



Rebuilding Together - Portland
Homeowner Referral Form – April 2010-2011

Name of Homeowner(s): _____

Address: _____

Phone: _____ How long at this address: _____

Age of Applicant(s): _____ Monthly Income: _____ Source: _____

Is the Homeowner: Elderly: _____ Disabled: _____ *Low-Income: _____ Prior Client/Yr: _____ Veteran? _____

** Describe disability: _____

Pertinent information concerning family situation and general condition of the Home: _____

Number of people living in this household (include name, age, relationship, & income): _____

Description of the work the applicant feels needs done (be as specific as possible): _____

Is the Homeowner aware of this referral: _____ (Use reverse side for additional info/comments)

- ** Please explain that:
- 1.) This is a one-day program and all the work is done by volunteers
 - 2.) This referral does not guarantee acceptance into our program,
 - 3.) All requested projects may not be addressed
 - 4.) Services are provided at no cost to the homeowner

Name of person submitting this referral: _____

Agency: _____ Phone: _____ Date: _____

PLEASE SEND THIS FORM **ASAP** TO:

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