



HOMEOWNER APPLICATION (please print)

Name(s) _____

Address _____

Phone (H) _____ (W) _____

Age/Health _____ Number of years at this address _____

Name all persons living in the home: _____

Homeowner(s) combined income (Social Security, pensions, annuities, etc.) per year:

Under \$10,000 _____ \$10 - 20,000 _____ \$20,000+ _____

VERIFICATION OF INCOME MUST BE ATTACHED TO THIS FORM

(e.g., copy of last year's tax return, determination letter, paycheck stub, etc.)

White ___ African-American ___ American Indian ___ Alaskan Native ___ Hispanic ___ Asian/Pacific Islander ___

Number in household ___ Female head of household ___ Is the homeowner residing in the home disabled? YES ___ NO ___

If yes, please indicate by checking all that apply: Sight impaired ___ Hearing impaired ___ Wheelchair ___ Walker ___

Other impairments (please list): _____

Should your home be approved for rehab and repairs, what would you like to be done? Please check all that apply:

- ___ Electrical ___ Exterior painting ___ Interior painting ___ Plumbing
___ Wall repairs ___ Yard work ___ Floor repair ___ Door repair
___ Roofs (case by case basis) ___ Other (please specify): _____

Please feel free to use another sheet of paper, if needed

Homeowner's Insurance Company and Policy Number: _____

Rebuilding Together Muscatine is an organization in which volunteers fix up the homes of Muscatine County residents who are unable to do the work themselves. Volunteers may not be able to complete all requested repairs. If your home is chosen for the rehab work, there will be no charge for the service. A site selection team may call to visit your home to get details of the work required.

(Application continues on 2nd page)



Please fill out where indicated and sign:

I confirm that any persons residing in my home, family, friends or visiting on the designated work day who are physically able, will work alongside the volunteers. If this instruction is not followed, the team may be pulled from the project.

Names and ages: _____

I own and live in the property at the address given and can produce mortgage payment book, deed, or other documents showing ownership, if requested.

Signature of homeowner(s) _____

If this form is prepared by someone other than the homeowner, or if assistance is given to the homeowner, please complete the following: is the homeowner aware of this application? YES ___ NO ___

Name of person preparing or assisting with application: _____

Phone: _____ Agency: _____

Please mail this form to: Rebuilding Together Muscatine
129 West 2nd Street
Muscatine, IA 52761