



## 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](http://www.rebuildingtogethersacramento.org)



FOR OFFICE USE ONLY

|   |
|---|
| <b>Date Received:</b> _____<br><b>Eligibility:</b> SAH <input type="checkbox"/> RD <input type="checkbox"/> HEC <input type="checkbox"/><br><b>Accept/Decline Date:</b> _____<br><b>Reason:</b> _____ |
|---|

**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):

| Name  | Age   | Relationship | Employed?<br>Yes/No | Disabled?<br>Yes/No |
|-------|-------|--------------|---------------------|---------------------|
| _____ | _____ | _____        | Yes/No              | Yes/No              |
| _____ | _____ | _____        | Yes/No              | Yes/No              |
| _____ | _____ | _____        | Yes/No              | Yes/No              |

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

| Name  | Relationship | Phone |
|-------|--------------|-------|
| _____ | _____        | _____ |
| _____ | _____        | _____ |

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.

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

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:**

**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?               |  |  |

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:****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? \_\_\_\_\_

**Home Safety/Minor Repair Needs - 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

Date

PLEASE MAIL OR FAX APPLICATION including Income Verification Documents to:

Rebuilding Together Sacramento  
 P.O. Box 255584  
 Sacramento, CA 95865

FAX: (916) 731-7077  
 Phone: (916) 455-1880  
 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.*