



324 S. Wilmington Street, #118  
 Raleigh, NC 27601  
 (919) 341-5980

[info@rebuildingtogethertriangle.org](mailto:info@rebuildingtogethertriangle.org)  
[www.rebuildingtogethertriangle.org](http://www.rebuildingtogethertriangle.org)

Dear Applicant,

Thank you for your inquiry regarding services from Rebuilding Together of the Triangle, Inc. (RTT). We are a non-profit organization that sponsors volunteer projects to rehabilitate the homes of low-income homeowners in Chatham, Durham, Orange and Wake counties in North Carolina.

We coordinate these services when the disrepair of the homes imposes discomfort or a safety or health hazard on its occupants, and the homeowners are unable to make the repairs themselves. We provide these services at no charge to the homeowner.

In order to be considered for the program, the following criteria must be met:

- You own and live in your home in Chatham, Durham, Orange or Wake County.
- Your household income falls at or below 65% of the Median Income, per the table below.

County	Annual Maximum Household Income (65% of Median Income)							
	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8person
<b>Chatham</b>	\$32,500	\$37,050	\$41,708	\$46,367	\$50,050	\$53,733	\$57,525	\$61,208
<b>Durham</b>	\$32,500	\$37,050	\$41,708	\$46,367	\$50,050	\$53,733	\$57,525	\$61,208
<b>Orange</b>	\$32,500	\$37,050	\$41,708	\$46,367	\$50,050	\$53,733	\$57,525	\$61,208
<b>Wake</b>	\$34,017	\$38,892	\$43,767	\$48,642	\$52,542	\$56,442	\$60,342	\$64,242

Upon receipt, your application will undergo a review process established by our Board of Directors. If your application meets the initial criteria, we will contact you by telephone to learn more about the requested repairs.

If accepted into the program, your home repairs will be completed as soon as they can be scheduled. Homeowners and other persons living in the home are expected to participate in the Rebuilding Together of the Triangle project to the extent they are able.

Thank you for your interest in our services.

Sincerely,  
 Rebuilding Together of the Triangle, Inc.

*Rebuilding Together has not authorized any other person or entity to provide any services or to receive information on behalf of Rebuilding Together for purposes of this application.*



Print Form

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## Rebuilding Together of the Triangle, Inc. Homeowner Application

Please complete all sections of the application

Last  First Name

Address

Address  City

State  ZIP Code  Number of years at this address

County  Phone Number

E-mail  Other Ph. No.

**Provide information below for everyone who lives in this home, including yourself:**

Name	Year Born	Relationship	Employed (Y/N)	Monthly Income (before taxes)	Disabled (Y/N)	Veteran (Y/N)	Benefits*

**\* Benefits: Do any of the individuals living in this home receive benefits from Social Security, Medicare, Medicaid, WIC, CAP, SSI or Food Stamps? If yes, indicate the benefit received in this column.**

**Do you have a social worker or case manager? If yes, please provide his/her contact information.**

Last  First Name

Agency

Phone Number  Other Ph. No.

E-mail

**Notify my case manager before Rebuilding Together visits my home (Y/N)**

