



Instructions for Completing the Homeowner Application

To be eligible the applicant must be the homeowner (no rental or contract for deeds allowed). They must also be low-income and elderly or a family with a disabled member.

Please follow these instructions:

1. Fill in all blanks with your personal and family information
2. Fill in total gross income (before any taxes or deductions) for each member of the household
3. Fill in all property information requested
4. Sign and date your application
5. **All applications must include copies of the following to be considered:**
 - A. **Proof of income for all persons over the age of 18 living in the house**
 - If you have a job, provide 2 months of pay check stubs
 - Each household member must provide a copy of the **past 2 years** Federal Tax Return (1040, 1040A, 1040EZ)
 - If you do not file a Federal Tax Return, submit the **past 2 year-end** Social Security statements, pension, annuity and/or Unemployment Compensation statements

To be eligible, your income cannot exceed the figure listed in the chart below.

Family Size	1	2	3	4
Income	\$43,050	\$49,200	\$55,350	\$61,500

- B. **Proof of property insurance**

Submit a copy of the **declaration page** of your insurance policy (normally the first page of the policy). It will show your address, your insurance agent's name and phone number, the **dates of coverage** and coverage amounts. Do NOT send the bill, this is not sufficient.
- C. Completed & signed Verification of No Additional Income form
- D. Completed & signed Applicant's Certification & Authorization form

IMPORTANT: Incomplete paperwork might disqualify your application.

Upon receipt of your application and documentation, your request will be forwarded to our Selection Committee for review. **If all criteria are met**, one of our representatives will contact you to schedule a visit.

Applications will be reviewed in the order received. When the appropriate number of homes has been selected, additional applications will no longer be accepted. *We recommend you return your application as soon as possible.*

Should you have further questions or need assistance, please call the Rebuilding Together Peoria Hotline (309) 674-2462 and we will return your call.



Homeowner Application – National Rebuilding Day April 25, 2020

INFORMATION ABOUT THE APPLICANT(S)

Name of Homeowner(s) _____

Street Address _____

City, State, Zip Code _____ Phone _____

Are any household members disabled? ___ Yes ___ No If yes, please describe disability: _____

EMPLOYMENT INFORMATION

Name and Address of Employer _____

Please list ALL people living in home (including homeowners)

Table with 6 columns: Name, Age, Gender, Race, Relationship, Annual Income. Contains 5 empty rows for data entry.

As of today, what is the total current balance of cash, savings and checking accounts of all household members? _____

As of today, what is the net worth of all your household members investments? _____

Investments include: money market funds, mutual funds, certificates of deposit, retirement plans (401[k] plans, pension funds, annuities, and IRAs). Include all accounts owned by any member of the household.

PREVIOUS ASSISTANCE

Have you ever received any home repair assistance from any other agency or city program?

Yes ___ No ___

If yes, what assistance did you receive?

Roof repair ___ Wheelchair ramp ___ Whole house repair ___ Other _____

How did you hear about Rebuilding Together? _____

INFORMATION ABOUT INSURANCE

What is the name of your insurance company for your homeowner’s insurance?

What is your insurance agent’s name & phone number?

Rebuilding Together Peoria cannot make structural repairs or undertake projects that cannot be completed in one day! If selected, you need to know that Rebuilding Together Peoria and its volunteers may not be able to complete all requested repairs. What are the four most important repairs needed to make your home warm, safe and dry?

1. _____

2. _____

3. _____

4. _____

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

I/We verify that the above information is true and correct to the best of my/our knowledge. I/We realize that failure to provide all information requested could result in our application being rejected. 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 Peoria. I/We also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for the program.

Further, I/we 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(s) of homeowner(s)

Date

- To be **COMPLETE**, your application must include:
- Completed & signed application and forms
 - Proof of your household's annual income
 - Proof of your homeowner's insurance

PLEASE RETURN THIS FORM TO:
Rebuilding Together Peoria
Selection Committee
P.O. Box 6293
Peoria, IL 61601-6293

APPLICANT'S CERTIFICATION & AUTHORIZATION

Certification

1. I/We have applied for assistance from Rebuilding Together Peoria. In applying for this assistance, I/we completed an application containing various information on employment and income. I/We certify that all the information is true and complete. I/We made no misrepresentations in the application or other documents, nor did I/we omit any pertinent information.
2. I/We understand and agree that Rebuilding Together Peoria reserves the right to verify the information provided on the application with the employer(s), service provider(s) and/or financial institution(s).
3. I/We acknowledge and agree that I/we have requested the assistance described in the application, and understand and agree that nonpublic, personal information may be disclosed as necessary to determine my/our eligibility for the assistance and the undersigned hereby consents to each such disclosure.

Authorization to Release Information

1. I/We have applied for assistance from Rebuilding Together Peoria. As part of the application process, Rebuilding Together Peoria may verify information contained in my/our application and in other documents required in connection with the application.
2. I/We authorize you to provide Rebuilding Together Peoria any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; social security income and benefits; unemployment compensation income and benefits; public assistance income and benefits; and copies of income tax returns. The information obtained is only to be used in the processing of my/our application.
3. Rebuilding Together Peoria may address this authorization to any party named in the application.
4. I/We acknowledge and agree that a photocopy of this Authorization to Release Information may be accepted as an original.

Notice: This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by HOME funded programs in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or released by this organization to another Government Agency or Department without your consent except as required or permitted by law.

Applicant Signature

Social Security Number

Date

Applicant Signature

Social Security Number

Date

Verification of No Additional Income Sources

This form must be signed by ALL members of the applicant household over the age of eighteen.

Name of applicant(s) _____

Address _____

City _____ State _____ Zip Code _____

I/we hereby state that I/we have not received any additional income from any source this year, and that I/we do not anticipate any additional income over that which I/we have reported to Rebuilding Together Peoria.

Applicant Signature

Date

Occupant Signature

Date

Occupant Signature

Date

Occupant Signature

Date

NOTE: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES.