



Intake Date: _____ Intake Person: _____ Year Built: _____
 Income Level: 30% _____ 50% _____ 80% _____ Over _____
 Income: _____ Race: _____
 City _____ County _____
 Approved: YES _____ NO _____ Sq Ft: _____

HOMEOWNER APPLICATION

(PLEASE PRINT)

THERE IS NO APPLICATION FEE REQUIRED TO MAKE APPLICATION TO RECEIVE ASSISTANCE FROM REBUILDING TOGETHER WARNER ROBINS (RTWR). RTWR HAS NOT AUTHORIZED ANY OTHER PERSON OR ENTITY TO ACT AS ITS AGENT FOR PURPOSES OF THIS APPLICATION AND ANY FEES OR COSTS ASSOCIATED WITH THIS APPLICATION PAID BY THE APPLICANT TO ANY SUCH PERSON OR ENTITY ARE NOT FEES OR COSTS CHARGED BY RTWR.

DATE: _____ DATE OF BIRTH: _____ AGE: _____

NAME(S): _____

ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

PHONE: HOME _____ CELL _____ WORK _____

EMERGENCY CONTACT & NUMBER: _____

NUMBER IN HOUSEHOLD: _____

HOUSEHOLD MEMBERS NAME, GENDER & DATE OF BIRTH:

EMAIL ADDRESS: _____

TOTAL ANNUAL HOUSEHOLD INCOME and ASSETS

(Wages, Pensions, Social Security, Rental Income, Bank Accounts (Checking and Savings), And All Other Assets And Income)

(If you have an increase or decrease in income please notify us immediately)

**VERIFICATION OF INCOME – 1040 TAX RETURN or
 BANK STATEMENT (for 3 months) CHECKING and SAVINGS**

******MUST BE ATTACHED TO THIS FORM******

STATISTICAL DATA:

WHITE _____ BLACK/AFRICAN AMERICAN _____ HISPANIC _____ NATIVE AMERICAN _____
 ALASKA NATIVE _____ ASIAN/PACIFIC ISLANDER _____ FEMALE HEAD OF HOUSEHOLD _____

IN ORDER TO BE CONSIDERED FOR ASSISTANCE FROM REBUILDING TOGETHER,
 APPLICANTS(S) MUST MEET CERTAIN ELEGIBILITY CRITERIA

PLEASE CHECK ALL THAT APPLY

- HOMEOWNER IS AGE 62 OR ABOVE _____ YES _____ NO
- APPLICANT IS A VETERAN OR WIDOW OF A VETERAN _____ YES _____ NO
- (ATTACH FORM DD214)
- APPLICANT OR OTHER MEMBER OF HOUSEHOLD IS DISABLED _____ YES _____ NO

SIGHT IMPAIRED _____	HEARING IMPAIRED _____
WHEELCHAIR _____	WALKER _____
OTHER IMPAIRMENTS (PLEASE LIST)	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

APPLICANT HAS OWNED THE RESIDENCE FOR AT LEAST 2 YEARS _____ YES _____ NO

APPLICANT LISTED AS PROPERTY OWNER WITH TAX ASSESSORS OFFICE

_____ YES _____ NO

IS THIS YOUR ONLY RESIDENCE? _____ YES _____ NO

ARE YOU PLANNING TO SELL THE RESIDENCE OR MOVE FROM THE RESIDENCE WITHIN THE
 NEXT 2 YEARS? _____ YES _____ NO

DO YOU HAVE A MORTGAGE ON YOUR HOME? _____ YES _____ NO

IF YOU HAVE A MORTGAGE, ARE YOU UP TO DATE ON THE PAYMENTS? _____ YES _____ NO

ARE YOU IN JEAPORDY OF LOSING THE RESIDENCE TO FORECLOSURE? _____ YES _____ NO

ARE THERE ANY LEINS ON THE PROPERTY? _____ YES _____ NO

IS THE RESIDENCE IN THE CITY LIMITS OF WARNER ROBINS? _____ YES _____ NO

IS THE RESIDENCE A SINGLE-FAMILY DWELLING? _____ MOBILE HOME? _____ A CONDO? _____
 AN APARTMENT? _____

DOES THE RESIDENCE CURRENTLY HAVE HOMEOWNERS INSURANCE? _____ YES _____ NO

(ATTACH VERIFICATION OF INSURANCE)

SHOULD YOUR HOME BE APPROVED FOR THIS PROGRAM WHAT REPAIRS WOULD YOU LIKE?

ELECTRICAL _____ EXTERIOR PAINTING _____ INTERIOR PAINTING _____
 PLUMBING _____ WALL REPAIRS _____ ROOF REPAIRS _____ FLOOR REPAIRS _____
 DOOR REPAIRS _____ HEATING REPAIRS _____ AIR CONDITIONING REPAIRS _____
 YARD WORK _____ OTHER (PLEASE SPECIFY) _____

SOURCE OF REFERRAL _____

A site selection team will call to visit your home to determine in more detail the work required.

PET POLICY:

Do you have pets/animals (such as dogs, cats, ferrets, reptiles, etc?) Yes _____ No _____
 If yes, please list below the type and number of each animal/species.

The homeowner is responsible for removing, properly containing or restraining (in compliance with local ordinances) to the satisfaction of the house captain all said animals/pets. Safety is paramount and this is to protect the health and welfare of your pet(s)/animal(s) as well as any personnel working on your home under the supervision of Rebuilding Together Warner Robins.

