



P.O. Box 3823
 Long Beach CA 90803
 (562) 490-3802
 www.rtlb.org

HOMEOWNER APPLICATION

Overview

Rebuilding Together Long Beach (RTLB) provides free home repair services to income-qualified homeowners in the greater Long Beach area. RTLB assists seniors, people with disabilities, families with children, veterans, and others who are in need to help ensure their warmth, safety, and independence. Please check the eligibility requirements below before completing this form.

Eligibility Requirements

1. Your home should be in the greater Long Beach area. We will consider your application if your home is in Orange County or the South, Southeast, or Harbor areas of Los Angeles, but we make no guarantees that we will be able to accommodate your needs.
2. You must own your home, live in it, provide proof of ownership (through a current property tax statement or current homeowners insurance policy), and intend to remain in it for at least two years after receiving free repairs from RTLB.
3. The **total gross combined** income for all residents of your home, including any rental income, must be less than the amount shown below (based on the number of residents in your home):

Number of residents	1	2	3	4	5	6	7
Total monthly income	\$2,629	\$3,004	\$3,379	\$3,754	\$4,058	\$4,358	\$4,658
Total annual income	\$31,550	\$36,050	\$40,550	\$45,050	\$48,700	\$52,300	\$55,900

RTLB will require proof of income from all residents, in the form of last year's income tax statements, payroll stubs, social security or disability statements, pension and/or veteran's benefits statements, alimony or child support statements, AFDC statements, rent receipts, and so forth.

Kindly complete all information requested on this application form to the best of your ability, including (a) listing the repairs you are requesting; and (b) reading, understanding, and checking off all boxes in the Homeowner Statements on Page 2. Mail your completed form to RTLB at the address shown above. Once we receive your form, we will contact you based on the information you provide here.

YOUR BASIC INFORMATION					
NAME(S) OF APPLICANT(S)				AGE(S)	
ADDRESS				ZIP CODE	
HOME PHONE		CELL PHONE		EMAIL	
BEST WAY AND TIME TO CONTACT YOU					
NUMBER OF RESIDENTS IN YOUR HOUSEHOLD			TOTAL COMBINED INCOME, ALL HOUSEHOLD RESIDENTS		
NAME ON TITLE TO YOUR HOME IF DIFFERENT FROM ABOVE					
IS THIS A MOBILE HOME? YES NO		ANY TAX LIENS OR CODE VIOLATIONS ON YOUR HOME? YES NO			
IS ANYONE IN YOUR HOME A VETERAN? YES NO			IS ANYONE IN YOUR HOME DISABLED? YES NO		

HOUSEHOLD INFORMATION

IF YOU ARE EMPLOYED, LIST THE NAME OF YOUR EMPLOYER.

LIST ALL OTHER RESIDENTS LIVING IN THE HOME (ATTACH SEPARATE SHEET IF NECESSARY)

NAME	AGE	RELATIONSHIP	EMPLOYED? IF SO, WHERE?

LIST ALL CHILDREN NOT LIVING IN THE HOME (ATTACH SEPARATE SHEET IF NECESSARY)

NAME	AGE	RELATIONSHIP	ADDRESS

IF ANY RESIDENT OF YOUR HOME HAS MOBILITY OR ACCESSIBILITY NEEDS, PLEASE OUTLINE THOSE NEEDS HERE.

ARE THERE ANY FAMILY MEMBERS WHO CAN ASSIST ON THE WORKDAY IF YOUR HOME IS SELECTED?
 YOUR ANSWER HAS NO BEARING ON THE SELECTION PROCESS. HOWEVER, IF LOCAL ABLE-BODIED FAMILY MEMBERS
 CHOOSE NOT TO WORK, WE ASK THAT THEY NOT BE PRESENT ON ANY DAY(S) RTLB PERFORMS WORK AT YOUR HOME..

YES

NO

INCOME AND EXPENSES (TOTAL FOR ALL RESIDENTS)

CREDITS		DEBITS	
MONTHLY SALARY INCOME		MONTHLY MORTGAGE PAYMENT	
MONTHLY SSI INCOME		MONTHLY TRAILER SPACE RENTAL	
MONTHLY SDI INCOME		MONTHLY UTILITIES PAYMENTS	
MONTHLY FOOD STAMPS INCOME		MONTHLY HOME AND/OR CELL PHONE PAYMENTS	
MONTHLY VA BENEFITS		MONTHLY INSURANCE POLICY PAYMENTS	
MONTHLY AFDC INCOME		MONTHLY FOOD AND MEDICATIONS PAYMENTS	
MONTHLY MEDICARE INCOME		MONTHLY CAR EXPENSE	
MONTHLY MEDICAID INCOME		DETAIL ANY OTHER MONTHLY EXPENSES	
OTHER MONTHLY INCOME			
CHECKING/SAVINGS ACCOUNT BALANCE(S)			
IRA/401K BALANCE(S)		TAX LIENS OR OTHER LIENS ON YOUR HOME?	YES NO
CD BALANCES		IF YES, DESCRIBE THE LIENS.	
STOCK AND BOND VALUE			
DO YOU OWN OTHER PROPERTY?	YES NO	CITY CODE VIOLATIONS ON YOUR HOME?	YES NO
MONTHLY INCOME FROM OTHER PROPERTY		IF YES, DESCRIBE THE CODE VIOLATIONS.	
NAME(S) OF FINANCIAL INSTITUTION(S)			

