** *Rebuilding Together - Portland***

***Homeowner Referral Form – April 2011-2012***

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**: **Rebuilding Together *- Portland***

***5000 N. WILLAMETTE BLVD.***

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

***e-mail:*** [***mikemalone@rebuildingtogetherportland.org***](mailto:mikemalone@rebuildingtogetherportland.org)

***www.rebuildingtogetherportland.org***