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HOMEOWNER'S APPLICATION

APPLICANT: _____ AGE: _____

CO-APPLICANT: _____ AGE: _____

ADDRESS: _____

PHONE NUMBER: _____

ALL OTHER RESIDENTS OF HOME

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL ANNUAL GROSS INCOME

Applicant: _____ Co-Applicant: _____

PROPERTY INFORMATION

Purchase Date: _____ Number of Rooms _____

Mortgages:

1st Mortgage Holder Name: _____

2nd Mortgage Holder Name: _____

Insurance Carrier _____

Ann'l Payments: Mortgage _____ Insurance _____ Taxes _____

HOMEOWNER'S REPAIR NEEDS (write on back if needed)

1. _____
2. _____
3. _____

Do you intend to sell your home in the next year? Yes / No

Are you a Veteran of the United States Armed Forces? Yes / No

Do you have any physical disabilities which we should be aware of in assessing the repairs in your home? _____

I/we certify that the above information is true and correct to the best of my/our knowledge. I/we also understand that any information received will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive housing rehabilitation. If I am selected for participation in the program, I understand that all work will be done at no cost to me and also, the program's ability to perform such work is subject to the availability of resources. I understand that any able-bodied family member at home will participate in this team effort.

Signature of Applicant: _____ Date _____

Referred by _____ Phone _____

THERE IS NO APPLICATION FEE REQUIRED TO MAKE APPLICATION TO RECEIVE ASSISTANCE FROM REBUILDING TOGETHER FAIRFIELD COUNTY. REBUILDING TOGETHER FAIRFIELD COUNTY HAS NOT AUTHORIZED ANY OTHER PERSON OR ENTITY TO ACT AS ITS AGENT FOR PURPOSES OF THIS APPLICATION AND ANY FEES OR COSTS ASSOCIATED WITH THIS APPLICATION PAID BY THE APPLICANT TO ANY SUCH PERSON OR ENTITY ARE NOT FEES OR COSTS CHARGED BY REBUILDING TOGETHER FAIRFIELD COUNTY.