



Our Mission is to provide subsidized remodeling solutions to families demonstrating a financial hardship as a result of being the victim of contractor fraud or incompetent workmanship or a life changing event.

Dear Remodeling Rescue Applicant,

While we would like to provide assistance to everyone in need, please understand that you must demonstrate that you are lacking the basic necessities to occupy your home due to contractor fraud, incompetent workmanship or a life changing event. For example, you do not have a working bathroom and/or a working kitchen; the structure of the house is not safe; you can no longer access your home due to a life changing event.

We realize that your current situation is difficult at best. Please know that we understand!

The following pages consist of two parts of the application process: Your Story and a Personal Financial Statement.

In the Your Story section, please be as thorough as possible trying to stick to the facts of the events. We realize that it might be difficult to leave emotion out of the story and in no way do we want to minimize the emotional impact of your situation. However, by sticking to the facts you will help us to clearly see the merits of your application.

It is critical for us to objectively evaluate each application for compliance with our mission statement. We have defined 'financial hardship' as follows: *The family must provide verifiable proof that they can not cover the costs of finishing or correcting the work after being the victim of contractor fraud or incompetent workmanship.*

With regard to your current personal financial condition you should fill in as much information as applies to you on the Personal Financial Statement. The information you provide is for use within Remodeling Rescue ONLY. If you would like to provide additional information, please feel free to do so. We will not share it with anyone or any organization without your express written pre-approval.

We realize that any glimmer of hope can raise your spirits. While we truly would like to help each and every applicant, we can not possibly help everyone. By Remodeling Rescue asking you to complete this application as a next step, we are in no way making a promise of approval for assistance.

Return your application via regular mail, e-mail or fax (see information at bottom of each page). We make every effort to respond to each application within 30 days after we receive and review the paperwork.

Thank you for having the courage to ask for help!

Sincerely,

A handwritten signature in black ink that reads "David Hollander". The signature is written in a cursive, flowing style.

David Hollander
Founder
Remodeling Rescue

(ver 01012010)

Your Story:

In the space below (or by using additional pages as needed) please tell us your story. Try to stick to the facts and to represent the events as they happened. We encourage you to provide copies of contracts, receipts, payments, correspondence, permits, and pictures and so on. The more thorough the better!

Description of "basic necessities" that are lacking in your home as a result of contractor fraud or incompetent workmanship or a life changing event:

Description of work contracted for and quoted cost: (if possible, attach copies of written agreements)

Name, Address and Phone number of Contractor:

Description of work completed:

Any problems with work completed?

Any work agreed to that was not done?

Any damages caused by contractor(s):

Schedule of payments made to contractor(s):

Date	Amount	Who Paid	Payment type (cash, check, other)
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Have you attempted to reach a resolution with the contractor? If 'yes', what happened?

Have you contacted any other "help" organizations? If 'yes', which ones and what did they do/say?

Have you taken any legal action? If 'yes', what have you done? Please provide names, dates, description of action taken and the outcome.

Has any legal action been taken against YOU? If yes, Please provide names, dates, description of action taken and the outcome.

PERSONAL FINANCIAL STATEMENT		CONFIDENTIAL
Personal Financial Statement as of:		
NAME(S):		E MAIL - Home
HOME ADDRESS:		E MAIL - Office
HOME PHONE:		Social Security #
		Spouse's SS #

Assets	<i>In Even Dollars</i>	Liabilities	<i>In Even Dollars</i>
Cash on hand and in Banks—See Schedule A	\$	Notes Payable: This Bank—See Schedule A	\$
U.S. Government Securities—See Schedule B		Notes Payable: Other Institutions—See Schedule A	
Listed Securities—See Schedule B		Notes Payable—Relatives	
Unlisted Securities—See Schedule B		Notes Payable—Others	
Other Equity Interests—See Schedule B		Accounts and Bills Due	
Accounts and Notes Receivable		Unpaid Taxes	
Real Estate Owned—See Schedule C		Real Estate Mortgages Payable—See Schedule C or D	
Mortgages and Land Contracts Receivable—See Schedule D		Land Contracts Payable—See Schedule C or D	
Cash Value Life Insurance—See Schedule E		Life Insurance Loans—See Schedule E	
Other Assets: <i>(Itemize)</i>		Other Liabilities: <i>(Itemize)</i>	
		TOTAL LIABILITIES	\$
		NET WORTH (Total Assets – Total Liabilities)	\$\$
TOTAL ASSETS	\$	TOTAL LIABILITIES + Net Worth	\$

