



Rebuilding Together of the Triangle PO BOX 4099, Cary, NC, 27519 www.rttriangle.com

Dear Applicant,

Thank you for your interest in applying for Rebuilding Together of the Triangle as we administer funding through the City of Raleigh Home Revitalization Program.

This funding source is a 0% interest, forgivable loan for up to \$30,000. Loan payments are deferred and forgiven in 20% increments for five years unless the borrower defaults by selling, transferring the deed, or moving out. As long as the borrower lives in the home, no payments on the loan will be required.

The qualifications of the funding are that you:

- have been the titled owner and resident of the home for at least 10 years (In instances of multiple ownership, the signature of each owner is required on all appropriate documents)
- will agree to stay in your home for at least five years after the home repair project is complete
- have an annual household income does not exceed 65% of the Area Median Income (AMI)

Household Size								
	1	2	3	4	5	6	7	8
Income Limit (65% AMI)	\$55, 695	\$63, 630	\$71, 565	\$79, 500	\$85, 868	\$92, 236	\$98, 604	\$104, 972

We invite you to move forward with the paperwork if you meet these requirements. To begin that process, please submit the following documents:

- Copy of federal income tax return from last year, and the last two (2) years if you are self-employed
- Proof of income for the last two (2) years only if yearly income does not meet minimum required to file a federal return
- Copy of photo ID

Additional documentation will be requested at a later date.

You may mail, email, or fax your documents to: Rebuilding Together of the Triangle PO BOX 4099 Cary, NC, 27519

Fax (919) 651-0034

Email: info@rebuildingtogethertriangle.org

If you have questions or need help collecting these documents, you may contact our office at 919-341-5980.

Repairing Homes. Revitalizing Communities. Rebuilding Lives.





Please Return Application

to:

PO BOX 4099, Cary, NC, 27519

Phone: (919) 341-5980

ast Name:	F	irst Name:		Middle Initial:			
Address:							
tyState:		ZIP code:		County			
umber of years at this ad	dress:	Pref	erred Ph	one Number	<u>:</u>		
ther Phone Number:		Email:					
mergency contact or per	son to call if we	can't reach yo	u:				
ame:	Ph	Relationship:					
rovide information below	for everyone w	ho lives in this	home, in	ncluding you	rself:	_	
Name	Birthdate	Relationship	Gender	Employed (Y/N)	Disabled (Y/N)	Veteran (Y/N)	
		Self					
ace (please circle): Afric Nati hnicity: Hispanic or Latii an provide proof of home	ve Hawaiian/Pac n o:	ific Islander No			n Indian er		
arital Status: Married Sin	igle Separated (please circle or	ne)				
hat are the four most ir			ŕ	eeded on yo	our home?		
/hich company do you pay	for electricity? (c	ircle one)					
uke Energy Carolinas, D ectric, Wake Electric, Oth	0, 0	ress, Central	Electric,	Piedmont E	Electric, Rar	ndolph	





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Phone: (919) 341-5980

Please describe any other circumstances affecting you	ur current living environment (nealth, disability, Job loss
family hardship, etc.)	
Acknowledgment:	
(I/We) understand that Rebuilding Together of the Trian to provide assistance to low-income homeowners who h	
this statement, (I/We) guarantee that (I/We) are eligible	, , ,
Signature(s)	Date