



OUR MISSION AND VISION

- Mission: Bringing volunteers and communities together to improve the homes and lives of homeowners in need.
- Vision: A safe and healthy home for every person.

HOMEOWNER CRITERIA AND APPLICATION PROCESS

The individual qualifying for assistance must be a homeowner and the home must be a single-family residence that is owner occupied. One of the 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. The chart below shows the maximum amount of income that your household can make to be considered “low-income”, based on how many children and adults live in the house. → 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”. He or she will make an appointment to come and investigate each item in your home that needs repair. Soon after you will be notified as to whether or not you will receive assistance from the program.

Number of People in household	Maximum Income	Number of People in household	Maximum Income
1	\$28,650	5	\$44,250
2	\$32,750	6	\$47,500
3	\$36,850	7	\$50,800
4	\$40,950	8	\$54,050

Please complete and return **ALL PAGES** of this application to:
 Rebuilding Together of the Palm Beaches
 c/o Solid Waste Authority
 7501 N Jog Road
 West Palm Beach, FL 33412

Please contact Joanna Aiken at (561) 697-2700 ext 4701 if you have any questions or concerns.



HOMEOWNER INFORMATION

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

HOUSEHOLD INFORMATION

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

Name	Age	Relationship	Employed by:	Monthly Income

How many people living in the home, or other family & 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.



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: _____

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

Explain why you or your family members cannot make repairs:



I certify that I own and live in my 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.

Signature: _____ Date: _____