



Rebuilding Together of the Palm Beaches mission is to bring volunteers and communities together to improve the homes and lives of homeowners in need. Our vision is a safe and healthy home for every person.

HOMEOWNER CRITERIA AND APPLICATION PROCESS

The individual qualifying for assistance must be a Palm Beach County homeowner and the home must be a single-family residence that is owner occupied. Applicant must be elderly, disabled, a veteran and/or a family with children under 18 years of age. Another 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 (HUD). Other criteria include the 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”. Once an inspection is complete we will notify you as to whether or not you will receive assistance from the program.

HUD LOW INCOME GUIDELINES

Number of People in household	Maximum Income	Number of People in household	Maximum Income
1	\$36,750	5	\$56,700
2	\$42,000	6	\$60,900
3	\$47,250	7	\$65,100
4	\$52,500	8	\$69,300

Please complete and return **ALL PAGES** of this application and a copy of your Driver’s License or other Photo ID to:
 Rebuilding Together of the Palm Beaches
 c/o Solid Waste Authority
 7501 N Jog Road
 West Palm Beach, FL 33412
www.rebuildingtogether-pb.org
 Fax: 561-640-3400

For additional information, please contact Joanna Aiken at (561) 697-2700 ext 4701.



HOMEOWNER INFORMATION

Date of Application:		
Name of Homeowner (s):		
Date(s) of Birth:		
Street Address:		
City:	State:	Zip:
Home Phone Number:	Cell/Work Phone Number:	
Email Address:		

HOUSEHOLD INFORMATION

List all household members below including the applying homeowner(s).

Name	Age	Relationship	Employed by:	Monthly Income

How many people living in the home, or other family members & friends, are able to help? _____

HOUSEHOLD INCOME*

<u>Source of Income</u>	<u>Amount</u>
Employment	
Social Security	
SSI	
Disability	
Unemployment	
Child Support	
Other (please specify)	
<u>Total Monthly Income</u>	

*Please attach proof of income with the application. Proof of income can be a copy of your most recent tax return or two of your most recent paycheck stubs from each employed household member.



The Rebuilding Together of the Palm Beaches program is available for detached single family homes only. It is not available for mobile homes, duplexes, triplexes or condominiums.

ABOUT YOUR HOME

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

Do you have homeowners insurance? * Yes * No

Name of Insurance Company: _____

Address of Insurance Company: _____

Homeowner's Insurance Policy Number: _____

Pets in Household: _____

Due to funding, ROOF REPLACEMENT CANNOT BE DONE. Only minor roof repairs are available.

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

Electrical _____

Plumbing _____

Roof Repair _____

Other _____



Does the exterior of your home need to be painted?

Yes

No

If yes, tell us your color preference by reviewing the enclosed color sample sheet and indicating your choice of one base color and one trim color on the chart to the right.

Color (Subject to availability)	Base	Trim	Gallons (Office Use Only)
Off White			
Beige			
Linda's Lemonade			
Island Blue			
Earthy Tan			
Peach Beach			
Sweet Celery			
Gray Mist			
Creamsicle			
Key West Green			
TOTAL GALLONS (OFFICE USE ONLY)			

Tell us your story. Explain why you or your family members cannot make repairs (use separate sheet if necessary):



I certify that I own and live in my detached single family home and am giving thorough and complete information to the best of my knowledge. I understand that if I sell my home or the condition of my home changes after being approved, 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.

I hereby fully and forever waive, release and relinquish any and all claims, demands and actions whatsoever that I may have or may accrue to me against the Rebuilding Together of the Palm Beaches organization, its officers, agents, volunteers and employees arising out of this activity and/or any volunteer associated with or connected with this activity. Furthermore, I agree to indemnify and hold harmless and defend Rebuilding Together of the Palm Beaches from any and all claims and actions resulting from injuries, damages and losses sustained by me and arising out of, connected with, or in any way associated with this activity.

I understand that by signing this document that my story may be used in soliciting further funding to support the mission and vision of Rebuilding Together of the Palm Beaches.

Signature: _____

Date: _____