HOME SAFETY, MINOR REPAIR, AND EFFICIENCY SERVICES

Our mission is repairing homes, revitalizing communities and rebuilding lives.

To apply for services, please 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 black out social security numbers and account numbers.

INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED

Rebuilding Together Sacramento
P.O. Box 255584
Sacramento, CA 95865
916-455-1880 Phone
916-731-7077 Fax
www.rebuildingtogethersacramento.org
HOME SAFETY, MINOR REPAIR, AND EFFICIENCY SERVICES 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/Widower of a Veteran? ______________

Please list everyone who lives in the house (use additional sheets if necessary):

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Employed?</th>
<th>Disabled?</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>_____</td>
<td>___________</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>_________________________</td>
<td>_____</td>
<td>___________</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>_________________________</td>
<td>_____</td>
<td>___________</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>_____________</td>
<td>______</td>
</tr>
<tr>
<td>_________________________</td>
<td>_____________</td>
<td>______</td>
</tr>
</tbody>
</table>

What is the primary language spoken in your home? ________________________________

PROPERTY INFORMATION

Do you own this home?  □ Yes  □ No  If "Yes," in 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
RACE/ETHNICITY  Please CIRCLE all that apply.

- African American/Black
- Asian
- Caucasian/White
- Native American
- Pacific Islander

Ethnicity Hispanic/Latino?  Yes / No

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

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.

<table>
<thead>
<tr>
<th>Number of Persons in Household</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Low &amp; Moderate Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$0 - $16,850</td>
<td>$16,851 - $28,050</td>
<td>$28,051 - $44,900</td>
</tr>
<tr>
<td>2</td>
<td>$0 - $19,250</td>
<td>$19,251 - $32,050</td>
<td>$32,051 - $51,300</td>
</tr>
<tr>
<td>3</td>
<td>$0 - $21,650</td>
<td>$21,651 - $36,050</td>
<td>$36,051 - $57,700</td>
</tr>
<tr>
<td>4</td>
<td>$0 - $25,100</td>
<td>$25,101 - $40,050</td>
<td>$40,051 - $64,100</td>
</tr>
<tr>
<td>5</td>
<td>$0 - $29,420</td>
<td>$29,421 - $43,300</td>
<td>$43,301 - $69,250</td>
</tr>
<tr>
<td>6</td>
<td>$0 - $33,740</td>
<td>$33,741 - $46,500</td>
<td>$46,501 - $74,400</td>
</tr>
</tbody>
</table>

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

$____________________/year  ______________________________________

$____________________/year  ______________________________________

$____________________/year  ______________________________________

Total Gross Income $____________________/year

NEEDS ASSESSMENT

Safety/Accessibility/Disabilities:

- Do you use a wheelchair?  YES  NO
- 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?

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

____________________________________________________

Is anyone in the home impacted by Mild Cognitive Impairment, Alzheimer’s or other forms of dementia?  Yes / No
If so, we will send you information about additional support services.
**Home Energy Conservation Needs:**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have SMUD or PG&amp;E installed energy conservation measures (weather stripping, caulking, water heater blanket, etc.) in your home in the last five years?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are your doors and/or windows drafty?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you currently use compact fluorescent light bulbs?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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? ______

**Home Safety/Minor Repair Needs** - List your top three safety modification needs:

1. 
2. 
3.

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*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)**

_________________________________  ________________________

_________________________________  ________________________

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**PLEASE MAIL OR FAX APPLICATION including Income Verification Documents to:**

Rebuilding Together Sacramento  FAX: (916) 731-7077
P.O. Box 255584  Phone: (916) 455-1880
Sacramento, CA 95865  julieo@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 within 4-8 weeks after we review your application.*