

RebuildingTogether-SA.org

210.421.1111

P.O. Box 691881, San Antonio, TX 78269

Dear Homeowner,

Rebuilding Together™ San Antonio is a non-profit organization that repairs homes of San Antonio and Bexar County residents who are unable to do the work themselves. If your home is qualified, approved and selected for the Rebuilding Together™ San Antonio program, there would be no charges or cost involved for our services by volunteers, contractors or a combination thereof.

Sincerely,

Rebuilding Together™ San Antonio

To proceed you must meet the following requirements:

- 1) Own your home (registered with the Bexar County Appraisal District in your name)
- 2) Reside in San Antonio or Bexar County,
- 3) Be elderly, handicapped, qualify as a low-income household, disabled or a veteran.

Homeowner's Application (Please Print)

Name(s):		Primary Phone Nu	mber:			
Address:		Homeowner's Age	(s):	_Years	at Addre	ess:
City: Zi	p Code:	Are you a U.S. Ar	med Forces v	etern?	Yes[]	No [
City Council District (please circle): 1 2 3 4 or		Is any resident in the house disabled? Yes [] No [] If yes, what is that disability?				
check that you live in Bexar County but not ir	n San Antonio []	Do you own your l Do you own anoth				_
How did you learn about Rebuilding Together?	Date Application Filled Out:					
Please list everyone, other than applicant, wh	no lives in your hou	se:				
Name	Relationship To	Relationship To Homeowner		Age Employed		
					Yes[]	No [
					Yes[]	No [
					Yes[]	No [
					Yes[]	No [
					Yes[]	No [
					Yes[]	No [

TOTAL COMBINED ANNUAL INCOME FOR ALL MEMBERS OF THIS HOUSEHOLD

(Includes pay-stubs, Social Security, Pensions, Annuities, Salary, benefits, etc.)

* **PLEASE NOTE:** Only send copies with Social Security numbers and account numbers blocked out. We will never ask for these. Any original documents sent in will not be returned; only shredded.

		Employer	Annual Salary, Wage or Benfits		
			\$		
			\$		
	of income must be sent with this a Acceptable proof of income: Previo		cessing TOTAL:\$turns or Two Months of Pay Stubs ***		
If your h	nome is selected, are there family memb	ers and/or friends that would	d like to help? Yes [] No []		
	Name(s) of family members that would	like to help:			
If select	ed, please list problems with your home	that you would like Rebuild	ng Together™ San Antonio to try to address:		
	Homeowner Signature(s)		Date		

Please mail this application to:

RTSA - Applications P.O. Box 691881 San Antonio, TX 78269

~ DO NOT FAX OR EMAIL APPLICATION ~

If you have any questions, call Rebuilding Together™ San Antonio at (210) 421-1111. Rebuilding Together™ San Antonio has been active in the repair and rehabilitation of homes since 1994.