



**Rebuilding Together - Portland**  
**Homeowner Referral Form – April 2010-2011**

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

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

Phone: \_\_\_\_\_ How long at this address: \_\_\_\_\_

Age of Applicant(s): \_\_\_\_\_ Monthly Income: \_\_\_\_\_ Source: \_\_\_\_\_

Is the Homeowner: Elderly: \_\_\_\_\_ Disabled: \_\_\_\_\_ \*Low-Income: \_\_\_\_\_ Prior Client/Yr: \_\_\_\_\_ Veteran? \_\_\_\_\_

\*\* Describe disability: \_\_\_\_\_

Pertinent information concerning family situation and general condition of the Home: \_\_\_\_\_

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

Number of people living in this household (include name, age, relationship, & income): \_\_\_\_\_

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

Description of the work the applicant feels needs done (be as specific as possible): \_\_\_\_\_

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

Is the Homeowner aware of this referral: \_\_\_\_\_ (Use reverse side for additional info/comments)

- \*\* Please explain that:
- 1.) This is a one-day program and all the work is done by volunteers
  - 2.) This referral does not guarantee acceptance into our program,
  - 3.) All requested projects may not be addressed
  - 4.) Services are provided at no cost to the homeowner

Name of person submitting this referral: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SEND THIS FORM ASAP TO:**

**Rebuilding Together - Portland**  
5000 N. WILLAMETTE BLVD.  
PORTLAND, OR 97203 (Office) 943-7515 (fax) 943-7322  
e-mail: [mikemalone@rebuildingtogetherportland.org](mailto:mikemalone@rebuildingtogetherportland.org)  
[www.rebuildingtogetherportland.org](http://www.rebuildingtogetherportland.org)