



1212 W. Third St. Davenport, IA 52808-3245
(563) 322-6534 www.rebuildingtogetherquadcities.org

Income: _____
Insurance: _____
Preview: _____
Selected: _____
(Office Use Only)

HOME REPAIR APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ # Of Dependents In Home (Including Self) _____

Ages _____

* Optional

* Race (# In Home): Asian _____ Black _____ Hispanic _____ Native American _____ White _____
Other _____

* Church Affiliation (if any): _____

Your combined household income must be within these guidelines to be eligible for our program:					
Household Size	1	2	3	4	5
Annual Income	\$20,300	\$23,200	\$26,100	\$29,000	\$31,300

The following documents must be included with this application:

- **Verification of amount and source of income**
- **Proof of current homeowner's insurance policy**

Combined household annual Income _____
(All Residents Living In Home)

Income Source _____

Are Property Taxes Current? _____

Are Mortgage/Contract Payments Current? _____

Name Of Owner Of Record: _____
(As Recorded In County Recorder's Office)

Special Needs (Disabilities Or Special Circumstances) _____

Describe Needed Repairs

Kitchen_____

Dining Room_____

Living Room_____

Bathroom_____

Bedroom #1_____

Bedroom #2_____

Bedroom #3_____

Basement_____

Exterior_____

This confidential application is being given to Rebuilding Together Quad Cities, for consideration for work to be completed on my (our) home by volunteers at no cost to me (us). By signing this form, I verify and attest to the total household annual income stated herein and hereby give Rebuilding Together Quad Cities; permission to verify any information contained in this application as well as verify my (our) personal credit information.

Signature of homeowner_____ Date_____

Mail Application To:

**Rebuilding Together Quad Cities
P.O. Box 3245
Davenport, Iowa 52808-3245**