



Applying for:	
<input type="checkbox"/> Annual April Event	<input type="checkbox"/> Year-Round Program

**PRELIMINARY HOMEOWNER APPLICATION**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Are you a Veteran \_\_\_\_\_ Marital Status  Married  Single  Separated  Widowed

Name & Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone \_\_\_\_\_

No. Years on Job \_\_\_\_\_ Line of Work \_\_\_\_\_ Position/Title \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Are you a Veteran \_\_\_\_\_ Marital Status  Married  Single  Separated  Widowed

Name & Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone \_\_\_\_\_

No. Years on Job \_\_\_\_\_ Line of Work \_\_\_\_\_ Position/Title \_\_\_\_\_

How did you hear about Rebuilding Together San Diego?

\_\_\_\_\_

Have you previously submitted an application to *Rebuilding Together San Diego* (formerly *Christmas in April*)?

Yes  No If yes, when? \_\_\_\_\_ What work was done? \_\_\_\_\_

Have you applied to any other organization for either a loan or a grant to repair or improve your home?  Yes  No If yes, please provide information \_\_\_\_\_

**Annual Income**

Source	Applicant	Co-Applicant	Other Household Member	Total
Salary				
Social Security, Pension, Funds, Retirement, etc.				
Unemployment Benefits				

Mail to **REBUILDING TOGETHER San Diego 2013 Franklin Avenue, SAN DIEGO CA 92113**

Workers Compensation				
Alimony, Child Support				
Welfare Payment				
Additional Property				

Total Annual Gross Income \_\_\_\_\_

*Mortgages*

First Mortgage Holder Name \_\_\_\_\_ Payment \_\_\_\_\_

Second Mortgage Holder Name \_\_\_\_\_ Payment \_\_\_\_\_

Name(s) on Title \_\_\_\_\_ Property Taxes \_\_\_\_\_

Property  Home  Mobile Home  Condo

House Sq. Footage \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ # Years in home \_\_\_\_\_

Do you have homeowners insurance?  Yes  No Carrier \_\_\_\_\_

*Known Repairs, Work Needed, and Hazards*

Prioritize the work needed on the property:

**Do you plan on selling this property within the**

**next year?  Yes  No**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Additional Needs \_\_\_\_\_

Do you or anyone in your home have physical disabilities of which we should be aware in assessing the repairs in your home? \_\_\_\_\_

\*\*\*Please provide us with a letter explaining why your home should be considered for the RTSD Program. (must use separate piece of paper to be included with this application).

List any agencies, programs or church groups that you are involved with, that would be interested in assisting if you were accepted into our program: \_\_\_\_\_

I/We certify that the above information is true and correct to the best of my/our knowledge. I/We also authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation through Rebuilding Together San Diego. I/We also understand that any information received will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive housing rehabilitation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Referred by \_\_\_\_\_ Relation \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

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