

**Homeowner Application
Please Complete and Return**

**Triangle Homeworks
PO Box 4126
Cary, NC 27519**

**This program is for the Disabled, Elderly, and/or otherwise Disadvantaged.
Applications may be completed in full.
Triangle Homeworks reserves the right to reject incomplete applications.**
(Please print. Information provided is kept confidential.)

SECTION 1 Homeowner Information

Name and Age of all homeowner(s) on title:

Age: _____
Age: _____

Homeowner(s) Address: _____
City: _____ Zip: _____

Homeowner Phone: (_____) _____
If no phone, please give a Name & Phone # of a friend/neighbor through whom we can reach homeowner: _____ (_____) _____

Is homeowner Employed? **Yes / No**
Is Yes, Name of Employer: _____

Approximate Year home was built: _____ Approximate Market Value \$ _____

Number of Years homeowner has resided at this address: _____

Please circle all that apply in describing this house:
One Story / One and a half story / Two Story / Brick / Wood frame
Siding / Basement / Flat roof / Pitched shingled roof

Please list all people living at this address. (Attach a separate sheet if more space is needed).
Please give Name, Age, Relationship to Homeowner, and Disabilities (if any) for each:

In case of emergency, Triangle Homeworks should call:
Name: _____ Phone: (_____) _____
Relationship to Homeowner: _____
Number of homeowner's children living in or around Wake County: _____

Explain why repairs cannot be done by homeowner or family members:

SECTION 2 Special Needs

Is the homeowner disabled? Yes / No (circle one)

Is anyone else in the home disabled? Yes / No (circle one)

If yes to either of the above, please circle below all that apply:

**Hearing Impaired / Sight Impaired / Wheelchair Bound
Mentally Challenged / Uses a Walker / Other:**

Please describe any health concerns that anyone living in the house has of which we should be aware: _____

Total number of persons in the household: _____

Total number of elderly persons in household: _____

Total number of handicapped persons in household: _____

Is head of household female? Yes / No (circle one)

Is head of household a single parent? Yes / No (circle one)

Please circle home owner's ethnicity:

**White / African American / American Indian / Alaskan Native
Hispanic / Asian / Pacific Islander / Middle Eastern / Other:**

Please list three references (including at least one neighbor). Please give Name, Address, Phone #, and Relationship to Homeowner for each:

1. _____
2. _____
3. _____

Does homeowner own this home? Yes / No (circle one)

Is the homeowner's name on the Title to the house? Yes / No (circle one)

Number of Bedrooms: _____ Number of bathrooms: _____

Does homeowner own any other homes? Yes / No (circle one)

Why does homeowner feel he/she should be selected for the Triangle Homeworks program and how will it help him/her? Please circle any of the following that apply and give us any additional information about homeowner that will be helpful in evaluationig this application:

Widowed / Unemployed / Retired / Unable to Work / Single Parent

SECTION 3 Income and Home Expenses

Please circle the approximate combined yearly income for all occupants of this home:

Under \$10,000

\$10,000 to \$20,000

Over \$20,000

Is this home insured under a homeowner's policy? Yes/No (circle one)
Are real estate taxes paid and up to date? Yes / No (circle one)
After paying monthly bills (gas, electric, insurance, food, phone, medicine, etc)
approximately \$ _____ is left over to spend on house repairs. (Include income of
ALL people living in the house)
Are there plans to sell this home in the next 18 months? Yes / No (circle one)

SECTION 4 Type of Work to be Done

Should this home be approved for this program, what are the four most important repairs needed? Rebuilding Day is a ONE day event. Please keep this in mind when considering the work that can be accomplished at this home. Describe the work needed and be as specific as possible. The final decision on what work can be done with our time and resources will be made by Triangle Homeworks. Our volunteers work for 6 hours on the one day and they may not be able to make all the repairs.

1. _____
2. _____
3. _____
4. _____

SECTION 5 Media and Publicity

How did you hear about Triangle Homeworks? (circle one)
TV Radio Newspaper Friend Neighbor Internet Other:
The person to contact in regard to this application is (circle one) Homeowner / Other.
If Other, please indicate Name, Relationship to homeowner, and a Daytime (home or
work) Phone Number: _____

If Triangle Homeworks selects this home to be repaired, is the homeowner willing to
have his/her picture taken and/or to be interviewed by the press? (circle one)
Yes (Press coverage is OK) No (Homeowner does not want Press coverage)
(This answer protects homeowner's privacy. It has NO bearing on whether or not this
home is accepted into the program.)

Has homeowner (or homeowner's agent) applied in the past for the assistance of Triange
Homeworks? Yes/ No (circle one)
Has homeowner been helped by Triangle Homeworks in previous years? Yes/ No (circle one)
If yes, in what year(s)? _____

Please provide exact, detailed road directions (and landmarks) from Cary to this home:

SECTION 6 Homeowner Agreement

Does the homeowner understand that volunteers will be doing the work on ONE day Only? Yes / No (circle one)

If this home is selected, we expect able-bodied family and friends to help. Will this happen? Yes / No (circle one) If yes, please indicate who will help: _____

If no, please indicate why no one will help: _____

It is my/our intention to remain in the Home, barring catastrophic illness or death, for a minimum of two (2) years after completion of repair work performed. _____ (initial)

Homeowner(s) will be responsible for reimbursing the cost of suppliers and labor to Triangle Homeworks if I/we sells, rents or accepts a contract for sale of the Home while work is being completed by Triangle Homeworks or within two (2) years after such work is completed. _____ (Initial)

Homeowners certify that the above information is true and correct to the best of homeowner's knowledge. Homeowners realize that failure to provide all information requested could result in this application being invalid. Homeowners authorize Triangle Homeworks to check any references necessary to complete the processing of this application for the purpose of receiving housing repairs through Triangle Homeworks. Homeowners also understand that any information received will be kept confidential and will be used strictly for determining homeowners' eligibility for the program. Homeowners have read the information provided by Triangle Homeworks and have a basic understanding of the program and its limitations. Homeowners give Triange Homeworks permission to inspect this home for the purposes of house selection.

Homeowner(s) Signature:

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application.

Your Name: _____

Phone : _____

Relationship to the Homeowner: _____

Is the homeowner aware of this application? Yes / No (circle one)

Please initial the following two (2) items and return to:

Triangle Homeworks
PO Box 4126
Cary, NC 27519-4126

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_____ (initial)