



<p>For Rebuilding Together-Lincoln County Use Only</p> <p>APPLICATION #</p> <p>24- _____</p>	<p>Financials Approved: _____</p> <p>Operations Approved: _____</p>
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PO Box 22 Boothbay Harbor ME 04538
T: (207) 380-5719
RebuildingTogether-LC.org

Rebuilding Together-Lincoln County is a 501 (c)(3) charitable organization affiliated with the National Rebuilding Together organization headquartered in Washington, D.C.

HOME REPAIRS PROGRAM

APPLICATION FOR HOME REPAIRS

Applicant's Name _____ Email _____
Physical Address _____
Mailing Address _____

Date of Birth _____ Phone _____
Co-Applicant Name _____ Date of Birth _____
Emergency Contact _____ Phone _____

Have you received assistance from **Rebuilding Together-Lincoln County** before? Yes No
If "Yes", in what year did we work on your home? _____

Head of Household Name _____ Male Female

How many people live in this home? _____ Do you own other Real Estate? Yes No

Have you or anyone in your family, living or deceased, served in the military? Yes No

Veteran's Name _____ Service Branch _____

Relationship _____ Dates of Service _____ to _____

If someone other than the applicant is preparing this application please provide the following:

Name _____ Relationship to Applicant _____
Address _____ Phone _____

PROPERTY INFORMATION

Year Purchased _____ Number of bedrooms _____ Number of stories _____

Do you have Homeowner's Insurance Yes No

If "Yes", please provide the following:

Insurance Company Name _____ Policy Number _____

DESIRED REPAIRS



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Rebuilding Together-Lincoln County is an all-volunteer effort that relies on community involvement. If your home is selected, friends and family ages 14 and older are expected to work with us, including helping and thanking volunteers. Please initial to indicate your agreement: _____ Initial

I understand that I am required to volunteer to the best of my ability, and that adult family or friends on site during the workday will also participate. _____ Initial

DOCUMENTS REQUIRED TO PROVE OWNERSHIP, INCOME AND RESIDENCE

Please submit copies of the following documents when you return the application. Applications submitted without these documents will not be considered. If you must send originals, we will copy them and return originals to you.

- 1. Proof of Ownership** Rebuilding Together Application Approval Committee will obtain necessary documentation from Lincoln County Registry of Deeds.
- 2. Proof of Income** (submit **one only**) for **ALL Residents in Your Home**
 - a **copy** of your (and/or their) W-2 or benefit/retirement statements(s).
 - **OR** a copy of your (and/or their) last year's Federal Tax Return (1040).
- 3. Proof of Residence** (submit **one only**)
 - a **copy** of a recent telephone bill **OR** utility bill.

Assets:

Residence (assessed value)	\$ _____	Other Land and building	\$ _____
Cash Assets / Accounts	\$ _____	Stocks, Bonds and Other	\$ _____

Your Monthly Income / All Sources:

Employment	\$ _____
Other (Include items like Alimony, Child Support, etc.)	\$ _____
Social Security	\$ _____
SSI	\$ _____
Pension	\$ _____
Retirement	\$ _____
VA	\$ _____
Rental	\$ _____
Total	\$ _____

Household Monthly Income / All Sources:

Employment	\$ _____
Other (Include items like Alimony, Child Support, etc.)	\$ _____
Social Security	\$ _____
SSI	\$ _____
Pension	\$ _____
Retirement	\$ _____
VA	\$ _____
Rental	\$ _____
Total	\$ _____

Household Monthly Expenses / Liabilities:

Mortgages (1st / 2nd leins)	\$ _____	Food	\$ _____
Property Taxes	\$ _____	Transportation	\$ _____
Utilities (CMP, water, etc.)	\$ _____	Clothing	\$ _____
Medical (Include prescriptions)	\$ _____	Credit Card Debt	\$ _____
Insurance (Home, health, auto)	\$ _____	Miscellaneous Debt	\$ _____
Other (Phone, cable, etc.)	\$ _____	Total	\$ _____



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HOMEOWNER'S STATEMENT OF ELIGIBILITY

I, _____ have asked **Rebuilding Together-Lincoln County** to make repairs to my home at _____ in Lincoln County, Maine. I understand that **Rebuilding Together-Lincoln County** is funded by charitable donations and grants that provide assistance to the elderly, disabled or low-income families with children who have no other way to afford home repairs. I also understand that **Rebuilding Together-Lincoln County** is obligated to use its charitable donations and government funds only for assistance of eligible clients. In addition, I understand to knowingly submit false information is considered fraud and punishable under law. By signing my name to this statement, I guarantee that I am eligible to receive this assistance, as follows:

- 1) All information submitted on my **APPLICATION FOR HOME REPAIRS** is complete and correct. _____ Initial
- 2) I am the sole owner of the home at the above address, or I share ownership with persons who are also eligible to receive this assistance. _____ Initial
- 3) The physical address above is my full-time residence. _____ Initial
- 4) I understand if I need to sell within a two-year period, I will be responsible for reimbursing Rebuilding Together-Lincoln County for the cost of materials that were used in repairs for my home. _____ Initial
- 5) I, my spouse, partner and/or any other owners of my home have no other financial resources to afford the services that I have requested. _____ Initial
- 6) I authorize Rebuilding Together-Lincoln County and its representatives to complete paperwork required to obtain building permits as necessary. _____ Initial

Applicant Signature _____ Date _____

Witness Signature _____ Date _____



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DEMOGRAPHIC INFORMATION

This demographic information is vital to funding and formulating Rebuilding Together programs. Please fill this page of the application out completely. Your personal information will be used by Rebuilding Together only and will not be shared.

How many years have you lived in your home? _____

How many people live in your home? _____

Please provide the number of each that applies:

Gender	Male	_____	Race	White/Non-Hispanic	_____
	Female	_____		Other (please specify)	_____
Ages	18 and younger	_____	Disability	18 and younger	_____
	19 - 24	_____		19 - 24	_____
	25 - 64	_____		25 - 64	_____
	65 and older	_____		65 and older	_____

Head of Household (please check one)	No children under 18	OR	Number of children under 18
<input type="checkbox"/> Male	_____		_____
<input type="checkbox"/> Female	_____		_____
<input type="checkbox"/> Grandparent	_____		_____
<input type="checkbox"/> Guardian	_____		_____

Non-Profit Facility Information Number of people served annually _____

For assistance call (207) 380-5719

**RETURN COMPLETED FORM AND REQUIRED DOCUMENTS TO
REBUILDING TOGETHER-LINCOLN COUNTY**

Drop off in person:

Hawke Motors • 203 Townsend Ave • Boothbay Harbor

Or mail to:

Rebuilding Together-Lincoln County • c/o Sarah Giles • 6 Campbell St • Boothbay Harbor, ME 04538