



P.O. Box 3823
Long Beach, CA 90803
(562) 490-3802

Long Beach, CA

APPLICANT INFORMATION

Name of Applicant(s): _____ Age _____

Address & Zip Code _____

Phone Number _____

Alternate Phone Number (family member, health care provider, etc.) _____

List all other residents living in the home: (Use separate sheet if necessary)

Name:	Age:	Relationship:	Employed (if yes, where):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names of all children **not** living in the home:

Name:	Age:	Relationship:	Location:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you or any member of your household disabled? Yes _____ No _____

If yes, please explain: **(OPTIONAL. Disclosing your disability is NOT required)**

If selected, may we inform our volunteers of the nature of your disability? Yes _____ No _____

Are there any family members who can assist on 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 work-day.**

PROPERTY INFORMATION

- Are you the homeowner? Yes _____ No _____ Age of home _____
- Name(s) on title: _____
- Do you have homeowner's insurance: Yes _____ No _____
Carrier & Policy Number: _____
- Is this a mobile home? Yes _____ No _____
- How long have you lived in this home? _____

- How long do you plan to stay in this home? _____

What repairs are needed? Use back of application if necessary. (List the most necessary work needed in order to make your home safe, secure and weatherproof):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

NO GUARANTEES ARE GIVEN OR IMPLIED THAT ANY/ALL ITEMS LISTED ABOVE WILL BE COMPLETED.

INCOME AND EXPENSES

List the **combined** income & expenses in the following categories for **all** people living in your home. **This information will remain confidential.**

Household Monthly Income:

Social Security _____
 SSI or SSD _____
 Salaries _____
 Pensions & Annuities _____
 Other income _____
Total _____

Household Monthly Expenses:

Mortgage _____
 Utilities _____
 Food/Meds _____
 Insurances _____
 Other expenses _____
Total _____

Financial Institution(s):

Name of Financial Institution:	Approx. Amount: Checking	Savings
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Property? Yes _____ No _____ Value: _____
 Stocks/Bonds/CDs: Yes _____ No _____ Value _____

I/we certify, subject to disqualification, that the above information is true and correct to the best of my/our knowledge and also authorize you to check any references necessary to complete the processing of this application for the purpose of receiving home repairs through Rebuilding Together Long Beach.

I/we also 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.

_____	_____
Signature of Applicant	Signature of Co-Applicant

Please send completed application **including a copy of a recent tax return, property tax statement and copies of any Code Enforcement warnings or citations to:**

**Rebuilding Together Long Beach
 PO Box 3823
 Long Beach, CA 90803**

Application deadline is July 15 for October repairs

Application deadline is January 31 for April repairs



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Waiver Regarding Use of Homeowner's Name and Image

You are one of the many homeowners whose house may be selected to be repaired by **Rebuilding Together, Long Beach**.

If you are selected, on Rebuilding 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 and photo 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 agree to allow **Rebuilding Together, Long Beach** to use my name and photo in conjunction with the rehabilitation of my house.

Signature

Date

Homeowner's Name (please print) _____

Address _____



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WAIVER OF LIABILITY

I give permission for **Rebuilding Together, Long Beach** and its volunteers to perform repairs and improvements at _____ I understand that if I am selected, the repairs will be made on _____ and that some preparation may be necessary prior to this date.

I further understand the repairs and improvements will be performed free of charge, and **Rebuilding Together, Long Beach** and its volunteers disclaim all warranties, expressed or implied concerning the repairs; some or all of the volunteers may be unskilled.

I agree that I will cooperate with the House Captain and team of volunteers and that **ALL ABLE BODIED** members of my family participate or that they will be absent during repairs.

In consideration of the repairs and improvements, I further hold **Rebuilding Together, Long Beach**, its officers, directors, agents, donors, volunteers, and other affiliates, collectively or individually, harmless from any claims and liabilities arising at any time as a result of the repairs, including, with limitation, any rights or causes of action resulting from personal injury or death, damage to the property, directly or indirectly arising from any improperly performed repairs or improvements or defects in materials or workmanship.

No inducements or promises have been made to me to secure my signature to this release, other than the intention of **Rebuilding Together, Long Beach** to perform repairs and improvements.

Signed this _____ day of _____.

HOMEOWNER _____

WITNESSED BY _____