



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

(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  
e-mail: [Mik.Malone@rebuildingtogetherportland.org](mailto:Mik.Malone@rebuildingtogetherportland.org)  
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