



APPLICANT INFORMATION

REBUILDING TOGETHER AURORA
Home Owner Application

Please call (630) 375-7446 if you need help completing the form. Incomplete applications will not be considered. Return completed applications to: Rebuilding Together, P.O. Box 4936 Aurora, Illinois 60507

Completed and signed application forms must include:

1. **Proof of ownership by Title/Warranty/Deed**
2. **Homeowners Insurance Declaration page**
3. **Verification of all forms of income for all household members. Acceptable forms of verification include tax returns, benefit statements, pay stubs, and pension or annuity statements. Only current verification documents will be accepted.**

I. APPLICANTS (The applicant and co-applicant(s) are only those persons listed on the title).

Name of Applicant: _____ Age: _____

Disabled (y/n): _____ SS# _____

Street Address: _____ City: _____ Zip: _____

Cross Streets: _____ Phone Number: _____

Name of Co-applicant: _____ Age: _____

Disabled (y/n): _____ SS# _____

II. ALL OTHER RESIDENTS OF HOME (Each resident must be listed below. It is okay to have family members or friends living in the house).

	Name:	Age:	Relationship:	Ethnicity:	Disabled (y/n):
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

III. NEEDED REPAIRS: (Please list your top-priority repair needs. Rebuilding Together does not guarantee that all requested items can or will be addressed if your home is selected. Our goal is to make homes safer and more accessible).

1. _____ 2. _____
 3. _____ 4. _____

IV. Have you applied to this program before? _____



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By signing my name on this statement, I guarantee that I am eligible to receive this assistance as follows:

1. I have no intention of selling this home or transferring ownership of this home within three years of the signature date of this document.
2. I authorize Rebuilding Together Aurora and its representatives to complete any required paperwork for obtaining building permits that may be necessary to repair my home.
3. I understand that Rebuilding Together Aurora is a neighbor-helping-neighbor organization, and I will do everything possible to get family and friends to help me.
4. I understand that, in the presence of Rebuilding Together Aurora volunteers, the use of alcohol, sale or use of drugs other than as prescribed by a doctor, or any behavior which threatens or creates discomfort to the volunteers on my/our part or the part of my/guests or family is cause for immediate cancellation of all scheduled work at my home.
5. **I further authorize Rebuilding Together Aurora and its representatives to conduct such investigation as it deems necessary to confirm the safety of its volunteers, including the use of criminal background checks, the procurement of consumer reports, and the consultation with the local police department as to police reports at the residence. You have the right to inquire whether a consumer report was requested, as well as the name and address of the agency furnishing the report. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation.**
6. I/We certify that the above information is true and correct to the best of my/our knowledge. I/We also authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation through Rebuilding Together. I/We also understand that this information will be kept confidential and will be used strictly for the purpose of determining my/our eligibility for the Rebuilding Together program and for planning home repair work.

Signature of Applicant _____

Date _____

Signature of Co-Applicant _____

Date _____

Referred by: _____ Phone Number: _____

Relationship to Applicant: _____

Rebuilding Together Aurora fosters warmth, safety and independence in our community by repairing homes and revitalizing neighborhood facilities.

The City of Aurora's Mayors Office provides partial funding for the Rebuilding Together program.

(For office use only)

<p>ETHNICITY: Hispanic or Latino: _____ Non-Hispanic or Latino: _____</p> <p>MINORITY CODE: White: _____ Black/African-American: _____ Asian: _____</p> <p>American Indian/Alaskan Native: _____ Native Hawaiian/Other Pacific Islander: _____</p> <p>American Ind/Alaskan Native & White: _____ Asian & White: _____ Black/African-American & White: _____</p> <p>American Indian/Alaskan Native & Black/African American: _____ Other Multi-racial: _____</p> <p>FAMILY STATUS:</p> <p>HEAD/SPOUSE IS 62 OR OVER: _____</p> <p>HEAD/SPOUSE IS DISABLED _____</p> <p>H/P: _____ FHH: _____ Percent of median income: 30 50 80</p>
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