<i>Sources of Income</i>	<i>In Even Dollars</i>	<i>General Information</i>	
Salary	\$	Employer	
Bonus and Commissions		Position or Profession	No. Years
Dividends		Employer's Address	
Real Estate Income			Phone No.
*Other Income: Itemize		Partner, officer or owner in any other venture? <input type="checkbox"/> No <input type="checkbox"/> Yes	
		If so, explain:	
TOTAL	\$		
*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding.		Are any assets pledged? <input type="checkbox"/> No <input type="checkbox"/> Yes Detail in Schedule A	
		Income taxes settled through (Date)	

<i>Contingent Liabilities</i>	<i>In Even Dollars</i>	<i>General Information (continued)</i>
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes
On leases		If so, explain:
Legal claims		Have you ever taken bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes
Provision for federal income taxes		If so, explain:
Other special debt, e.g., recourse or repurchase liability		Do you have a will? <input type="checkbox"/> No <input type="checkbox"/> Yes With whom?
		Do you have a trust? <input type="checkbox"/> No <input type="checkbox"/> Yes With whom?
TOTAL	\$	Number of dependents _____ Ages _____

Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions. List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

<i>Name of Institution</i>	<i>Name on Account</i>	<i>Balance on Deposit</i>	<i>High Credit</i>	<i>Amount Owing</i>	<i>Monthly Payment</i>	<i>Secured by What Assets</i>
TOTAL			TOTAL			

Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)

<i>Number of Shares, Face Value (Bonds), or % of Ownership</i>	<i>Indicate:</i> 1. Agency or name of company issuing security or name of partnership 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation*	<i>In Name of</i>	<i>*Market Value</i>	<i>Pledged</i>	
				<i>Yes (≠)</i>	<i>No (≠)</i>
TOTAL					

*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

Schedule C: Real Estate Owned (and related debt, if applicable)

<i>Description of Property or Address</i>	<i>Title in Name Of</i>	<i>Date Acq.</i>	<i>Cost + Improvements</i>	<i>Present Mkt. Value</i>	<i>Mortgage or Land Contract Payable</i>		
					<i>Bal. Owing</i>	<i>Mo. Payt.</i>	<i>Holder</i>
TOTAL							

Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)

<i>Description of Property or Address</i>	<i>Title in Name Of</i>	<i>Date Acq.</i>	<i>Balance Receivable</i>	<i>Monthly Payment</i>	<i>Mortgage or Land Contract Payable</i>		
					<i>Bal. Owing</i>	<i>Mo. Payt.</i>	<i>Holder</i>
TOTAL							

Schedule E: Life Insurance Carried

<i>Name of Company</i>	<i>Face Amount</i>	<i>Cash Surrender Value</i>	<i>Loans</i>	<i>Beneficiary</i>
TOTAL				

I/we have carefully read and submitted the foregoing information provided on all pages of this personal financial statement to Remodeling Rescue. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of demonstrating to Remodeling Rescue that I/we are experiencing a financial hardship as a result of contractor fraud or incompetent workmanship. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify Remodeling Rescue of said change(s) and unless Remodeling Rescue is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition. I/we agree that any attempt to misrepresent our case or our financial situation or to defraud Remodeling Rescue in any way will result in immediate forfeiture of any support from Remodeling Rescue.

I/we authorize Remodeling Rescue to make whatever inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to Remodeling Rescue any information that it may have or obtain in response to such inquiries.

I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Applicant's Signature _____	Date Signed _____	Social Security No. _____	Date of Birth _____
Spouse's or Co-Applicant's Signature _____	Date Signed _____	Social Security No. _____	Date of Birth _____