

Dear Homeowner,

Rebuilding Together Southwest Illinois is a non-profit volunteer organization that brings volunteers and communities together to improve the homes and lives homeowners in need. Our mission is to assist those who do not have the means or ability to make home repairs themselves, particularly older adult homeowners, a US Military veteran or individuals with disabilities. You must currently own, live in and plan to stay in your home.

The attached application MUST be signed by the homeowner(s), completed and turned in with all proof of income documents that apply to you and those who live in your home. Once your application is received, it will be promptly reviewed and processed. Applications are accepted all year around as we conduct several repair projects throughout the year.

Candidates who meet our initial guidelines will advance in the selection process. You will be contacted for a scheduled home visit by a Rebuilding Together Southwest Illinois representative to evaluate your needed home repairs and determine eligibility. This home site interview does not guarantee that you will obtain repair services. However, if you are selected for free home repairs, our Rebuilding Together team will contact you to schedule the required repairs.

Please understand submitting an application or receiving a home visit <u>does not</u> guarantee you will obtain services. We would like to help everyone who needs aid, but funding, resources and volunteer quantity dictates how many homeowners we an assist.

Applicants will be notified by letter whether or not your home has been selected. If you have any questions, please call our office at 618.960.2440.

Sincerely,

Rebuilding Together Southwest Illinois



# REBUILDING TOGETHER SOUTHWEST ILLINOIS APPLICATION

#### **HOMEOWNER INFORMATION:**

Name(s) of Homeowner(s):						
Address:						
	State:					
Home Phone:	Cell Phone:	Cell Phone:				
Email:						
Emergency Contact Name:						
Emergency Contact Phone Nur	nber:					
How many years have you owr	ned this ho	me: Am	ount of ho	use payment \$		
Total number of people living i	n the hom	e? (list name	s below)			
Have you ever applied to Rebu	ilding Toge	ether? Yes No				
Has Rebuilding Together ever o	done work	on your home? Yes No	If yes,	what year(s)		
How did you hear about the pr	ogram? _					
ist the name and current ages needed)	of ALL pe	ople living in the home, incl	uding appl	icant (attach a list if more space is		
Name (First & Last)	Current Age	Relation to Homeowner	Gender	List All Disabilities		
		HOMEOWNER	M F			

PLEASE BE SURE TO INCLUDE A CLEAR COPY OF YOUR VALID ILLINOIS DRIVER LICENSE OR STATE ID CARD

# PROVIDE INCOME FOR ALL HOUSEHOLD MEMBERS

### YOU MUST PROVIE COPIES FOR ALL DOCUMENTS LISTED BELOW THAT APPLY TO YOU

Monthly	Name	Name	Name	Name	Name	Name
GROSS Income						
Amounts						
Employment Wages	\$	\$	\$	\$	\$	\$
Social Security	\$	Ś	Ś	\$	\$	\$
Disability/SSI	\$	\$	\$	\$	\$	\$
Pension/Annuities	\$	\$	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$	\$	\$
Other Income	\$	\$	\$	\$	\$	\$
Gross Monthly	\$	\$	\$	\$	\$	\$
Income						

Do you have a checking or savings account? Yes No

All income information and documents provided <u>MUST BE CURRENT</u> and display monthly amount earned for each person listed above. (Please check and submit all that apply)

Copy of Valid State ID or License Social Security Letter or Statement Food Stamps Pension/Annuity 2 Full Bank Statements VA Benefits	SSI 2 Most Recent Payroll Stubs Unemployment Child Support Rental Income Verification TANF					
Military Discharge Papers (DD214)	1040 Income Tax Form (if filed)					
HOUSE INFORMATION (we do not work on condos or mobile homes) one story two story more than 2 stories Wood Frame/Siding Brick Basement Type of Repairs Needed:						
How will these repairs help you?						

#### **GENERAL RELEASE FORM**

I/We hereby authorize Rebuilding Together Southwest Illinois or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income (including IRS returns), credit, residency and banking information from all persons, companies or firms holding or having access to such information. Rebuilding Together Southwest Illinois or it designated agents have the option to release this information for the purposes of volunteer education. This authorization, shown as original signature or photocopy, hereby give Rebuilding Together Southwest Illinois the right to request all information it can or could obtain from any person, company or firm on any matter referred to above. I/We agree to have no claim for defamation, violation of privacy or otherwise against any person or firm or corporation by reason of any statement or information released by them to the Rebuilding Together Southwest Illinois for the purposes of the program. The term of this authorization shall commence on the date of signature(s) and be in force for a period of two (2) years.

My signature below indicates that the information provided herein is accurate and complete. I have read the information provided by Rebuilding Together Southwest Illinois and have a basic understanding of the program and its process. I give Rebuilding Together Southwest Illinois with volunteers my permission to inspect my home for purposes of house selection and/or repair. I would like my information share with other agencies who might be able to help me.

Homeowner Signature:	Date:
Homeowner Signature:	Date:
Homeowner Signature.	

RETURN APPLICATION AND PROOF OF INCOME DOCUMENTS TO:
Rebuilding Together Southwest Illinois
PO Box 249
Edwardsville, IL 62025

Please call our office at 618-960.2440 with any questions.