



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

Need applications by May 1
Mail to the above address.

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

Name of Homeowner: _____

Address: _____

Phone Number(s): _____

(We must be able to contact you in order to review your residence/request.)

Due to funding restraints, we are unable to do any roofs or roof repairs for any residence.
Mobile Homes/Trailers: Due to availability of parts, we can only do stairs/steps, ramps and possibly doors.

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

Is the homeowner: Active-Duty Military _____ Military Veteran _____ Widow of Military Veteran _____

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): _____

Number of residents in home (including children): _____

Is this the only property owned by the homeowner? _____ Number of years you have owned the home? _____

No assistance is 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 of a local church or community organization that could assist on scheduled work day? Yes ___ No ___

(This will not affect whether an applicant is considered or not.)

If yes, please name the church/organization: _____

Describe the work needed on the Homeowner's Home. Please be as specific as possible. (Continue on next page if necessary)

Continued →

Reason(s) assistance from Rebuilding Together is needed:

Friends and family members of the homeowner are encouraged to help with the repairs. Please list the names and phone numbers of family and friends that would be willing to help with your home on the scheduled work day. (This answer does not have an effect on the decision to do the home.)

Notes:

- Assistance is FREE – no cost to the homeowner.
- Homeowner MUST and is expected to remain at the home the day the work is being done on the home.
- Assistance is only provided once every five (5) years.
- No assistance is provided to rental properties or if you own more than one property.
- Assistance is for home repairs only. Work is not provided to repair garages, roofs, clean yards or repair outside buildings.
- 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.
- Please be courteous to the people working on your home; these individuals are volunteers and are helping you.

How did you hear about Rebuilding Together? Please include the name of publication, friend, senior center, relative, etc. that referred you.

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: _____
 Will you be available/want to be present when Rebuilding Together representatives review the home? _____
 Are you going to be helping with or providing assistance with the work? _____

HOMEOWNER SIGNATURE: (Required) _____
 (If submitted by someone other than the homeowner, with their permission, that individual is to sign.)

Rebuilding Together Home Review Committee Section: Reb. Tog. Home # _____

Home Reviewed by: _____

Date Home Reviewed: _____

Pre-Decision: Yes _____ No _____ Maybe _____