



**Rebuilding Together NYC
2011 Individual Application**

(Please check one) Mr. & Mrs. Mr. Mrs. Ms.

Name: _____

Address: _____

Phone: _____

City: _____ State: _____

ZIP: _____

Age of Applicant(s): _____ / _____

Are you employed? YES NO IF yes, who is your employer? _____

Are you a military veteran or the widow of a military veteran? YES NO

Please list everyone, other than the applicant(s) who lives in the house: (Use additional space if necessary)

NAME	AGE	RELATIONSHIP	EMPLOYED?

TOTAL HOUSEHOLD INCOME: \$ _____/mo. (Include income of all people living in the home.)

Do you own your home? YES NO
Monthly Mortgage Payment/Rent Payment: _____
Homeowner's Insurance Company: _____
Homeowner's Insurance Policy number: _____

REPAIR WISH LIST – What are the **four most important** repairs you need at your home? (Use an extra sheet if necessary)

1. _____

2. _____

3. _____

4. _____

Please give any information about yourself that will be important for us to consider in evaluation your application (e.g. medical conditions, etc.) and let us know how the repairs you have listed will help you:

If your home is selected, we encourage able-bodied family to help with the Rebuilding Day repairs and activities in order to foster a community spirit and shared sense of involvement in the project.

Is this feasible for you? YES NO If no, why? _____

I/we certify 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 invalid. 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 NYC. I/we understand that submission of an application provides no guarantee that work will be performed or creates any duty or obligation on RT NYC's behalf. I/we also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for this program. I/we also grant permission to Rebuilding Together NYC, its employees and any of its volunteers to conduct site visits at my/our home, to take photos and measurements, as necessary, and to examine in-person the "Repair Wish List" items to gauge the scope of work required. In light of the goals and purposes of the community service provided by RT NYC in organizing this repair and renovation program, I/we agree to release and hold RT NYC, its directors and officers, employees, agents, attorneys and volunteers harmless from any cause of action, claim or suit arising from, or in connection with, this application.

Signature(s) of Homeowner(s)

Date

Signature(s) of Homeowner(s)

Date

Referred by: _____

Phone: _____

Return to: Rebuilding Together NYC
Rebuilding Together NYC
PO Box 3726
New York, NY 10163
(212) 362-1636

THERE IS NO APPLICATION FEE REQUIRED TO MAKE AN APPLICATION TO RECEIVE ASSISTANCE FROM REBUILDING TOGETHER. REBUILDING TOGETHER HAS NOT AUTHORIZED ANY OTHER PERSON OR ENTITY TO ACT AS ITS AGENT FOR 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.