



REBUILDING TOGETHER of SOUTH LAKE COUNTY, INC.

2017 Application for Merrillville, Indiana

1. Full Legal Name of Property Owner(s): _____
2. Address: _____ City: _____
3. Phone Number(s): _____ Number of persons living at address: _____
4. Ages of persons living at this address: _____
5. Are there any persons with a disability living at this address? ___yes___no
6. Is there a Veteran, Veteran Widow or Widower, or active Military Service personnel living in this home? ___yes___no
7. Is any part of this address a rental unit? ___yes___no
8. Combined **2016** income for **all persons living** at this address was (circle one):

- | | |
|----------------------|----------------------|
| Less Than \$10,000 | \$20,000 -- \$24,999 |
| \$10,000 -- \$14,999 | \$25,000 -- \$29,999 |
| \$15,000 -- \$19,999 | \$30,000 or more |

9. I estimate that the combined income of all persons living at this address in **2017** will be: \$ _____

10. Please check all the items you feel need to be repaired:

- | | |
|---|--|
| <input type="checkbox"/> Yard Work | <input type="checkbox"/> Plumbing (leaks) |
| <input type="checkbox"/> Kitchen (sinks, appliances, counters, etc.) | <input type="checkbox"/> Insulation (wall, ceiling, foundation) |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Doors (entry, service, storm) |
| <input type="checkbox"/> Flooring (bath, kitchen, etc.) | <input type="checkbox"/> Painting— outside (house, garage, shed, deck) |
| <input type="checkbox"/> Painting — inside (kitchen, baths, bedrooms, etc.) | <input type="checkbox"/> Heating and Ventilation |
| <input type="checkbox"/> Electrical (service, fixture, lighting) | <input type="checkbox"/> Windows (storm, other) |

11. Other (Please attach , if necessary, additional sheets to this form to complete your description)

A signature is required on this form.

Property Owner(s) Signature(s) _____

Printed Name(s) _____

If the Property Owners used another party to help complete this form please list their name: _____

Date of Form: _____

The completed application must be mailed by April 30, 2017 to:

Rebuilding Together of South Lake County, Inc.

P.O. Box 665, Crown Point, IN 46308

For questions regarding this application, please contact

219-213-0688 (After 4-1-2017)

Or visit www.rebuildingtogethersouthlake.com

THERE IS NO APPLICATION FEE REQUIRED TO MAKE AN APPLICATION TO RECEIVE ASSISTANCE FROM REBUILDING TOGETHER OF SOUTH LAKE COUNTY, INC (RTSLC). RTSLC HAS NOT AUTHORIZED ANY OTHER PERSON OR ENTITY TO ACT AS ITS AGENT OR AGENTS FOR THE PURPOSES OF THIS APPLICATION AND ANY FEES OR COSTS ASSOCIATED WITH THIS APPLICATION PAID BY THE APPLICANT TO ANY SUCH PERSON OR ENTITY ARE NOT FEES OR COSTS CHARGED BY REBUILDING TOGETHER OF SOUTH LAKE COUNTY, INC.



REBUILDING TOGETHER of SOUTH LAKE COUNTY, INC.

VERIFICATION and AGREEMENT FORM

A. All Applicants must verify home ownership by providing a copy of one of the following:

- 1) Deed to the home,
- 2) Homeowner insurance policy,
- 3) Property tax bill or property tax waiver.

B. All Applicants must sign this verification form agreeing that the home to be repaired through Rebuilding Together of South Lake County, Inc. will:

- 1) Not be sold,
- 2) Not be sold under a contract for sale,
- 3) Not be sold or used as a whole or partial rental property,

All for a minimum of two years after work has been completed. Except under circumstances wherein significant status change occurs, such as illness, death or court requirement of the homeowner.

C. Rebuilding Together of South Lake County, Inc. will consider working on homes owned by family members, if all owners must provide written permission for work to be completed.

D. Rebuilding Together of South Lake County, Inc. requires income verification of all applicants; please attach the 2016 taxes for all persons living in the home.

D. Rebuilding Together will only work on homes that provide a safe working environment for the volunteers.

By my/our signature(s) below I/we agree to all of the provisions above and have provided one of the required items in Section A, that for the next two (2) years the home will not be sold or used in whole or part as a rental as provided in Section B, that all owners of the home have signed this verification form as required in Section C, we verify that the taxes as required in Section D are true and accurate for all persons residing in the home, and that my/our home is a safe environment for volunteer workers as stipulated in Section E.

Signature(s): _____

Printed Name(s): _____

Signature(s): _____

Printed Name(s): _____

Signature(s): _____

Printed Name(s): _____

Dated: _____

(Please attach all of the documents as required in Sections A and D above to this form)