



REBUILDING TOGETHER
NW Suburban, NFP
HOMEOWNER APPLICATION
(formerly Christmas in April)

Homeowner Information

Please Print Name(s)

Address

City, State and Zip Code

Phone Number

Age

Emergency Contact: Name

Phone

Relationship

How did you hear about the Rebuilding Together NW Suburban, NFP Program?

Other Persons Living at the home:

Name

Age

Relationship to you

Name

Age

Relationship to you

Name

Age

Relationship to you

List the repairs or improvements you feel are **NEEDED** to make your home safe and functional.

Do you or anyone living in your home have any physical disabilities which should be addressed in assessing the repairs to your home?

Personal Information

Please give us information about yourself that will be helpful in evaluating your application.

Marital Status: Single Married Widowed

Work Status: Unemployed Retired Disabled

Special circumstances for us to consider:

Property Information

Name(s) on the title of your home

Homeowner's Insurance Provider

Policy Number and Expiration Date

Year you purchased the home

Age of Home

Do you own the property?

YES

NO

Do you plan to sell your home in the near future?

YES

NO

Please check the phrase that best describes your home:

Single Family Home

Brick

Garage

Town Home

Wood/Frame

Attached

Duplex

Aluminum Siding

Detached

Condo

Vinyl Siding

Carport

Other

Other

Other

If your home is selected, can you, your family or friends help the volunteers? YES NO

I (we) certify that all information given is true and correct to the best of my (our) knowledge. I (we) authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation through Rebuilding Together. 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. I (we) also understand that further tax information may be requested.

Signature of Candidate and Date

Signature of Candidate and Date

House Number

Financial information must be completed for the application to be considered.

Do you file a Federal Income Tax Return? YES NO

Name(s)	
Age	Social Security Number
Address	
City, State and Zip Code	Phone Number

LIST INCOME FROM ALL HOUSEHOLD MEMBERS

Source	Monthly Total		
Social Security Benefits	\$		
Public Aid/ Child Support / Alimony	\$		
Pension / Annuities	\$		
Estate or Trust Income	\$		
Rental Income / Business Profit or Loss	\$		
Salaries / Wages / Commission / Bonus	\$		
Interest and Dividends	\$		
Other	\$		
TOTALS	\$		
Expense/Debt	Payment	Balance	
Mortgage	\$	\$	
Car Loan	\$	\$	
Credit Cards	\$	\$	
Personal Loans	\$	\$	
Medical	\$	\$	
Health Insurance	\$	\$	
Car Insurance	\$	\$	
Home Insurance	\$	\$	
Utilities: Gas	\$	\$	
Utilities: Electric	\$	\$	
Real Estate Taxes	\$	\$	
Food	\$	\$	
Other	\$	\$	
TOTALS	\$	\$	
Assets	Balance		
Savings	\$		
Checking	\$		
CDs	\$		
Stocks / Bonds	\$		
Real Estate	\$		
Other	\$		
TOTALS	\$		

Complete and return this application to:
 Rebuilding Together NW Suburban, NFP, Post Office Box 1841, Arlington Heights, IL 60006-1841
 Phone: 847-361-4390 Fax: 847-357-4122 www.RebuildingTogetherCares.org
*You will be notified in writing **whether or not** your home has been selected.*