

Rebuilding Together Pittsburgh 2007 – 2008

- House Selection Application Form -

ELIGIBILITY CRITERIA:

- House must be located within Allegheny County.
- House must be owner-occupied.
- Owner must be at least 60 years of age.
- Owner must be low-income.
- The requested repairs must correct a potential health or safety hazard.
- The homeowners must be physically/financially unable to do the repairs.

HOMEOWNER INFORMATION

Application Date: _____ Birth date: _____

Name _____

Address _____

_____ Zip _____ Boro or Twp. _____

Phone: (_____) _____ Is the applicant the homeowner? (Yes or No)

Disabilities? (Yes or No) If yes, please explain: _____

Total number of persons living in household: _____ Total Monthly Income: _____

Emergency Contact Person _____ Phone _____

How did you hear about Rebuilding Together? _____

Are you currently registered with the Area Agency on Aging and receiving services?
(Yes or No) Caseworker's Name: _____

Are you current on your property taxes? _____

How long have you lived in your home? _____

Utility Information: Gas Company: _____
Electric Company: _____

You may qualify for a reduced monthly payment through the DLCo Customer Assistance Program. Do we have permission to release your name for consideration to Duquesne Light Co.?

Yes ____ No ____

Please complete reverse side of application!

Referring Agency:

Agency Contact Person:

Date:

QUALIFICATIONS TO BE CONSIDERED:

Please describe any home repair that is of a critical and urgent nature: _____

Please submit proof of income for all residents in the home with this application. We will accept any one of the following:

- A copy of W-2 statement
- A copy of paycheck
- A copy of Social Security Statement
- A copy of Pension letter or other form of monthly income

Mail completed application and Proof of Income to:

Rebuilding Together Pittsburgh
110 Parkway View Dr., Building 1
Pittsburgh, PA 15205
Or fax:
412-922-3729

Questions:

Call 412-922-0953

Thank you for your application!