENT

I do hereby grant and convey unto Rebuilding Together all right, title, and interest in any and all photographic images and video or audio recordings made by Rebuilding Together. I am willing to have my picture taken and/or my voice recorded and grant Rebuilding Together permission to use my picture, my voice and physical surroundings without restriction for the purposes of this project, be it print, projection, internet web site, video or any future media market.

I expressly release Rebuilding Together or representatives or any institution transmitting, or exhibiting my picture or voice from any claims arising from such use or distribution.

I agree to be fully responsible for my own participation and hold Rebuilding Together or representatives harmless from any liability or loss of expense arising from the use of my picture or voice. I also consent to the use of my name, my voice and/or picture, and other material about me for promotional, publicity, or organizational purposes.

RETURN WITH PROOF OF INCOME AND CURRENT MORTGAGE STATEMENT (if applicable)

X _____
Applicant Signature Date

X _____
Co-Applicant Signature Date

Print Applicant Name

Print Co-Applicant Name

Mail to:

Rebuilding Together: 2316 S 24th St, Omaha, Nebraska 68108

Email: info@rebuildingomaha.org

Phone: 402-965-9201; FAX: 402-763-9308