



<p><b>For Rebuilding Together-Lincoln County Use Only</b></p> <p><b>APPLICATION #</b></p> <p><b>25-</b> _____</p>	<p>Financials Approved: _____</p> <p>Operations Approved: _____</p>
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PO Box 22 Boothbay Harbor ME 04538  
T: (207) 380-5719  
RebuildingTogether-LC.org

Rebuilding Together-Lincoln County is a 501 (c)(3) charitable organization affiliated with the National Rebuilding Together organization headquartered in Washington, D.C.

**HOME REPAIRS PROGRAM**

**APPLICATION FOR HOME REPAIRS**

Applicant's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Co-Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Have you received assistance from **Rebuilding Together-Lincoln County** before?  Yes  No  
 If "Yes", in what year did we work on your home? \_\_\_\_\_

Head of Household Name \_\_\_\_\_  Male  Female

How many people live in this home? \_\_\_\_\_ Do you own other Real Estate?  Yes  No

Have you or anyone in your family, living or deceased, served in the military?  Yes  No

Veteran's Name \_\_\_\_\_ Service Branch \_\_\_\_\_

Relationship \_\_\_\_\_ Dates of Service \_\_\_\_\_ to \_\_\_\_\_

If someone other than the applicant is preparing this application please provide the following:

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

**PROPERTY INFORMATION**

Year Purchased \_\_\_\_\_ Number of bedrooms \_\_\_\_\_ Number of stories \_\_\_\_\_

Do you have Homeowner's Insurance  Yes  No

If "Yes", please provide the following:

Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Do you have Reverse Mortgage on your home?  Yes  No

**DESIRED REPAIRS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**Rebuilding Together-Lincoln County** is an all-volunteer effort that relies on community involvement. If your home is selected, friends and family ages 14 and older are expected to work with us, including helping and thanking volunteers. Please initial to indicate your agreement: \_\_\_\_\_ Initial

*I understand that I am required to volunteer to the best of my ability, and that adult family or friends on site during the workday will also participate.* \_\_\_\_\_ Initial

### DOCUMENTS REQUIRED TO PROVE OWNERSHIP, INCOME AND RESIDENCE

Please submit copies of the following documents when you return the application. Applications submitted without these documents will not be considered. If you must send originals, we will copy them and return originals to you.

- 1. Proof of Ownership** Rebuilding Together Application Approval Committee will obtain necessary documentation from Lincoln County Registry of Deeds.
- 2. Proof of Income** (submit **one only**) for **ALL Residents in Your Home**
  - a **copy** of your (and/or their) W-2 or benefit/retirement statements(s).
  - **OR** a copy of your (and/or their) last year's Federal Tax Return (1040).
- 3. Proof of Residence** (submit **one only**)
  - a **copy** of a recent telephone bill **OR** utility bill.

#### Assets:

Residence (assessed value)	\$ _____	Other Land and building	\$ _____
Cash Assets / Accounts	\$ _____	Stocks, Bonds and Other	\$ _____

#### Your Monthly Income / All Sources:

Employment	\$ _____
Other (Include items like Alimony, Child Support, etc.)	\$ _____
Social Security	\$ _____
SSI	\$ _____
Pension	\$ _____
Retirement	\$ _____
VA	\$ _____
Reverse Mortgage Payout (if applicable)	\$ _____
Rental	\$ _____
<b>Total</b>	<b>\$ _____</b>

#### Household Monthly Income / All Sources:

Employment	\$ _____
Other (Include items like Alimony, Child Support, etc.)	\$ _____
Social Security	\$ _____
SSI	\$ _____
Pension	\$ _____
Retirement	\$ _____
VA	\$ _____
Reverse Mortgage Payout (if applicable)	\$ _____
Rental	\$ _____
<b>Total</b>	<b>\$ _____</b>

#### Household Monthly Expenses / Liabilities:

Mortgages (1st / 2nd leins)	\$ _____	Food	\$ _____
Property Taxes	\$ _____	Transportation	\$ _____
Utilities (CMP, water, etc.)	\$ _____	Clothing	\$ _____
Medical (Include prescriptions)	\$ _____	Credit Card Debt	\$ _____
Insurance (Home, health, auto)	\$ _____	Miscellaneous Debt	\$ _____
Other (Phone, cable, etc.)	\$ _____	<b>Total</b>	<b>\$ _____</b>



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### HOMEOWNER'S STATEMENT OF ELIGIBILITY

I, \_\_\_\_\_ have asked **Rebuilding Together-Lincoln County** to make repairs to my home at \_\_\_\_\_ in Lincoln County, Maine. I understand that **Rebuilding Together-Lincoln County** is funded by charitable donations and grants that provide assistance to the elderly, disabled or low-income families with children who have no other way to afford home repairs. I also understand that **Rebuilding Together-Lincoln County** is obligated to use its charitable donations and government funds only for assistance of eligible clients. In addition, I understand to knowingly submit false information is considered fraud and punishable under law. By signing my name to this statement, I guarantee that I am eligible to receive this assistance, as follows:

- 1) All information submitted on my **APPLICATION FOR HOME REPAIRS** is complete and correct. \_\_\_\_\_ Initial
- 2) I am the sole owner of the home at the above address, or I share ownership with persons who are also eligible to receive this assistance. \_\_\_\_\_ Initial
- 3) The physical address above is my full-time residence. \_\_\_\_\_ Initial
- 4) I understand if I need to sell within a two-year period, I will be responsible for reimbursing Rebuilding Together-Lincoln County for the cost of materials that were used in repairs for my home. \_\_\_\_\_ Initial
- 5) I, my spouse, partner and/or any other owners of my home have no other financial resources to afford the services that I have requested. \_\_\_\_\_ Initial
- 6) I authorize Rebuilding Together-Lincoln County and its representatives to complete paperwork required to obtain building permits as necessary. \_\_\_\_\_ Initial

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_



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### DEMOGRAPHIC INFORMATION

This demographic information is vital to funding and formulating Rebuilding Together programs. Please fill this page of the application out completely. Your personal information will be used by Rebuilding Together only and will not be shared.

How many years have you lived in your home? \_\_\_\_\_

How many people live in your home? \_\_\_\_\_

Please provide the number of each that applies:

<b>Gender</b>	Male	_____	<b>Race</b>	White/Non-Hispanic	_____
	Female	_____		Other (please specify)	_____
<b>Ages</b>	18 and younger	_____	<b>Disability</b>	18 and younger	_____
	19 - 24	_____		19 - 24	_____
	25 - 64	_____		25 - 64	_____
	65 and older	_____		65 and older	_____

<b>Head of Household</b> (please check one)	<b>No children under 18</b>	<b>OR</b>	<b>Number of children under 18</b>
<input type="checkbox"/> Male	_____		_____
<input type="checkbox"/> Female	_____		_____
<input type="checkbox"/> Grandparent	_____		_____
<input type="checkbox"/> Guardian	_____		_____

**Non-Profit Facility Information** Number of people served annually \_\_\_\_\_

**For assistance call (207) 380-5719**

**RETURN COMPLETED FORM AND REQUIRED DOCUMENTS TO  
REBUILDING TOGETHER-LINCOLN COUNTY**

**Drop off in person:**

Hawke Motors • 203 Townsend Ave • Boothbay Harbor

**Or mail to:**

Rebuilding Together-Lincoln County • c/o Sarah Giles • 6 Campbell St • Boothbay Harbor, ME 04538