



Rebuilding Together*Olean
P. O. Box 884
Olean, NY 14760

Need applications by April 15, 2013
Mail to the above address.

Homeowner Application 2013
(Olean, Hinsdale, Portville, Allegany, Weston Mills Areas)

Name of Homeowner: _____

Address: _____

Phone: _____

(Applications are accepted only once every five (5) years from a homeowner.)

Due to funding restraints, we are unable to do any roofs or roof repairs.

Is the homeowner: Elderly _____ Disabled _____ Low-Income _____

Total monthly income of all persons residing at the above address (required): _____

Total yearly income as reported on Federal Income Tax or Social Security Statement (please attach): _____

Is this the only property owned by the homeowner? _____

No assistance provided for rental properties or if you own more than one home.

Is the homeowner planning on selling this home within the next 5 years? Yes _____ No _____

Is the homeowner working? Yes _____ No _____ Retired? _____

If yes or retired, where is (or was) the homeowner employed? _____

Is the homeowner a member or regular attendee at a local church? Yes _____ No _____

If yes, please name the church: _____

Is the homeowner a member of a community organization? Yes _____ No _____

If yes, please name the organization: _____

Reason(s) assistance from Rebuilding Together is needed:

Continued →

Describe the work needed at the homeowner's house. Please be specific as possible.

Friends and family members of the homeowner are encouraged to help with the repairs on July 27, 2013. Please list the names, addresses and phone numbers of family and friends that would be willing to participate and help with the home.

Notes:

- Assistance is only provided once every five (5) years.
- No assistance is provided to rental properties.
- Assistance is for home repairs only. Work is not provided to repair garages, clean yards or repair outside buildings.
- This is a one-day program.
- Not all homes are accepted for the program. You will be notified of your status by a Rebuilding Together representative.
- Restroom facilities must be provided to volunteers the day work is being done.

Referral Section: Complete this section if you are filling this out on behalf of the homeowner:

Is the homeowner aware of this referral? _____

Name of person submitting application if not the homeowner: _____

Contact # in case we need to contact you: _____

Are you going to be helping with or providing assistance on Blitz Day? _____