



CRITERIA & PROCESS

One of the criteria for acceptance in the Rebuilding Together of the Palm Beaches program is income. Rebuilding Together of the Palm Beaches follows the most up to date Federal Low Income Guidelines for Palm Beach County as established by Housing and Urban Development. The chart below shows the maximum amount of income that your household can make to be considered “low-come”, based on how many children & adults live in the house. The individual qualifying for assistance must be a homeowner. Other criteria include level of need and available resources. Once you submit your application, a representative from Rebuilding Together of the Palm Beaches will contact you for a “House Review & Evaluation”. He or she will make an appointment to come and investigate each item in your home that needs repair. Soon after you will be notified as to whether or not you will receive assistance from the program.

Number of People in household	Maximum Income
1	\$28,650
2	\$32,750
3	\$36,850
4	\$40,950
5	\$44,250
6	\$47,500
7	\$50,800
8	\$54,050



HOMEOWNER APPLICATION

Name(s) of Homeowner(s):	
Social Security Number(s):	
Property Address	
City and Zip Code	
Telephone Number:	
Homeowner(s) Date of Birth	
Spouse's Name and Date of Birth	
Total Number of people living in the house	

List all household members below including the homeowner (s)

Name	Age	Relationship	Employed by:	Monthly Income

Total Monthly Household Income:	Total Annual Household Income:
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(Please include any Social Security, SSI, Unemployment, Veteran's Benefits, and Child Support that is received by any household member)

Mail completed applications to:

The Solid Waste Authority
 c/o Joanna Aiken
 7501 North Jog Road
 West Palm Beach, FL 33412
 Or call 561-697-2700 Ext. 4701



ABOUT YOUR HOME

My house is: * one story * two stories
 * wood frame * stucco * brick siding

How many people living in the home, or other family & friends, are able to help? _____
Do you have homeowners insurance? * Yes * no

Name of Company: _____

Address: _____

Policy Number: _____

The house has the following number of rooms:
Bedrooms _____ Baths _____ Other (please name) _____

What pets are in the house? _____

Describe repairs that are needed: (attach additional sheet if necessary)

Explain why you or your family members cannot make repairs: _____

*Please attach proof of ownership and proof of income with the application. Proof of ownership can be a copy of either the warranty deed or property tax bill. Proof of income can be a copy of your 2007 tax return or two recent paycheck stubs from each employed household member.

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HOMEOWNER CERTIFICATION

I certify that I own and live in my home and am giving thorough and complete information to the beset of my knowledge. I understand that if I sell my home or the condition of my home changes between approval and April 2009, my home may be disqualified from the program. False or misleading information about ownership or income will result in the owner being responsible for all costs incurred for the improvements made to your home.

Signature: _____ Date: _____

Witness: _____ Date: _____

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