PROPERTY INFORMATION		
WHEN WAS YOUR HOME BUILT? _____	HOW LONG HAVE YOU LIVED HERE? _____	HOW LONG DO YOU PLAN TO STAY HERE? _____
IF YOU HAVE HOMEOWNER'S INSURANCE, LIST CARRIER AND POLICY NUMBER.		
IF THERE ARE PETS IN YOUR HOME, PLEASE DESCRIBE.		

REQUESTED HEALTH & SAFETY REPAIRS. PLEASE DETAIL YOUR NEEDS CLEARLY.	
1	
2	
3	
4	
5	
6	

Waiver and Release of Liability

I /we give permission for Rebuilding Together Long Beach (RTLB) and its volunteers to perform repairs and improvements at my/our home. I/we understand that if I am/we are selected, the repairs will be made on the specified date and that some preparation may be necessary prior to this date. I/we further understand the repairs and improvements will be performed free of charge; RTLB and its volunteers disclaim all warranties, expressed or implied concerning the repairs; and some or all of the volunteers may be unskilled. I/we agree that I/we will cooperate with the House Captain and team of volunteers and that ALL ABLE-BODIED members of my/our family will participate or they will be absent during repairs. In consideration of the repairs and improvements, I/we further waive and release from all liability, promise not to sue, and hold RTLB, its employees, officers, directors, agents, donors, volunteers, and other affiliates, collectively and individually, harmless from any claims, including claims of negligence or intentional acts on the part of RTLB (except gross negligence or intentional acts that should reasonably be expected to result in harm), and any other liabilities arising at any time as a result of the repairs and improvements, including, without limitation, any rights or causes of action resulting from personal injury or death, damage to the property, or any other damage directly or indirectly arising from any improperly performed repairs or improvements, or defects in the materials of workmanship. I/we understand that if there are animals or pets on the premises, I/we will be responsible for removing them from the premises prior to the commencement of work and for keeping them off the premises during the conduct of work on my home by RTLB. I/we understand that no work will be done by RTLB volunteers or contractors with animals on the worksite. No inducements or promises have been made to me/us to secure my/our signature(s) to this release, other than the intention of RTLB to perform repairs and improvements.

I/we have read the Agreement and thoroughly understand it, as affirmed by my/our signature(s) below:

Homeowner Signature(s) _____
Date

Homeowner Statements

Please check the boxes to indicate that you have read and that you have understood each statement; then sign on the bottom.

- I/we certify, subject to disqualification for submitting false information, that all information provided on this application is true and correct to the best of my/our knowledge. I/we authorize the checking of any references necessary to complete the processing of this application for the purpose of receiving home repairs through Rebuilding Together Long Beach (RTL B).
- I/we understand that any information provided on this application will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive home repairs.
- I/we agree to provide RTL B with copies of recent income tax returns and property tax statements (or equivalent documents), as well as City Code Enforcement warnings or citations, with this application.
- I/we understand that, at its discretion and based on relevant circumstances, RTL B has the right to request reimbursement from me/us for all labor and materials costs incurred in repairing my/our residence should I/we sell the home within twenty-four (24) months of the completion of RTL B's work.
- I/we understand that if there are animals or pets on the premises, RTL B may require them to be absent from the work site. If so, I/we will be responsible for removing them from the premises prior to the commencement of work and for keeping them off the premises during the conduct of work on my/our home. If I am/we are asked to remove animals or pets from the worksite and refuse, I/we understand that RTL B may elect not to perform any work on my/our home.
- I/we understand that, except under extraordinary circumstances, RTL B will not be able to perform further work on this home for at least two years from the date the current work is completed.
- I/we agree that as a condition of RTL B performing work on my/our home, I/we will provide a Waiver and Release of Liability to RTL B.

You are one of the many homeowners whose home may be selected to be repaired by RTL B. If you are selected, on your work-day you may see local newspaper reporters and even television crews on the worksite, and they may want to speak with you. You are our best ambassador for this national program, and we would very much appreciate it if you would tell your story. We are also asking that you let us use your name, photo, video, and interview, if any, in our promotional pieces. These will help us spread the word about our program, which will mean more support in the community for homeowners like you.

- I/we agree to allow Rebuilding Together Long Beach to use my/our name(s), photo(s), video(s), and interview(s), if any, in conjunction with the rehabilitation of my/our house.

Homeowner Signature

Date

Homeowner Signature

Date