

Office Use Only
Date:

Rebuilding Together- Portland
Homeowner Application
2017-2018

Name of Homeowner(s): _____ Phone: _____
Address: _____ Zip Code: _____
How long at this address: _____ Date of Birth of applicant(s): _____
Monthly Income: _____ Source: _____
Email Address: _____

For the next year what is your estimated total **Household Income**? _____

(Include all sources of income for ALL residents including wages, overtime, bonuses, tips, unemployment, and social security and pension income. Copies of pay stubs and tax returns may be requested to verify income.)

Does the Homeowner have a disability? **Y or N** If yes, please describe:

Prior Client of Rebuilding Together? **Y or N** If yes, when? _____

Veteran/Veteran's Spouse or Survivor: **Y or N** If so, when? _____

Race/Ethnicity:

Check all that apply (for PHB)	Hispanic	Non-Hispanic
African Immigrant or Refugee		
Asian		
Black/African American		
Latino/Hispanic		
Middle Eastern		
Native American/Alaskan Native		
Native Hawaiian		
Pacific Islander		
Slavic		
White		
Other:		

Number of people living in this household (include name, age, relationship, & income):

Does a child under age six occupy the home at least 60 hours a year or a pregnant woman live in the home? _____

Are there any pets in the home? _____

Description of the work the applicant feels needs done (be as specific as possible):

Electrical: _____

Plumbing: _____

Appliance Needs: _____

Structural: _____

Carpentry/Handrails/Grab Bars: _____

Yard work: _____

General Cleaning/Debris Removal inside or outside: _____

Weatherization/Energy Efficiency: _____

Accessibility needs/ADA modifications: _____

Painting: _____

Safety/Security needs: _____

Are there Smoke Detectors in the home? **Y** **or** **N**

Other/Additional Comments: _____

Is the Homeowner aware of this referral: **Y** **or** **N**

Name of person or Agency submitting this referral: _____ Phone: _____

We are required to share client information with the City of Portland and the U.S. Department of Housing and Urban Development. With your permission, we will also make this information visible to our partner agencies serving clients in Portland.

Do you consent to the release of your information to our partner agencies?

Yes No

I certify that my answers are true and complete to the best of my knowledge and may be subject to verification by the City of Portland or HUD.



Applicant Signature

Date

PLEASE SEND THIS FORM TO:
Rebuilding Together Portland
5000 N. Willamette Blvd.
Portland, Oregon 97203

Contact Information:
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Phone: 503-943-7515 Fax: 503-943-7322