



REBUILD DAY HOMEOWNER APPLICATION

April 20 and 21, 2018
Lincoln Village, Rancho Cordova

Our mission is to transform the lives of low-income homeowners and communities by improving the safety and health of their homes and revitalizing their communities.

To apply to become a Rebuild Day recipient, submit the following:

- **3-Page Application**
- **Gross Income Verification Documents for each household member (include as attachments)**

Note that in many cases, all of your income can be shown in a single document or two. For example, a bank statement showing the income direct deposit or a copy of the award letter from the Social Security Administration.

Examples of income verification documents are:

- Award letter from Social Security
- Recent pay stub
- Income tax return
- Copy of a recent bank statement

Please blackout social security numbers and account numbers.

INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED

Rebuilding Together Sacramento
P.O. Box 255584
Sacramento, CA 95825-5584
916-455-1880 Phone
916-731-7077 Fax
www.rebuildingtogethersacramento.org

Rebuilding Together will not deny any services to people on the grounds of ethnicity, color, religion, national origin, gender or lifestyle.



FOR OFFICE USE ONLY

Date Received: <hr/> Eligibility: SAH <input type="checkbox"/> CRA <input type="checkbox"/> RD <input type="checkbox"/> HEC <input type="checkbox"/> <p style="text-align: right;">Accept/Decline:</p>

REBUILD DAY APPLICATION

Please check one: Mr. Mrs. Ms. Today's date: _____

Last Name: _____ First Name: _____

Address: _____ City: _____

Zip Code: _____ Date of Birth: ____/____/____ Home phone: (____) _____

Cell Phone (if avail.): (____) _____ Email: _____

Referred by: Name: _____ Phone: (____) _____

Organization: _____

Are you a Veteran? _____ Widow of a Veteran? _____

How many people live in the home? _____ Please list those people below (use additional sheets if necessary):

Name	Age	Relationship	Employed?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

In case of an emergency - or to assist us in contacting you, please list two (2) personal contacts:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

PROPERTY INFORMATION

Do you own this home? Yes No If "Yes," what YEAR did you purchase the home? _____

In what YEAR was this home built? _____ Is this a mobile home? Yes No

Do you have a renter(s)? Yes No If "Yes," what do you receive in rent? \$ _____/month?

If "Yes," what is your renter's income? \$ _____/month?

Approximately how many square feet is the home? _____

RACE Please CIRCLE ONE

African Amer./Black Asian/Pacific Islander Caucasian/White Hispanic/Latino Native American
 Other: Non-Hispanic _____

Are you also Hispanic/Latino: _____ yes _____ no

INCOME How many people live in your home? _____ *Include income from all people living in the home.*

Please **CIRCLE** the total number of persons living in the home AND the total household income range.

Number of Persons in Household	Extremely Low	Low	Moderate
1	\$0 - \$15,050	\$15,051 - \$25,050	\$25,051 - \$40,050
2	\$0 - \$17,200	\$17,201 - \$28,600	\$28,601 - \$45,800
3	\$0 - \$20,090	\$20,091 - \$32,200	\$32,201 - \$51,500
4	\$0 - \$24,250	\$24,251 - \$35,750	\$35,751 - \$57,200
5	\$0 - \$28,410	\$28,411 - \$38,650	\$38,651 - \$61,800
6	\$0 - \$32,570	\$32,571 - \$41,500	\$41,501 - \$66,400

Amount of Gross Income

Source of Income (for example, SSI, pension, wages, etc.)

\$ _____ /year

\$ _____ /year

\$ _____ /year

Total Gross Income \$ _____ /year

A Home Previewer will call to schedule an assessment. The information below provides a general idea of your needs, however, they will assess the entire home. The type of work completed will vary per home based on need.

NEEDS ASSESSMENT

Safety/Accessibility/Disabilities:

YES

NO

Do you use a wheelchair?		
Do you use a walker?		
Can you get in and out of the tub/shower with ease?		
Can you navigate steps easily?		
Can you get on and off the toilet with ease?		
Do you have a mat in the bath/shower?		
Can you rise from a sitting position easily?		

Do you have any disabilities we should be aware of? Please list: _____

Home Energy Conservation Needs:

YES

NO

Have SMUD or PG&E installed energy conservation measures (weather stripping, caulking, water heater blanket, etc.) in your home in the last five years?		
Are your doors and/or windows drafty?		
Do you currently use compact fluorescent light bulbs?		

Other: How many smoke/fire detectors are there in your home? _____

How many carbon monoxide detectors are there in your home? _____

Do you have a central heating and air system? _____ Heat pump? _____ Wall system? _____

Other - List your top three safety modification needs:

1.
2.
3

I/We certify that the above information is true and correct to the best of my/our knowledge. I/We realize that failure to provide all information requested could result in our application being invalid. I/We authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation and repairs through Rebuilding Together. I/We also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for this program.

Signature(s) of Homeowner(s)

Date

PLEASE MAIL OR FAX APPLICATION including Income Verification Documents to:

Rebuilding Together Sacramento
P.O. Box 255584
Sacramento, CA 95825-5584
FAX: (916) 731-7077
Telephone: (916) 455-1880
seconome@rebuildingtogethersacramento.org

Did you remember to include

- Application (3 Pages)
- Income Verification Documents
- Copy of Discharge Papers (for veteran applicants only)

_____ We will contact you by telephone after we review your application.