



2013 Franklin Ave. San Diego CA 92113
www.rebuildingtogethersd.org

Rebuilding Together San Diego is now accepting applications from low-income homeowners and local community non-profit facilities to be considered as a perspective recipient for our annual renovation repair program, scheduled for April 28th, 2007.

To qualify, applicants must reside within San Diego County, own their own home and their annual verifiable income falls at or below low-income levels, based on HUD guidelines. (RTSD is unable to consider town homes, condos or mobile homes).

If you are aware of any deserving perspective applicants please contact us to receive an application and eligibility guidelines.

Application dead-line is October 1, 2006.

(Please note that an application does not guarantee that an applicant will be accepted, it only begins the consideration process)

Call RTSD at 619-231-7873 or rtsd@rebuildingtogethersd.org.

For those of you not familiar with RTSD, we are a 501 C (3) non-profit charitable organization. In partnership with local businesses and service organizations who "adopt" a project, and skilled and unskilled volunteer labor who team together, we perform home repairs to benefit low-income homeowners such as paint, clean-up, landscaping and perform plumbing and electrical repairs. Non profit community facilities (i.e. schools, community centers, battered woman's shelters, boys and girls clubs, etc.) are also encouraged to apply. There is no cost to the recipient.

If you or someone you know is in need of our services please contact us to receive an application. If you are interested learning more about house sponsorship, volunteer opportunities or would like to make an in-kind or financial tax deductible contribution please contact: Pamela Thorsch, Executive Director at (619) 231-7873.

We have been revitalizing our community since 1995...one house at a time. Visit our website at www.rebuildingtogethersd.org for more information.

Thank you for your time in referring us to those in need of our program. We appreciate your forwarding this announcement to other organizations for circulation.



Program Eligibility Guidelines and Income Limits

PROOF OF ELIGIBILITY MUST BE PROVIDED WITH YOUR APPLICATION TO BE CONSIDERED FOR PROGRAM

Service Area: Throughout San Diego City and County, with the exception of National City.

Eligibility:

1. Applicants must own and live in their own home and have neither the resources nor the ability to do the work themselves.
**We are unable to consider mobile homes, condos or town homes*
2. Applicants must provide proof of homeownership;
3. Applicants must meet income eligibility guidelines and provide documentation of total household income for all persons living in the home.

Proof:

Eligibility is established through these documents, of which we require copies to be sent with your application for our program consideration:

- Proof of homeownership
- A copy of you most current mortgage payment coupon or statement showing loan balance
- A copy of you most recent Income Tax Return and W-2 Form(s)

Or, if you are not employed and not required to file an income tax return, you may provide:

- A copy of your Award Letter or Benefit Statements (a copy of you check is not sufficient) if you receive SSI, Social Security, Pensions (s), Retirement, VA benefits, Welfare or other fixed income.

Maximum Household Income Guidelines based on HUD 2007 San Diego Median Income:

Family Size	Annual Income
One Person	\$24,150
Two Persons	\$27,600
Three Persons	\$31,050
Four Persons	\$34,500
Five Persons	\$37,250
Six Persons	\$40,000
Seven Persons	\$42,800
Eight Persons	\$45,550



PRELIMINARY HOMEOWNER APPLICATION

Applicant Name _____

Address _____ **City** _____ **Zip** _____

Home Phone _____ **Social Security #** _____

Date of Birth _____ **Ethnicity** _____ **Number of Dependents** _____

Marital Status ☐ Married ☐ Single ☐ Separated ☐ Widowed

Name & Address of Employer _____

Type of Business _____ **Phone** _____

No. Years on Job _____ **Line of Work** _____ **Position/Title** _____

Co-Applicant Name _____

Address _____ **City** _____ **Zip** _____

Home Phone _____ **Social Security #** _____

Date of Birth _____ **Ethnicity** _____ **Number of Dependents** _____

Marital Status ☐ Married ☐ Single ☐ Separated ☐ Widowed

Name & Address of Employer _____

Type of Business _____ **Phone** _____

No. Years on Job _____ **Line of Work** _____ **Position/Title** _____

How did you hear about Rebuilding Together San Diego?

Have you previously submitted an application to *Rebuilding Together San Diego* (formerly *Christmas in April*)?

☐ Yes ☐ No **If yes, when?** _____ **What work was done?** _____

Have you applied to any other organization for either a loan or a grant to repair or improve your home? ☐

Yes ☐ **No** **If yes, please provide information** _____

Annual Income

Source	Applicant	Co-Applicant	Other Household Member	Total
Salary				
Social Security, Pension, Funds, Retirement, etc.				
Unemployment Benefits				

Workers Compensation				
Alimony, Child Support				
Welfare Payment				
Additional Property				

Total Annual Gross Income _____

Mortgages

First Mortgage Holder Name _____ **Payment** _____

Second Mortgage Holder Name _____ **Payment** _____

Name(s) on Title _____ **Property Taxes** _____

Property ☐ Home ☐ Mobile Home ☐ Condo

House Sq. Footage _____ **# of Bedrooms** _____ **# of Bathrooms** _____ **# Years in home** _____

Do you have homeowners insurance? ☐ Yes ☐ No **Carrier** _____

Known Repairs, Work Needed, and Hazards

Prioritize the work needed on the property:

1. _____ 3. _____

2. _____ 4. _____

Additional Needs _____

Do you or anyone in your home have physical disabilities of which we should be aware in assessing the repairs in your home? _____

If your home were selected, would you see yourself and/or your family members helping the volunteers accomplish the repairs to your home? ☐ Yes ☐ No **If no, why?** _____

Do you plan on selling this property in the next year? ☐ Yes ☐ No

List agencies, programs or church groups in which you participate _____

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 San Diego. I/We also understand that any information received will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive housing rehabilitation.

Applicant's Signature _____ **Date** _____

Co-Applicant's Signature _____ **Date** _____

Referred by _____ **Relation** _____

Phone Number _____ **Address** _____

Mail TO: **REBUILDING TOGETHER S.D. 2013 Franklin Avenue, San Diego, CA 92113**