



## Homeowner Application

This application will be considered for work performed in the Spring of 2015.

Homeowner Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Are you: elderly \_\_\_\_; disabled \_\_\_\_; limited income \_\_\_\_ (check all that apply)

Homeowner's insurance company name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please list everyone living in the house:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Gross household income: \_\_\_\_\_/mo. (Include everyone living in the house)

Should your home be selected for the program, what repairs would you like considered to be done?

____ Electrical	____ Wall Repairs	____ Roof Repairs
____ Plumbing	____ Floor Repairs	____ Door Repairs
____ Yard Work	____ Interior Painting	____ Refuse Removal
____ Exterior Painting	____ Accessibility Improvements	
____ Other (please describe)	_____	

Remarks:

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How did you hear about Rebuilding Together?

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I/we certify that the above information is true and correct to the best of my/our knowledge. I/we realize that failure to provide all information requested could result in our application being invalid. I/we authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation through Rebuilding Together Spokane. I/we also understand that any information received will be kept private and will be used strictly for determining my/our eligibility for this program.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Please return to:

Rebuilding Together Spokane  
P.O. Box 18588  
Spokane WA, 99228

509-789-3714\_  
[rebuildingtogetherspokane@gmail.com](mailto:rebuildingtogetherspokane@gmail.com)