



Rebuilding Together - Portland
Homeowner Referral Form – April 2008

(Please Print or Type)

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: _____

** 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 provided
- 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:

Rebuilding Together - Portland

5000 N. WILLAMETTE BLVD.

PORTLAND, OR 97203 (Office) 943-7515 (fax) 943-7322

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