



ADMINISTRATIVE USE ONLY
Date App Received:
House Selection Team:
Appointment Date:
2010-

2010 Homeowner Application/Referral Form

Name of Homeowner(s): _____

Address _____ City _____ GA Zip: _____

Phone: (H) (____) _____ (Other) (____) _____

Circle any that apply: Elderly Disabled Low-income Veteran Widow of Veteran

Does applicant own the home? **YES NO**

List all names shown on deed _____

Can applicant provide proof of income? **YES NO**

Will the applicant allow a volunteer work team into the home on a Saturday? **YES NO**

List the name, age, relationship and income of each person living in the home:

Name	Age	Relationship	Source of Income	Amount of Income
		Homeowner		

Please read and sign below:

- I understand that this is a one-day program, that a team of volunteers accomplishes all work, and that any able-bodied adult relatives who are able to help are requested to work on Rebuilding Day.
- I understand that additional work may be required before and/or after the Rebuilding Day.
- I understand that if this application is not complete, it will not be considered. If help is needed to complete the application, I may call 912-236-2022.

Signature of Homeowner _____ *Date* _____

THERE IS NO APPLICATION FEE REQUIRED TO MAKE APPLICATION TO RECEIVE ASSISTANCE FROM REBUILDING TOGETHER. REBUILDING TOGETHER 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 REBUILDING TOGETHER.

DESCRIPTION OF WORK TO BE DONE

Describe the repairs that need to be done to the home, inside and outside. Be as specific as possible.

Veterans (or widows of veterans): Please indicate branch of service, years of service, type of discharge, where stationed and when:

Rebuilding Together-Savannah repairs existing houses for low-income homeowners who live in their homes, but are unable to afford and complete repairs on their homes. Family, friends, and neighbors are encouraged to sign up to work with the volunteer team on Rebuilding Day. This neighbor-helping-neighbor program is held on a Saturday, usually in early May.

Please note: Application must be completed in full. Completion of an application does not guarantee selection for the program.

Why does the homeowner need help?

Anyone who completes the application on behalf of the homeowner must provide the following information :

Name of person submitting referral: _____

Agency/Relationship: _____ Phone: _____

Address/City/State/Zip: _____

Email address: _____

Mail to:

Rebuilding Together Savannah
ATTN: 2010 House Selection Committee
P.O. Box 9933
Savannah, GA 31412