



324 S. Wilmington Street, #118
 Raleigh, NC 27601
 (919) 341-5980

info@rebuildingtogethertriangle.org
www.rebuildingtogethertriangle.org

Dear Applicant,

Thank you for your inquiry regarding services from Rebuilding Together of the Triangle, Inc. (RTT). We are a non-profit organization that sponsors volunteer projects to rehabilitate the homes of low-income homeowners in Chatham, Durham, Orange and Wake counties in North Carolina.

We coordinate these services when the disrepair of the homes imposes discomfort or a safety or health hazard on its occupants, and the homeowners are unable to make the repairs themselves. We provide these services at no charge to the homeowner.

In order to be considered for the program, the following criteria must be met:

- You own and live in your home in Chatham, Durham, Orange or Wake County.
- Your household income falls at or below 65% of the Median Income, per the table below.

County	Annual Maximum Household Income (65% of Median Income)							
	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8person
Chatham	\$30,258	\$34,580	\$38,903	\$43,225	\$46,683	\$50,141	\$53,599	\$57,057
Durham	\$30,258	\$34,580	\$38,903	\$43,225	\$46,683	\$50,141	\$53,599	\$57,057
Orange	\$30,258	\$34,580	\$38,903	\$43,225	\$46,683	\$50,141	\$53,599	\$57,057
Wake	\$35,354	\$40,404	\$45,455	\$50,505	\$54,545	\$58,585	\$62,626	\$66,667

Upon receipt, your application will undergo a review process established by our Board of Directors. If your application meets the initial criteria, we will contact you by telephone to learn more about the requested repairs.

If accepted into the program, your home repairs will be completed as soon as they can be scheduled. Homeowners and other persons living in the home are expected to participate in the Rebuilding Together of the Triangle project to the extent they are able.

Thank you for your interest in our services.

Sincerely,
 Rebuilding Together of the Triangle, Inc.

Rebuilding Together has not authorized any other person or entity to provide any services or to receive information on behalf of Rebuilding Together for purposes of this application.



Print Form

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Rebuilding Together of the Triangle, Inc. Homeowner Application

Please complete all sections of the application

Last First Name

Address

Address City

State ZIP Code Number of years at this address

County Phone Number

E-mail Other Ph. No.

Provide information below for everyone who lives in this home, including yourself:

Name	Year Born	Relationship	Employed (Y/N)	Monthly Income (before taxes)	Disabled (Y/N)	Veteran (Y/N)	Benefits*

*** Benefits: Do any of the individuals living in this home receive benefits from Social Security, Medicare, Medicaid, WIC, CAP, SSI or Food Stamps? If yes, indicate the benefit received in this column.**

Do you have a social worker or case manager? If yes, please provide his/her contact information.

Last First Name

Agency

Phone Number Other Ph. No.

E-mail

Notify my case manager before Rebuilding Together visits my home (Y/N)

Have you received assistance from other services or organizations to help you repair or maintain this home?

If yes, please list the organizations and help provided:

Who helps you maintain your home today?

We expect able residents of the home to help the volunteers accomplish the repairs on your home.

Can you assure this will happen? (Y / N)

Do any of the occupants have disabilities we should be aware of when evaluating the repairs to this home?

If yes, please explain:

What are the four most important repairs or modifications needed on your home?

Repair	Explanation

Where did you hear about Rebuilding Together?

Documents Needed to Receive Services

During the RTT visit to your home, in order to show that you fall within our income guidelines, you will need to present **for each household member** with income: a copy of his/her benefit check, proof of its direct deposit, OR his/her W-2 statement. Please do NOT send these documents with your application.

Verification and Signature

Please sign the application below.

I certify that all statements in this application are true to the best of my knowledge. I also understand that any information provided by me to Rebuilding Together of the Triangle, Inc. will be kept confidential and will be used strictly for determining my eligibility for this program.

Signature

Date

Submit Application

Please mail the documents noted above along with this application to:

Rebuilding Together of the Triangle, Inc.

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