



HOMEOWNER APPLICATION

Return Via Mail to:

RTKC P.O. Box 328 McAlester OK 74502

Thank you for your interest in Rebuilding Together Kiamichi Country. Information below is a check list to review and required documentation:

- Applicant must own and reside in the home.
- Property taxes must be current.
- Proof of all income for each resident must be provided to Rebuilding Together to submit this application.
- There will be no action on the application until all information is provided.
- Rebuilding Together does not improve rental properties.
- Rebuilding Together does not improve homes intended for sale.
- Applicants must not have any judgements or liens, other than a mortgage on the property for which they are applying for assistance.
- Rebuilding Together does not generally aid with mobile homes.
- Applying for our program do not guarantee that any repairs will be made.
- Rebuilding Together Kiamichi Country is not an emergency service program.

Documents Checklist

- o Proof of income for all household members [REQUIRED]

Rebuilding Together Kiamichi Country does not discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.

Revised 02/10/2024

o DD214 For veterans

We are happy to make copies of required documents.

Please write in your response or circle the appropriate answer.

HOME OWNER INFORMATION:

Homeowner 1: _____ Age _____ Date of Birth ____/____/____

Sex: Male Female **Marital Status:** Married Single Other **Currently employed:** Yes No Retired

Home/Cell # _____ **Email** _____ **Owner Occupied** Yes No

Name of employer _____

Address _____ **Phone** _____

Disabled Yes No **Veteran** Yes No **Social Security (SSI)** Yes No **Unemployment** Yes No

If disabled, briefly describe disability. _____

Homeowner 2: _____ Age _____ Date of Birth ____/____/____

Relationship of homeowner #1 (spouses/parent-child/other) _____

Sex: Male Female **Marital Status:** Married Single Other **Currently employed:** Yes No Retired

Home/Cell # _____ **Name of employer** _____

Address _____ **Phone** _____

Disabled Yes No **Veteran** Yes No **Social Security (SSI)** Yes No **Unemployment** Yes No

If disabled, briefly describe disability. _____

Mortgage Information: Name of the mortgage company _____

Phone number _____ Address _____

Have you missed a mortgage payment in the last 12 months? Yes No If yes, how many? _____

of Persons living in the home _____ **# of bedrooms** _____

Year Home Built _____ **Date of Purchase** ____/____/____ **Balance Owing \$** _____

Are the property tax's current? Yes No

Do you have property insurance? Yes No

Name and address of insurance company _____

What is the nature of the problem(s) to be repaired:

___ Electrical ___ Wheelchair Ramp ___ Plumbing ___ Wall / Ceiling Repairs ___ Roof Repairs

___ Foundation Repairs ___ Floor Repairs ___ Door Repairs ___ Other: (explain) _____

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How did you hear about us? _____

Have you received assistance from Rebuilding Together before? Yes No When ___/___/___

ALL HOUSEHOLD MEMBERS:

First & Last Name _____ Date of Birth ___/___/___

Relationship Self Gender M F Race _____ Native American Tribe _____

Employed Yes No Disabled Yes No Veteran Yes No Social Security (SSI) Yes No

First & Last Name _____ Date of Birth ___/___/___

Relationship _____ Gender M F Race _____ Native American Tribe _____

Employed Yes No Disabled Yes No Veteran Yes No Social Security (SSI) Yes No

First & Last Name _____ Date of Birth ___/___/___

Relationship _____ Gender M F Race _____ Native American Tribe _____

Employed Yes No Disabled Yes No Veteran Yes No Social Security (SSI) Yes No

First & Last Name _____ Date of Birth ___/___/___

Relationship _____ Gender M F Race _____ Native American Tribe _____

Employed Yes No Disabled Yes No Veteran Yes No Social Security (SSI) Yes No

First & Last Name _____ Date of Birth ___/___/___

Relationship _____ Gender M F Race _____ Native American Tribe _____

Employed Yes No Disabled Yes No Veteran Yes No Social Security (SSI) Yes No

First & Last Name _____ Date of Birth ___/___/___

Relationship _____ Gender M F Race _____ Native American Tribe _____

Employed Yes No Disabled Yes No Veteran Yes No

Our funders require us to collect the above demographic information, Gender, Ethnicity and Race.

INCOME SOURCE(S)	Proof of Income Included	
	YES	NO
	YES	NO
	YES	NO
	YES	NO
	YES	NO
	YES	NO

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TOTAL HOUSEHOLD MONTHLY INCOME : \$ _____

PROOF OF INCOME EXAMPLES:

A copy of **all pages** of the most recent benefit(s) verification letter(s)

- Social Security benefit letter, S.S.I. benefit letter, VA benefit letters, etc...

To obtain you Copies of benefit letters, contact the Social Security Administration.

- A copy of the most recent 30 days of pay stub(s).

The pay stub(s) must include the year-to-date income, company name and employee name. Ask your payroll department what date your employers YTD started. (It doesn't always start on 01/01/2024)

Required Documentation for every person earning an income must be included with application to consider work to be done on the property.

WARNING!! It is a Federal crime punishable by fine and/or imprisonment, to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code, Section 1014

IMPORTANT – READ CAREFULLY BEFORE SIGNING Applicant’s Statement: I certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying. I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. This application shall remain the property of Rebuilding Together, to which it is submitted for the purpose of obtaining assistance. I hereby consent to and authorize Rebuilding Together staff or volunteers permission after giving reasonable notice, to enter the property for the purpose of determining the needs and scope of the repair(s) specified above and to also give permission to take pictures, videos including television of my home. I consent and authorize Rebuilding Together, its partners, funders, advertising agencies, news media interested in Rebuilding Together and its repair work to use and reproduce the photographs and films to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material for the primary purpose of promoting and aiding its programs and its works. I authorize the disclosure of the above information to only those persons or agencies as necessary to secure the assistance for which this application is submitted.

Homeowner 1 ***Signature***

Homeowner 1 **PRINT NAME**

Date

Homeowner 2 ***Signature***

Homeowner 2 **PRINT NAME**

Date

