



Renovation Alliance (formerly Rebuilding Together) is a non-profit organization whose mission is to bring volunteers and communities together to improve the homes and lives of low-income homeowners. We work to rebuild warm, safe, dry, accessible, energy efficient, and healthy homes for those in need in the Roanoke Valley.

(Office Use)

APPLICATION

HOMEOWNER'S LAST NAME:	HOMEOWNER'S FIRST NAME AND M.I.:	TELEPHONE #:
CURRENT STREET ADDRESS:		CITY, STATE, ZIP
HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS: YEARS: _____ MONTHS: _____	OWN: <input type="checkbox"/> RENT: <input type="checkbox"/>	MONTHLY MORTGAGE: \$ _____

- Is the home for which repairs are being requested a mobile home? Yes ____ No ____
If yes, do you **own** or **rent** the land? _____
- Are the Real Estate taxes paid to date on this property? Yes ____ No ____
- Are you or your spouse a veteran? Yes ____ No ____
- Does the homeowner or another resident have a disability? No Yes, if yes, please explain:

- Is the applicant hearing impaired? If yes, which is the best method of communication: e-mail, text message, or written mail? Please provide instructions for communication. If e-mail, provide e-mail address.

HOUSEHOLD INFORMATION

List **all** people living in the home including yourself and all children. All sections must be completed.

Last Name	First Name	M.I.	Relationship	Sex	Birth Date	Social Security No. (Must be included)
			Homeowner			

INCOME

List each source of income and the amount for each person listed on page 1. Include full time and part time employment, pensions, child support, SS, SSI, TANIF, rental income and self employment. List gross monthly income (before taxes and deductions). Information will be verified.

NAME	LIST THE SOURCE OF THE INCOME (SS, SSI, Pension, Employment, etc.)	ADDRESS OF EMPLOYER OR INCOME PROVIDER	MONTHLY INCOME

REPAIRS REQUESTED

Please list the repair items needed at the home. Be as descriptive as possible. _____

Attest: I own and live in the property at the address given and will provide documents showing ownership if requested. I certify that all property taxes have been paid on this property. I expect to live in the home for at least two years. Should any changes occur, notification will be made to Renovation Alliance.

Signature of Homeowner(s)

Date

Signature of Homeowner(s)

Date

Return completed applications to:

Renovation Alliance
P.O. Box 4532
Roanoke, VA 24015
Phone (540) 400-0959