



Application for Rebuilding Day Repairs

****Note:** Applications are accepted year-round. Those applications received prior to October 1 will receive priority consideration for the following April's Rebuilding Day.

Voice Mail (517) 455-5068 Website: rt-tricounty.org

Mail Completed & Signed form to: PO Box 1111, Okemos, MI 48805-1111

(Please Print Legibly)

Homeowner: _____ Date of Birth: _____ Phone: _____

Homeowner: _____ Date of Birth: _____ Phone: _____

Address: _____ City: _____

Township/Village: _____ County: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Relation of Contact: _____

Personal Reference (non-family): _____ Phone: _____

Monthly Income (List all sources and amounts): _____

Saving and Investment (other than income): _____

State Equalized Value (SEV) of Residence: _____

Do you own the home? -----

☐ Mortgage ☐ Land Contract ☐ Free and Clear

Are property taxes current? -----

Yes ☐ No ☐

Do you have current home owners insurance? --

Yes ☐ No ☐ If yes, what company? _____

Are you legally disabled? -----

Yes ☐ No ☐

Have you had help from this program* before? --

Yes ☐ No ☐ If yes, what year? _____

*formerly known as Christmas In April & Rebuilding Together Ingham County

Do you live alone? -----

Yes ☐ No ☐

Do you have family in the area? -----

Yes ☐ No ☐

Are they able to help if your home is selected? --

Yes ☐ No ☐

If selected, I will be present in my home on -----

Yes ☐ No ☐

Rebuilding Day (The Last Saturday in April)

How did you hear about us? _____

***** Please complete second page and sign *****

Homeowner Demographics (Used for reporting purposes only) check all that apply.

Female: ____ Male: ____ Couple: ____ Veteran: ____ Disabled Veteran: ____

Race:

White, Non-Hispanic: ____

African American/Black: ____

Hispanic: ____

Native American: ____

Asian Pacific: ____

Other: ____

Number of years you have owned the home: ____

Number of other people living in the home: ____ (Please list residents below)

Name:

Age:

Name:

Age:

Description of House Repairs Requested

(List most important first)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

The information provided on this application is true and correct to the best of my knowledge. It is my intent to remain in my home for at least two years. I understand that a criminal background check will be completed for safety purposes.

Sign: _____ Date: _____

_____ Date: _____

Homeowner(s)

Our Mission: To bring volunteers and communities together to improve the homes and lives of low-income homeowners.

Our vision: A safe and healthy home for every person.

Revision 12/6/2017