I understand that participating in the Rebuilding Together Warner Robins project is completely voluntary.

I understand that I am certifying that I own and have lived in my home at the address noted on the application for at least (2) two years, that it is my only residence, and I have the legal right to make repairs to the property.

I understand that I **must agree** to remain in my home for (2) two years after repairs have been completed. I will not sell, place under contract for sale, or rent my property during that time period.

I understand that providing the information about my household will be held in confidence and only used by Rebuilding Together Warner Robins for the purpose of determining whether the household meets the criteria set forth by Rebuilding Together for assistance.

I understand that filling out this application and having my house inspected by Rebuilding Together Warner Robins is **not** a promise that my home will be selected for assistance. Only that it is being considered for assistance and there is no guarantee that my home will be selected.

I understand that Rebuilding Together Warner Robins is a volunteer organization and all work accomplished by Rebuilding Together Warner Robins or its volunteers or professionals hired by Rebuilding Together Warner Robins will be accomplished without any charge to the homeowner.

In order to be considered for the charitable assistance of Rebuilding Together Warner Robins, I must hereby agree to allow Rebuilding Together Warner Robins to perform a record and credit check for liens against property which might subject it to foreclosure.

As part of the process of being approved to have Rebuilding Together Warner Robins complete renovations and/or repairs to your home, an individual will come to your home and evaluate any and all work that needs to be done.

It will be the policy of RTWR that all homes that have been submitted to renovations or repairs will be evaluated and an estimate of the costs will be completed. If the estimated costs are over \$10,000.00, the homeowner (or the homeowner's representative) will be informed that they must obtain or retain homeowner's insurance on the home for the duration of the renovations or repairs and the two (2) years following completion of work on the home. If the homeowner agrees to the insurance provision, work can begin on the home.

Within 30 days of work beginning on the home or materials being delivered to the home, whichever comes first, RTWR will levy a materialman's lien on the property. This lien will be periodically updated, as to the cost of labor and materials, as work progresses. A final lien, with the total cost of labor and materials, will be filed once the repairs or renovations on the home are complete. This lien will remain in place for one year, as is the law in Georgia.

The materialman's lien must be filed with the Clerk of Superior Court in the county where the property is located. Notice of the lien must be sent via certified mail to the homeowner.

If the estimated costs of repairs is under \$10,000.00, RTWR may file a materialman's lien at the discretion of the board of directors. Such an action must be brought to a vote at a board of directors' meeting and must be approved by a majority.

If a home is initially estimated to cost less than \$10,000.00 but it then becomes apparent that costs will surpass \$10,000.00, RTWR will cease any repairs and renovations and have the home reevaluated for costs. The board of directors will then vote on whether or not to continue repairs on the home and consider whether any additional repairs or renovations will be completed, despite the new costs. If the board votes to complete the repairs over \$10,000.00 the procedure for homeowner's insurance and a materialman's lien will be followed.

A year after a materialman's lien is filed, it will naturally expire. To make a lien permanent, it must be foreclosed on in a court of law. If RTWR wishes to foreclose on a lien, the board of directors must vote on and approve such action.

By signing below, I attest that all information provided in this application is true and factual to the best of my knowledge, and I understand I will forfeit all rights to assistance from RTWR if I have falsified any information.

All names on the deed to this property _____

Mortgage Company _____

Applicant Name (Signature)

Social Security Number

Date

Applicant Name (Signature)

Social Security Number

Date

EXPENSE WORKSHEET

VERIFICATION OF ALL EXPENSES MUST BE ATTACHED TO THIS FORM

Expenses (Three (3) Months)	Due Date / Frequency	3 Month Average Amount
HOUSING		
Mortgage		
Electricity		
Gas		
Water/Garbage/Sewer		
Phone (Home)		
Phone (Cell)		
Internet		
Cable TV		
INSURANCE		
Homeowners		
Car		
Life		
Medical		
Out-of-Pocket Medical Expenses		
LOANS		
Car Payment		
Credit Card		
Credit Card		
TAXES		
Property – City		
Property – County		
OTHER DEBT (Child Support / Child Care / Alimony / Etc.)		

INCOME VERIFICATION WORKSHEET

VERIFICATION OF ALL INCOME MUST BE ATTACHED TO THIS FORM

Name: _____

Date: _____

Address: _____

ZIP: _____

Phone Number: _____

Program: **Rebuilding Together WR**

Date of Birth: _____

Age: _____ Gender: _____

UNEARNED INCOME

SNAP _____ TANF _____

(Attach verification of services)

OTHER INCOME _____ Does anyone pay any of your bills? Who? _____

If so, how much? _____ and how often? _____

TOTAL HOUSEHOLD GROSS INCOME

How often is it received: Example: \$100 monthly/twice a month \$100 every other week \$100 weekly

NAME List everyone in household	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other income	Check if NO income

Projected Annual Income: \$ _____

I certify that all information on this application is true and that all income is reported.

Sign Here: _____

Date: _____

(To be completed by office staff) Does the applicant qualify for this program? Yes ____ No ____

Signature of Certifying Officer: _____

Date: _____

Please bring this application to or mail to:

**Rebuilding Together Warner Robins
110 Oak Grove Road
Warner Robins, Georgia 31088**

If you need more information, please call (478) 922-0228