



Renovation Alliance is a non-profit organization whose mission is to bring volunteers and communities together to improve the homes and lives of low-income homeowners. We work to rebuild warm, safe, dry, accessible, energy efficient, and healthy homes for those in need in the Roanoke Valley.

APPLICATION

(Office Use)

| | | | | | |
|--|--|------------------------|--------------------------------|-------------------|--|
| HOMEOWNER'S LAST NAME: | | HOMEOWNER'S FIRST NAME | | MIDDLE NAME: | |
| TELEPHONE #: | | ALTERNATE TELEPHONE #: | | EMAIL: | |
| CURRENT STREET ADDRESS: | | | CITY, STATE, ZIP | | |
| HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS: YEARS: _____ MONTHS: _____ | | | OWN: <input type="checkbox"/> | MONTHLY MORTGAGE: | |
| | | | RENT: <input type="checkbox"/> | \$ _____ | |
| HOW DID YOU FIND OUT ABOUT US? | | | | | |

1. Is the home for which repairs are being requested a mobile home? Yes ____ No ____
If yes, do you **own** or **rent** the land? _____
2. Are the Real Estate taxes paid to date on this property? Yes ____ No ____
3. Has the home been listed for sale in the last two years? Yes ____ No ____
4. Is the homeowner planning to list the home for sale in the next two years? Yes ____ No ____
5. Are you and/or your spouse (circle one or both) a veteran? Yes ____ No ____ Military Branch: _____
Dates of Service: _____ Location of Service: _____
6. Does the homeowner and/or another resident have a disability? Yes No
If yes, please explain: _____
7. Which is the best method of communication: e-mail, text message, or written mail? Please provide instructions for communication.

HOUSEHOLD INFORMATION

List **all** people living in the home including yourself and all children. All sections must be completed.

| Last Name | First Name | M.I. | Relationship | Sex | Birth Date | Social Security No. (Must be included) |
|-----------|------------|------|------------------|-----|------------|---|
| | | | Homeowner | | | |
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INCOME

List each source of income and the amount for each person listed on page 1. Include full time and part time employment, pensions, child support, SS, SSI, TANIF, rental income and self employment. List **gross monthly income** (*before taxes and deductions*). Information will be verified.

| NAME | LIST THE SOURCE OF THE INCOME (SS, SSI, Pension, Employment, etc.) | ADDRESS OF EMPLOYER OR INCOME PROVIDER | MONTHLY INCOME |
|------|---|---|----------------|
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REPAIRS REQUESTED

Please list the repair items needed at the home. Be as descriptive as possible. _____

Attest: I own and live in the property at the address given and will provide documents showing ownership if requested. I certify that all property taxes have been paid on this property. I expect to live in the home for at least two years. Should any changes occur, notification will be made to Renovation Alliance.

Signature of Homeowner(s)

Date

Signature of Homeowner(s)

Date

Return completed applications to:

Renovation Alliance
P.O. Box 4532
Roanoke, VA 24015
Phone (540) 400-0959