



P.O.Box 697 • Decatur, AL 35602 • (256) 353-4407 • FAX (256) 353-0377
<http://www.mindspring.com/~rt-mc/>

Rebuilding Together Homeowner Referral Form

Please print

Name or Homeowner(s): _____ Age(s): _____

Address: _____

City: _____ Zip: _____

Phone: _____

How long have you lived in this home? _____

Is the homeowner: Disabled: _____ Low-Income: _____

Family Contact: _____

How did you learn about Rebuilding Together**Morgan County*? _____

Please answer ALL questions below.

Please give us any information concerning your family situation and the condition of your house (include the names and ages of all people living in the home).

Describe the work that needs to be done:

Is the homeowner aware of this referral? Yes: _____ No: _____

Name (and Agency, if applicable) of person submitting this form: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

How did you learn about Rebuilding Together*Morgan County? _____

Is there proof of home ownership, if so what kind? _____

Please attach the following:

- A copy of the Deed and/or legal description of property.
- A copy of the most recent tax return and copy of the receipt showing property tax has been paid.

Date: _____

** It is important for the homeowner's to know that this is a one-day program. The work is done by volunteers. Friends and family members of the homeowner's are encouraged to participate on the Rebuilding Day in April.

** Priority is given to low-income, elderly and disabled people who do the repairs themselves and have no able-bodied family members who might do the work. Recipients are asked to welcome volunteers into their homes and share in this neighbor helping neighbor program.

Send To: Rebuilding Together * Morgan County
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