

REBUILDING TOGETHER PEORIA NON-PROFIT APPLICATION FORM

Name of non-profit: _____

Street Address: _____

City, State, Zip: _____ Phone: _____

Contact Name: _____

Non-profit status {i.e. 501(c) (3)}: _____ (please attach letter from IRS)

Briefly describe programs offered and individuals served: _____

Please provide proof of liability insurance (copy of the first page of your insurance policy showing your address, insurance agent, dates of coverage and amounts).

INFORMATION ABOUT THE PROPERTY

What are the four most important repairs/improvements you would like to have done?

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Please estimate the number of staff/volunteers that would be able to assist on "Rebuilding Day." _____

I verify that the above information is true and correct to the best of my knowledge. I realize that failure to provide all information requested could result in our application being rejected. I authorize you to check any references necessary to complete the processing of this application for the purpose of receiving rehabilitation assistance through Rebuilding Together Peoria. I also understand that any information received will be kept confidential and will be used strictly for determining my eligibility to the program.

Further, I understand that the submission of this form constitutes an application to the program. Completing an application and agreeing to a preview visit does not constitute acceptance to the program.

Signature of Executive Director or Board President *Date*

APPLICATIONS THAT DO NOT CONTAIN ALL DOCUMENTS WILL BE REJECTED. Your application must include:

- Responses to all the questions on this application form
- Verification of your non-profit status (please attach)
- Verification of your liability insurance (please attach)

PLEASE RETURN THIS FORM TO:

Rebuilding Together Peoria
House Selection Committee
P.O. Box 6293
Peoria, IL 61601-6293