



Rebuilding Together Portage, Inc.
2017 Homeowner Application – For Portage Township
DUE BY: DECEMBER 1, 2016 TO BE CONSIDERED
Return via mail to: P.O. Box 2511, Portage, IN 46368

In order to uphold the mission of Rebuilding Together, preference is given to those homeowners who are low-income, elderly and/or disabled and who have lived in their homes for many years as vital members of their community.

(Manufactured homes, Doubles, rentals and land contract properties will NOT be considered)

PROPERTY INFORMATION:

Name of ALL persons on Title: _____
Address: _____ City: _____ Zip Code: _____
Contact Phone Number (____) _____

Owner occupied? Yes No How many people live in the home? _____
Are the property taxes current? Yes No If no, amount in arrears \$ _____
Is your home insured under a homeowner's policy? Yes No Company Name: _____
How many years have you owned this home? _____

**Do you plan on selling your home within the next three years? Yes No

What is the nature of the problem(s) to be repaired?

____ Electrical ____ Exterior Painting ____ Interior Painting ____ Wheelchair ramp
____ Plumbing ____ Wall Repairs ____ Roof Repairs ____ Concrete repairs
____ Yard Work ____ Floor Repairs ____ Door Repairs Other (explain) _____

****If you sell your house within 3 years of Rebuilding Together Portage, Inc. completing repairs to your home, please be advised that you will need to reimburse Rebuilding Together Portage, Inc. 25% of the cost of repairs to your home and payment is expected at time of sale. The payment amount will go towards future homes that we repair.**

How did you hear about Rebuilding Together Portage? _____
Have you applied for assistance from Rebuilding Together before? Yes No
Have you received assistance from Rebuilding Together before? Yes No - If Yes, when? _____

HOMEOWNER INFORMATION:

Homeowner 1: _____ Age _____ Date of Birth __/__/____
Sex: Male Female Marital Status: Married Unmarried
Currently Employed: Yes No Retired Number of Years with Employer _____
Name of Employer _____ Work Phone (____) _____
Disabled: Yes No if yes, Nature of Disability: _____
U.S. Armed Forces Veteran: Yes No

Homeowner 2: _____ Age _____ Date of Birth __/__/____
Sex: Male Female Marital Status: Married Unmarried
Currently Employed: Yes No Retired Number of Years with Employer _____
Name of Employer _____ Work Phone (____) _____
Disabled: Yes No If yes, Nature of Disability: _____
U.S. Armed Forces Veteran: Yes No

Have you missed a mortgage payment in the last 12 months? Yes No If yes, how many? _____
Relationship of Homeowners (spouses/parent-child/other) _____
Number of year's homeowner has lived in the home _____
Number of adults living in the home _____ Number of adults employed or receiving income _____
Number of children living in the home _____ Ages of children _____
Do you own other property: Yes No Use of other property _____

Race (used for HUD reporting purposes only)		Annual Income Limits																					
Homeowner 1 <input type="checkbox"/> White (non-Hispanic origin) <input type="checkbox"/> Black (non-Hispanic origin) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander	Homeowner 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Income limits for determining eligibility reflects 50% of 2014 Porter County Median Annual Income: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Family Size</th> <th style="text-align: center;">Income</th> <th style="text-align: center;">Family Size</th> <th style="text-align: center;">Income</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">\$22,350</td> <td style="text-align: center;">5</td> <td style="text-align: center;">\$34,500</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">\$25,550</td> <td style="text-align: center;">6</td> <td style="text-align: center;">\$37,050</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">\$28,750</td> <td style="text-align: center;">7</td> <td style="text-align: center;">\$39,600</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">\$31,900</td> <td style="text-align: center;">8</td> <td style="text-align: center;">\$42,150</td> </tr> </tbody> </table>		Family Size	Income	Family Size	Income	1	\$22,350	5	\$34,500	2	\$25,550	6	\$37,050	3	\$28,750	7	\$39,600	4	\$31,900	8	\$42,150
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MONTHLY INCOME INFORMATION:	MONTHLY EXPENSE INFORMATION:
Must include any income from <u>ALL</u> persons living in the home.	List all <u>monthly</u> household expenses.
Salary \$ _____	Mortgage Payment \$ _____
Retirement \$ _____	Property Taxes & Ins. \$ _____
Social Security/Disability \$ _____	Gas & Electric \$ _____
Child Support/Alimony \$ _____	Water Bill \$ _____
Rental Income \$ _____	Telephone \$ _____
Other _____ \$ _____	Cellular Phone \$ _____
Other _____ \$ _____	Cable TV/Satellite TV \$ _____
Other _____ \$ _____	Other _____ \$ _____
TOTAL INCOME \$ _____ monthly	TOTAL EXPENSES \$ _____

WARNING!! It is a Federal crime punishable by fine and/or imprisonment, to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code, Section 1014.

IMPORTANT – READ CAREFULLY BEFORE SIGNING... Applicant's Statement:

I certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying. I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. This application shall remain the property of Rebuilding Together Portage, Inc., to which it is submitted for the purpose of obtaining assistance.

I hereby consent to and authorize Rebuilding Together Portage, Inc., 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 1 Signature

Date

Homeowner 2 Signature

Date

MUST BE POST MARKED BY DECEMBER 1, 2016 TO BE CONSIDERED

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(Do not hand deliver)**