



APPLICATION FOR WORKDAY, April 17, 2010

Full legal name of property owner(s): _____

Address: _____

Home phone: _____ Work phone: _____ Cell/other phone to reach you _____

Email address: (optional) _____

How long have you owned your home? _____ How long have you lived in your home? _____

Is any part of your home a rental unit? _____ Do you own other properties? _____

Has Rebuilding Together worked on your home before? _____ If so, when? _____

List names, ages & relationship of all persons living in your home _____

Are any members of the household veterans? _____ If so, list name/s _____

List name of your homeowner insurance co. _____

List any disabilities/health issues that persons in your home may have: _____

List the name, address & phone # of a close relative or friend who knows how to reach you _____

List your household's combined "Adjusted Gross Income" from your Federal Tax Return(s) for the following years:

2007 _____ 2008 _____ Estimated 2009 _____

Please check the items that you are seeking help with:

___ Basement	___ Foundation	___ Insulation	___ Windows
___ Cleaning	___ Garage	___ Yard Work	
___ Doors	___ Gutters	___ Plumbing	___ Other –MUST SPECIFY
___ Electrical	___ Heating/Ventilating	___ Roof	(USE BACK OF FORM)

Please return by October 31, 2009 to:

Rebuilding Together-Valparaiso

Phone: 548-4827

Valparaiso City Hall

166 Lincolnway, Valparaiso, IN 46383

I understand Rebuilding Together-Valparaiso will verify income, assets and home ownership status during the interview process.

Signature of Applicant

Date

How did you hear of Rebuilding Together/Valparaiso? _____