



APPLICATION # \_\_\_\_\_ Financial Approved: \_\_\_\_\_  
Operation Approved: \_\_\_\_\_

\*Rebuilding Together Day: \_\_\_\_\_

**HOMEOWNER APPLICATION DEADLINE:**

**HOMEOWNER APPLICATION**  
(FOR REBUILDING TOGETHER-LINCOLN COUNTY USE ONLY)

Homeowner(s) Name: \_\_\_\_\_

Physical location: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-applicant: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Emergency/Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you received assistance from Rebuilding Together before? Yes  No

If yes, in what year did we work on your house? \_\_\_\_\_

Do you own other property? Yes  No  How many people live in this home? \_\_\_\_\_

Rebuilding Together is an **all-volunteer** effort that relies on community involvement. If your home is selected, friends and family ages 14 and older are expected to work with us, including helping and thanking volunteers. Please initial to indicate your agreement: \_\_\_\_\_

*I understand that I am required to volunteer to the best of my ability, and that adult family or friends on site during the workday will also participate.* \_\_\_\_\_ *Initial*

Please list the names and phone numbers of family members, church or other social organization members and/or friends who may be willing to help. Lack of friends or family to help will not disqualify you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If someone other than the homeowner prepares this application, or helps the homeowner fill it out, please complete the following:

Name of person preparing/assisting with application: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**For assistance call (207) 380-5719**

**RETURN FORM TO REBUILDING TOGETHER - LINCOLN COUNTY**

drop off point: **Hawke Motors 203 Townsend Avenue, Boothbay Harbor**

or mail it to: **RT-LC, \_\_\_\_\_, Boothbay Harbor, ME 04538**

*40 Sarah Giles  
6 Campbell St. ↗*