



Please return to:
Rebuilding Together Albuquerque
P.O. Box 27684
Albuquerque, NM 87125-7684

CLIENT APPLICATION

All eligible applicants will be visited by a Rebuilding Together Albuquerque (RTA) preview team to determine the repair needs of the home. Homes will be selected on the basis of greatest need and the ability of RTA teams to accomplish the needed repairs. You will be notified if your home is selected.

NAME(s): _____

Last

First

Middle

ADDRESS: _____

No. Street

City

Zip

PHONE: _____ EMAIL: _____

AGE OF HOMEOWNER(s): _____ TOTAL MONTHLY INCOME: _____

SOURCE(S) OF MONTHLY INCOME (Social Security, SSI, AFDC, VA Benefits, etc.): _____

Do you own your home? _____ How old is your home? _____

How long have you lived in this home? _____ How many people live in your home? _____

Do you plan to sell your home within the next 18 months? _____ Do you own other property? _____

If yes, what is that property used for? _____

Have you applied to Rebuilding Together in the past? _____ If yes, when? _____

How many children do you have living in the local area? _____ How old are they? _____

Explain why you or family members cannot complete repairs. _____

List the most necessary work needed in order to make your home safe, secure, and weatherproof.



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The following information is collected for grant reporting only. It will not affect your acceptance.

Is anyone who lives in your home a veteran or widow/widower of a veteran? _____

If yes, what years did they serve? _____ In what branch? _____

Are you disabled? _____

If yes, please explain your disability. _____

Is anyone else who lives in your home disabled? _____

If yes, please explain his or her disability. _____

My signature below indicates that the information provided above is accurate and complete. I give RTA board members and volunteers permission to inspect my home for purposes of home selection and repairs.

Homeowner

Homeowner

Date

Please use the space below to provide other information you wish to have considered.