

Do you own your house? Yes No

Name and Address of co-owner, if house jointly owned: _____

Including the homeowner, how many people reside in the home?

Total number in household: _____ Number of persons 60 and over: _____
Number of females: _____ Number of children under 18: _____
Number of males: _____ Number of disabled persons: _____

Are any of the people moving out before April, 2011? Yes No
If yes, please list: _____

Do you expect anyone to move in before April, 2011? Yes No
If yes, please list: _____

What is the approximate age of your home? _____

How long have you lived in your home? _____

What repairs or improvements are needed?

Are there any physical disabilities that should be addressed in assessing the repairs to your home: Yes No If yes, please explain:

The following question is optional, but extremely helpful for statistical purposes in seeking funding for the organization. Please indicate in the chart below the race of each member of your household. In addition, please indicate whether each person has a Hispanic ethnicity (a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race)

	# of persons of each race	# of persons of Hispanic ethnicity
Black/African American		
White		
Asian		
American Indian or Alaskan Native		
Native Hawaiian or other Pacific Islander		
Multi-racial (Please specify using above combinations if possible)		

REPORT OF INCOME

Please fill in the chart below to include the ANNUAL income of EACH member of your household over the age of 18. Use extra pages if necessary. **THIS INFORMATION MUST BE SUPPLIED FOR US TO PROCESS YOUR APPLICATION**

Name	Annual Wages/ Salary	Annual Social Security Income	Annual Disability	Annual Public Assistance (SSI, AFDC, etc.)	Other (e.g., Pension, Child Support, Unemployment, Rent)	Gross Annual Income (Total per person)
						HOUSEHOLD TOTAL:

Optional: Are there any special circumstances regarding the amount of expenses within your household that we need to be made aware of such as home health care, hospital costs, medication expenses, etc.? _____

Please list the name of any member of your household who is unemployed: (Do not include individuals in grades K-12, retired individuals or those receiving Social Security): _____

RENTERS:

- I have _____ number of renter/s who pay me \$ _____ on a monthly basis.
- I do not have renters who reside within my home.

Do you have a current mortgage on your home? Yes No If yes, what is the amount _____.

ASSETS: Please fill in the correct amount or write "none" as it applies.

Savings Account: _____ Checking Account: _____

Certificate of Deposit: _____ Stocks/Bonds: _____

Other: _____

Are there rental units? Yes No If yes, number of units _____

Do you own any other property/building in addition to the home you occupy? Yes No
If yes, please list _____

PLEASE BE AWARE THAT YOU MAY BE REQUIRED TO PRODUCE EVIDENCE OF YOUR INCOME AND/OR ASSETS IF REQUESTED.

How did you hear about this program? _____

If social service professional, please write their name and phone number:

Name, Agency and Number: _____

Are you or any relatives, friends or neighbors who are willing to help work on the Rebuilding Together Day?

Yes _____ No _____

If yes, please let us know who and what relation he/she is to you: _____

AUTHORIZATION STATEMENT:

I am not presently planning, nor do I intend for the next two years, to sell my home. I Understand and agree to have my home rehabilitated by volunteers. I, the undersigned, certify subject to disqualification, that this information is true and correct to the best of my knowledge and belief, and that provisions stated are acceptable and agreed to.

I authorize **Rebuilding Together ★ North Suburban Chicago** to check any references and such background checks that are necessary to complete the processing of this application for the purpose of receiving free housing repair.

I also understand that any information herein is kept confidential and will be used strictly for the purpose of determining my eligibility to receive free home repair through **Rebuilding Together ★ North Suburban Chicago** and to recruit sponsorship.

APPLICANT SIGNATURE

DATE

CO-OWNER OR SPOUSE'S SIGNATURE

DATE

Please return completed application to:

**Rebuilding Together ★ North Suburban
P.O. Box 626
Glenview, IL 60025-0626**

If you have any questions, please call (847) 869-0900