



Rebuilding Together Mohawk Valley
c/o Matt Wilson
MPW Marketing
12 ½ E. Park Row
Clinton, NY 13323

Date: Ref. No: From:

HOMEOWNER APPLICATION

(Please print. Information is kept confidential. Complete and return as soon as possible to the above address.)

Name of homeowner(s): _____

Date of Birth: _____

Address: _____ City: _____ ZIP: _____ Phone _____

Number of years at this address: _____

Names and ages of all persons living in the home: _____

Is homeowner, or anyone else residing in the home, disabled? If so, indicate special needs (wheelchair or walker, hearing impaired, etc.):

If your home is approved for the program, what work would you like done?

Dear Homeowner:

Rebuilding Together Mohawk Valley is an organization in which volunteers fix up the homes of Mohawk Valley residents who are unable to do the work themselves.

Volunteers may not be able to complete all requested repairs. If your home is chosen for the rehab work, there will never be a charge for our service.

Please fill out where indicated and sign:

Requirements to participate in the program:

I confirm that any persons residing in my home or visiting on the designated workday, who are physically able, will work alongside the volunteers. Names and ages:

I **OWN** and live in, the property at the address given and can produce mortgage payment book, deed, or other documents showing ownership, if requested. I do not owe any outstanding taxes on this property. I understand that **if I sell my home within three years** of the work provided by Rebuilding Together with Christmas in April, I will be obligated to reimburse this organization.

The combined INCOME (Social Security interest, rentals, other) for the owner of this home is _____
(Must be less than \$40,000 annual income for family situation, \$27,500 for single occupancy)

Signature of Homeowner

If this form is prepared by someone other than the homeowner, or if assistance is given to the homeowner, please complete the following: Is the homeowner aware of this application? _____

Name of person preparing or assisting with application: _____

Phone: _____ Agency: _____