

Rebuilding (Due by January 20)

Ingham County Voice Mail (517) 214 Mail completed form to PO Bo (Please Pr	x 1111, Ok		· _ · _ · _ ·
Homeowner:	_Date of Bir	th: Ph	one:
Homeowner:	_ Date of Bir	th: Ph	one:
Address:	Ci	ty:	Zip:
Emergency Contact:		Phone:	:
Relation of Contact:			
Personal Reference (non-family):			
Monthly Income (List all sources):			
Saving and Investment (other than income):			
State Equalized Value (SEV) of Residence:			
Do you own the home?	Mortgage	Recorded Land Contract	Free & Clear 🗌
Are property taxes current?	Yes 🗌	No 🗌	
Do you have current home owners insurance?	Yes 🗌	No If yes, what company	y?
Are you legally disabled?	Yes 🗌	No 🗌	
Have you had help from this program* before? *formerly known as Christmas In April Do you live alone?		No 🗌 If yes, what year?	
Do you have family in the area?		No 🗌	
Are they able to help if your home is selected?	_	No 🗌	
If selected, I will be present in my home on Rebuilding Day (The Last Saturday of April)	Yes 🗌	No	
Homeowner Demographics (Used for reporting pu	irposes onl	y) check all that apply	y.
Female: Male: Couple: Veter	an:	Disabled Veteran:	
Race: White, Non-Hispanic: African A	American/B	lack:	Hispanic:
OVER (Complet	te Second S	Side)	

Our vision: A safe and healthy home for every person.

Our Mission: To bring volunteers and communities together to improve the homes and lives of low-income homeowners.

Native American:	Asian	Pacific: _		Other:
Number of years you ha	ave owned the home	e:	_	
Number of other people	e living in the home:		(List the people below)	
Name:		Age:	Name:	Age:
List name(s) of family n	nembers in the area			
	Description	of Hous	se Repairs Requeste	ed
			mportant first)	
<u> </u>				
	ne at least two ye	ars. I ur	the best of my knowled nderstand that a crimina	
-			Date:	
	lomeowner(s)			Form revised 11/13/10
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