



Mail To:
 Susan McCoy, Chair
 Rebuilding Together Greater Newport
 P.O. Box 748
 Newport, RI 02840

HOMEOWNER APPLICATION

Homeowner guidelines to qualify:

- You **MUST** own and live in your home and not own any other properties.
- You **MUST** reside in Newport, Middletown, or Portsmouth.
- Your home **MUST** need repairs that can be accomplished by volunteers in one day.
- All repairs are completed free of charge on Project Day: April 28, 2018
- Meet income requirements
- Will not sell home within two years of completion of work

(Please print. Information is kept confidential. Complete and return as soon as possible to the above address.)

NAME OF HOMEOWNER(S) (on deed): _____

DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NO.: _____ NUMBER OF YEARS AT THIS ADDRESS: _____

NAMES AND AGES OF ALL PERSONS LIVING IN THE HOME: _____

Is homeowner or anyone else residing in the home, disabled? If so, indicate special needs (wheelchair or walker, hearing impaired, etc.) _____

Are you a veteran? _____ DATES OF Service _____

If your home is approved for the program, what work would you like done?

The combined INCOME (social security, interest, rentals, other) for the homeowner(s) of this home is (please check):

- _____ Less than \$18,500 per year
- _____ between \$18,501 and \$21,150 per year
- _____ between \$21,151 and \$23,800 per year
- _____ More than \$23,801 per year

 Signature of Homeowner(s)

Please return this application no later than November 17, 2017 to the above address