



Application Instructions and Required Documents

Dear Applicant,

Rebuilding Together Sandoval County (RTSC) is an all-volunteer 501.c.(3) nonprofit that makes essential home repairs, at no cost, for owner-occupied homes of low-income families living in Rio Rancho, Bernalillo, Corrales, Algodones, and Placitas.

To qualify for this program, the homeowner must meet the following minimum requirements:

1. Own and occupy the home under a mortgage or other sales contract or hold title to the property. Any outstanding mortgage and taxes must be paid current.
2. Have no plans to sell or rent the home within 24 months following completion of the work.
3. The household must meet income limits established by the federal government and adopted by RTSC.

Documents we will require to approve your request for home repairs are listed below:

- Completed and signed Homeowner Application (4 pages).
- Completed and signed Homeowner Agreement (3 pages). Please initial each line and sign at the bottom.
- Proof of **ALL** income for **ALL** residents of the home who are 18 years or older – please provide copies of the following;
 - Two months of bank statements.
 - Two months of pay stubs, if applicable.
 - Social Security benefit letter, if applicable.
 - Pension letter, if applicable.
 - Veterans Administration benefit letter, if applicable.
 - Proof of Alimony and child support, if applicable.
- Proof of home ownership (property tax statement or Deed to property). If there is a mortgage on the property, please provide a copy of the most recent mortgage statement.

If you have questions or need assistance completing this application, please call us at (505) 896 - 3041.

Please mail the completed application and supporting documents to:

Rebuilding Together Sandoval County
P.O. Box 1913
Bernalillo, NM 87004

Thank you!



Homeowner Application

Please print and use an ink pen to complete the application. The information collected below will be used to determine whether you qualify for home repairs. It will not be disclosed without your consent. You do not have to provide the information, but if you fail to do so, your application may be delayed or rejected. This is an equal opportunity program; discrimination is prohibited by Federal Law.

Applicant Information:

Homeowner name: _____ DOB: _____ Race/Ethnicity: _____

Have you served in the military? _____ Dates of Service: _____

Homeowner name: _____ DOB: _____ Race/Ethnicity: _____

Have you served in the military? _____ Dates of Service: _____

Street Address: _____

City, State, Zip: _____

Mailing Address (If different from above): _____

Telephone numbers: Home _____ Cell _____

Email Address: _____

Do you own and live in the home at the address given? _____ If no, please explain: _____

How many years have you lived in this home? _____ What year was the home built? _____

Is the home (please circle)

A mobile home? Yes No

A manufactured home? Yes No

On a permanent foundation? Yes No

Do you plan to sell the home in the next 24 months? _____

Are you current on mortgage payments and taxes? _____ If no, please explain _____

How did you hear about our program? _____

Household Members:

List all other household members who will live in your home within the next 12 months.

Full Name	Relationship	Race/Ethnicity*	DOB

* Indicate Race/Ethnicity as either Hispanic, White (not Hispanic), Black, American Indian, Asian, or Other.

Is anyone residing in your home disabled? _____

If so, state name, relationship, and type of disability: _____

Emergency Contact: (By providing this information you give RTSC permission to discuss your project with this person)

Name: _____

Relationship to you: _____

Phone number: _____

Gross Monthly Income:

List all sources of income for all household members **over 18 years old**. Attach documentation for each source of income.

Type of Income Source	Homeowner 1 Applicant	Homeowner 2 Co-Applicant	Other Household Members 18 Years or Older	Total Total
Wages/Salary				
Social Security				
Pensions, Retirement Funds etc.				
Alimony, Child Support				
VA Disability				
Other:				
TOTAL MONTHLY INCOME FOR HOUSEHOLD: _____				
TOTAL ANNUAL INCOME FOR HOUSEHOLD: _____				

Requested Repairs:

List the repairs you are requesting in order of importance. Please note that there is no guarantee that requested repairs will be completed. The RTSC Building Committee will make the final determination on repairs to be made and the methods to be used.

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