



Rebuilding Together of Greater Charlotte Homeowner Application

Of Greater Charlotte

Return via Mail to: PO BOX 34037, Charlotte NC 28234-4037
via Email to: info@rtcharlotte.org

Please check one of the following / Por favor, marque uno de los siguientes:

I understand and am able to complete this application provided in English.

No entiendo la solicitud prevista en Ingles y pedir una solicitud en español o ayuda de la traducción.

PROPERTY INFORMATION:

Address: _____ Home Phone #: _____
 City: _____ State: _____ Zip: _____ County: _____
 Email Address: _____
 Owner occupied Yes No # of years homeowner has lived in home: _____ Year home built: _____
 Do you have homeowner's insurance? Yes No If no, please describe situation on a separate sheet of paper.
 Are you current on property taxes? Yes No If no, are you on a payment plan? Yes No

HOMEOWNER INFORMATION:

Homeowner Full Name: _____ Co-owner Full Name: _____
 Cell #: _____ Cell #: _____
 Email: _____ Email: _____

RESIDENT INFORMATION:

Please include all people that have lived at the home in the last 3 months, including the homeowners. All fields are required.

Resident Name	Male/Female	Social Security #	Birthdate	Relationship	Disabled?	Served in Military?

EMERGENCY CONTACT:

Name: _____ Relationship: _____
 Address: _____ Phone #: _____

REFERRAL SOURCES:

Were you referred to Rebuilding Together of Greater Charlotte? Yes No
 Name: _____ Organization: _____ Phone#: _____

ELIGIBILITY DOCUMENTATION REQUIRED:

Please include the following documentation with your application to determine if your household meets the program eligibility:

- Proof of income for each resident – 6 current paystubs.
- Proof of Social Security, Disability and/or Retirement Benefits if applicable.
- Proof of assets – current bank statement(s) for each resident.
- Proof of current homeowners insurance.

IMPORTANT – READ CAREFULLY BEFORE SIGNING

APPLICANTS' STATEMENT (All household members over 18 years of age must sign)

I/we understand that North Carolina Statute provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge.

I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility.

This application shall remain the property of Rebuilding Together of Greater Charlotte, to which it is submitted for the purpose of obtaining assistance. I hereby consent to and authorize Rebuilding Together of Greater Charlotte, after giving reasonable notice, to enter the property for the purpose of determining the need and scope of the repair(s) specified above. I authorize the disclosure of the above information to only those persons or agencies as necessary to secure the assistance for which this application is submitted.

Homeowner Signature

Date

Household Member #2 Signature

Date

Household Member #3 Signature

Date

Household Member #4 Signature

Date