



Rebuilding Together, Inc. – Sheboygan County

P.O. Box 1012

Sheboygan, WI 53082-1012

APPLICATION

Project Day: Last Saturday in April

If you have questions regarding this application, contact (920) 276-1417. Please return completed applications to:

Rebuilding Together, Inc.
Sheboygan County
P.O. Box 1012
Sheboygan, WI 53082-1012

Homeowner(s) name & address:

Date of birth: _____ Social Security: _____ Phone: _____

Co-applicant: _____ Date of birth: _____ Social Security: _____

Emergency/Secondary Contact: _____ Phone: _____

Have you received assistance from Rebuilding Together/Christmas in April before? Yes No

If yes, in what year did we work on your house? _____

Do you own other property? Yes No How many people live in this home? _____

Before proceeding, please understand that Rebuilding Together is an **all-volunteer** effort that relies on community involvement. If your home is selected, friends and family ages 14 and older are expected to work with us, including helping and thanking volunteers. Please initial to indicate your agreement:

I understand that I am required to volunteer to the best of my ability, and that adult family or friends on site during the workday will also participate. _____ Initial

On the lines below, please list the names and phone numbers of family members, church, or other social organization members and/or friends who may be willing to help. Lack of friends or family to help will not disqualify you.



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If someone other than the homeowner prepares this application, or helps the homeowner fill it out, please complete the following:

Name of person preparing/assisting with application: _____

Relationship to applicant: _____

Address: _____ Phone: _____

Documents Required to Prove Ownership, Income and Residence

Please submit **copies** of the following documents when you return the application. Applications submitted without these documents will not be considered. If you must send originals, we will copy and return the originals to you.

1. **Proof of ownership** (submit **one only**)

- a **copy** of your current property tax bill
- OR** a **copy** of the deed to your property

2. **Proof of income** (submit one for **all** residents in your home)

- a **copy** of your (and/or their) last year's Federal tax return (1040)

3. **Proof of residence** (submit **one only**)

- a **copy** of a recent telephone bill **OR** cable TV bill
- OR** a **copy** of a recent PSE&G

Property Information

Year Built: _____ Year Purchased: _____ Number of bedrooms: _____ Number of Stories: _____

Do you have homeowner's insurance? Yes No

If yes, please list your insurance company and policy number: _____

Automobile Information

Please list the year, make, and model of any automobiles you/members of your household own.



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Please complete the following chart and include all persons in your household including yourself:

Name	Social Security #	Age	Employer	Monthly Gross Income

Please list any other non-profit organizations through which you receive assistance or put N/A if not applicable.

In the space below, please explain any special circumstances that you believe entitle you to receiving assistance from Rebuilding Together, medical bills for example. If more space is required, please continue on a separate sheet.



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Desired Repairs

Please note that this is **only** a list of repairs that you hope to have completed. This list will tell us what you think is most important to you. **Rebuilding Together -Sheboygan County cannot guarantee that every item will be addressed.**

Interior Repairs:

Exterior Repairs:

Paint:

Other:



Financial Information

Income Sources (if other, please describe)	Your Income (monthly)	Household Income (monthly)
Employment		
Social Security		
SSI		
Pension		
Retirement		
VA Pension		
Rental		
Child Support/Alimony		
Other (legal settlement, inheritance, etc.)		
Other		
TOTAL	\$	\$
Expenses/Liabilities Sources	Household Expenses (monthly)	
Property Tax		
Mortgages (first/second liens)		
PSE&G		
Phone		
Cable Television/Satellite		
Garbage		
Medical (include prescription costs)		
Insurance (homeowner's, health, auto)		
Other – please describe		
TOTAL	\$	

Have you ever filed for bankruptcy? Yes No

If yes, when? _____

Are you or your spouse an honorably discharged veteran? Yes No

Please indicate any assistance you or your family receives:

Medical Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No	FoodShare (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No
WisconsinWorks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Energy Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Assistance: Please Specify



Homeowner's Statement of Eligibility

I, _____ have asked Rebuilding Together to provide repairs to my home at _____ in Sheboygan County. I understand that Rebuilding Together -Sheboygan County is funded by charitable donations and grants to provide assistance to the elderly, disabled or low-income families with children who have no other means to afford home repairs.

I also understand that Rebuilding Together -Sheboygan County is obligated to use its charitable donations and government funds only for assistance to eligible homeowners. In addition, I understand that to knowingly submit false information is considered fraud and punishable under law. By signing my name to this statement, I guarantee that I am eligible to receive this assistance.

1. All the information submitted on my Homeowner Application is complete and correct. _____

Initial

1. I am the sole owner of the home at the above address, or I share ownership with persons who are also eligible to receive this assistance. _____ *Initial*

2. This same house is my full-time residence. _____ *Initial*

3. I will not sell, rent or transfer ownership of this house for five years after completion of repairs. _____ *Initial*

4. I, my spouse, partner and/or any other owners of my home have no other financial resources to afford the services that I have requested. _____ *Initial*

5. I authorize Rebuilding Together and its representatives to complete paperwork required to obtain building permits necessary to repair my home. _____ *Initial*

6. I understand that Rebuilding Together -Sheboygan County is a neighbor-helping-neighbor organization and I will do everything possible to get my friends and family to help on the workday. _____ *Initial*

Signed: _____ Date: _____
(Homeowner)

Homeowner (printed name) _____

Signed: _____ Date: _____
(Witness)

Witness (printed name) _____ Phone: _____