

Rebuilding Together of Greater Green Bay

P.O. Box 702, Green Bay, WI 54305

Rebuilding Together of Greater Green Bay homes can only be repaired if there is a Rebuilding Together Team available for the repair work. A preview team to determine the repair needs of the home will visit all eligible applicants. Homes will be selected on the basis of greatest need, funding of Rebuilding Together sponsors and the ability of Rebuilding Together Teams to accomplish the needed repairs. You will be notified if your home is selected. If you have family members who are able to help work, please encourage them to do so.

Return this application to Rebuilding Together of Greater Green Bay

APPLICATION

Please Print

Name & Age of Applicant(s): _____

Address: _____

Best Phone Number: _____ E-Mail Address: _____

Employer: _____

Names and ages of other people living in the home: _____

Does anyone living in the home have special needs? (wheelchair, walker, hearing impaired, etc.) _____

Have you ever applied to Rebuilding Together of Greater Green Bay? _____

INCOME STATEMENT

(source & amount)

Monthly Income:	Applicant	Co-Applicant
Salary or Wages (Gross)		
Social Security Income		
SSI		
Pension Income and/or VA Benefits		
Alimony, Child Support/Maintenance Income, AFDC		
Interest/Dividends		
Other Income (Describe)		
Total		

Other Information:

Are you listed on the home ownership/mortgage? ___ Yes ___ No

Are all mortgage payments current? ___ Yes ___ No

Are any of your tax obligations past due? ___ Yes ___ No

Are there any suits or legal actions pending against you? ___ Yes ___ No

**** We will ask to see a copy of your last property tax bill if we schedule a house visit. ****

Do you have family members in the area? _____

Explain why you and/or your family are unable to make or pay for the repairs:

List the most needed repairs to make your home safe and secure. This will be prioritized based on funds and skill sets available; not all repairs may be done:

To: Rebuilding Together of Greater Green Bay, Inc. ("Rebuilding Together")

This personal statement is being submitted for the purpose of applying for assistance from Rebuilding Together. Rebuilding Together may consider this information as accurate and complete until you provide Rebuilding Together with a written notice of change.

You authorize Rebuilding Together to verify the information in the application by contacting third parties to confirm information about you, personally. You agree that any such information obtained by Rebuilding Together will remain the property of Rebuilding Together whether or not you are approved. To help Rebuilding Together verify your information, we may ask you to provide a copy of your driver's license, or other identifying documents.

You give Rebuilding Together volunteers permission to inspect the home for purposes of project selection and/or repair.

Signature of Applicant

Date

If this form is prepared by someone other than the homeowner, or if assistance is given the homeowner, is the homeowner aware of this application? _____

Name of person assisting: _____

Agency: _____ Phone: _____

Who should be contacted to schedule house visits? (homeowner/assistant/other):
