



<i>Office use only</i> <b>Date Received:</b>	<b><u>House #</u></b>
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Completed applications and the required documents must be received no later than **NOVEMBER 30, 2009**  
 Return to: **Rebuilding Together**  
**P.O. Box 3695**  
**Poughkeepsie, NY 12603**

## Homeowner Application for 2010

(circle one)

PLEASE PRINT CLEARLY

Mr. / Mrs. / Ms. / Miss

Name: \_\_\_\_\_ Age \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Telephone(s) \_\_\_\_\_ Best time to call \_\_\_\_\_

Alternate Contact (name, phone number, relationship): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

1. Have you received services from us before?  YES  NO What Year? \_\_\_\_\_
2. How many TOTAL individuals live in the home? \_\_\_\_\_
  - Do any of them pay you rent?  YES  NO
  - Are any of them children under 18?  YES  NO AGES \_\_\_\_\_
3. Are you a Veteran?  YES  NO A widow of a Veteran?  YES  NO
  - In what branch did you or your spouse serve? \_\_\_\_\_
  - When and where did you or your spouse serve? \_\_\_\_\_
  - What rank did you or your spouse achieve? \_\_\_\_\_
4. Are you or anyone living with you disabled?  YES  NO WHO? \_\_\_\_\_
  - Please describe disability \_\_\_\_\_
  - Do you receive compensation for the disability?  YES  NO
5. Approximately when was your home built? \_\_\_\_\_
  - How many years have you lived in this home? \_\_\_\_\_
  - Do you own this home or have a Life Tenancy Agreement?  YES  NO
6. To what municipality (city/town/village) do you pay your land taxes? \_\_\_\_\_
7. Are there any tax or other liens against this property (Explain) \_\_\_\_\_
  - If you have a mortgage, is it current?  YES  NO If no, explain \_\_\_\_\_
8. Do you have homeowners insurance?  YES  NO
9. Do you own any other property?  YES  NO If yes, please describe \_\_\_\_\_

(Please continue to pages 2-4 of this application)

## Income and Asset Information Request

### TOTAL HOUSEHOLD INCOME

In the table below, list the name of each person living in your home, related to you or not, and their income. PLEASE LIST ALL NAMES. IF THEY DON'T HAVE INCOME, PLEASE PUT \$0.00 IN THE TOTAL FOR THAT PERSON. If anyone living in your home contributes toward the costs of running the home, mark their name with an asterisk (\*)

**NOTE: "OTHER INCOME" COLUMN:** Include and identify payments received from people living with you in your home, Rents you receive from any other property you own, Employer pensions, 401k and IRA payouts, SSI benefits, Child Support payments you receive, Public Assistance payments you receive, Alimony, and any other income not mentioned. If yours is a multiple family home, or if you own other income properties, the rent you receive from tenants not living with you must be included as other income and labeled as "rent" on your income line above, but the tenant's income information is not required.

### EXAMPLE

Name	Age	Relationship	Wages/Salary	Social Security	Interest/Dividend	Other Income	Total
Mary	64	SELF	4,000	9,000	0.00	Rent: 4,000	17,000
John	89	Father	0.00	15,000	0.00	Pension: 10,000	25,000
*Peter	40	Tenant	Pays Rent				
<b>TOTAL</b>							42,000

## FILL IN THE TABLE BELOW

**NOTE: ALL AMOUNTS SHOULD BE STATED AS ANNUAL GROSS**

Name	Age	Relationship to you	Annual Wages/Salary	Annual Social Security	Interest/Dividend Income	Other Income*	Total for this person
<b>TOTAL</b>							

### ADDITIONAL ASSETS

Please list the TOTAL VALUE of your assets (not listed above) for you, your spouse, and any children currently living with you, including, but not limited to: Checking/Savings accounts, CDs, Bonds, IRAs, 401Ks etc.

\$

*(We use this information only to help determine your level of need in comparison to other applicants, and not to determine whether or not you meet the basic income eligibility guidelines. This information is kept in strict confidence.)*

**REMARKS:** You can tell us anything that you feel would be helpful to us in evaluating the assets listed in this section in a separate attachment if you wish. Check here if you attached a note:



**ACCEPTANCE AGREEMENT:** I certify that the information provided in this form and any attachments to it is true and correct to the best of my knowledge.

If my home is selected to be included in the Rebuilding Together Dutchess County Home Repair Program, I understand and agree to the following:

1. I agree to participate in the program and to welcome volunteers into my home. I also agree that all able-bodied persons living in or visiting my home on the workday will assist the volunteers if requested to do so by the House Captain.
2. That there will be no charge to me for the work actually performed and that Rebuilding Together Dutchess County makes no warranty on the work completed by its volunteers.
3. Rebuilding Together Dutchess County cannot promise that all work items discussed with me will be completed as part of the program.
4. That if I cease living in my home within two years after the last date of work at my home by Rebuilding Together, or if I sell my home within that two year period, I will repay Rebuilding Together the value of materials and supplies used and expended by Rebuilding Together in its work on my property; and, my promise to repay Rebuilding Together for the value of materials and supplies is hereby binding upon myself, my estate, my heirs and assigns.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**PRESS COVERAGE AGREEMENT:**

Rebuilding Together Dutchess County very much relies on press coverage to raise funds and recruit volunteers to work on other homes in the future. Therefore, we are asking your permission, if your home is selected, to invite the local print and broadcast media to your house on the project day.

Please complete one of the two statements below.

1. I agree to allow press coverage and photography of Rebuilding Together's work on my home and to the use of images of myself and my home in appropriate publications. (Address and telephone numbers will not be released)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**OR**

2. I do not agree to press coverage of the work on my home because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Check here \_\_\_\_ if, even though you do not wish any press coverage, you will allow us to use our own pictures of you and the project in our own publications and on our website. We will not include any identifying information.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**If you have any questions about completing the application, please call the office at 845-454-7310.**