



HOME IMPROVEMENT EVENT APPLICATION

Walnut Wood and Aspen Creek Homeowners

APPLY NOW FOR FREE HOME IMPROVEMENTS

12-15 homes in Cordova Lanes, Walnut Wood, and Aspen Creek neighborhoods in Rancho Cordova will be selected to receive home improvements during an event on April 17 and 18, 2020.

The selected homes will be improved at **NO COST** to the homeowner.

The event is possible due to a City of Rancho Cordova Community Enhancement grant.

Rebuilding Together is a nonprofit organization that improved over 7,000 homes since 1991.

*For information call the City of Rancho Cordova at 916-851-8755.
Learn about Rebuilding Together at rebuildingtogethersacramento.org*

The type of improvements will vary per home but may include safety and accessibility features, energy efficiency upgrades, and exterior beautification. The homeowner and the Rebuilding Together staff will work together to identify needs and priorities in the home. The majority of the work will be completed by volunteers and contractors on **April 17 and 18, 2020.**

HOW TO APPLY

To be considered, submit the documents listed below to Rebuilding Together as soon as possible. **All information is confidential and not shared with other organizations.** After your information is reviewed, a home preview will be scheduled. The final homes will be selected by October 31.

DOCUMENTS TO SUBMIT

- 3-Page Application
- Gross Income Verification Documents for each household member

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. **Please blackout social security and account numbers.**

Examples of income verification documents are:

- award letter from Social Security
- recent pay stub
- income tax return
- copy of a recent bank statement

Send all documents to the address or fax number listed at the end of the application.

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



FOR OFFICE USE ONLY

Date Received _____
 Eligibility: SAH HEC CR RD
 Accept or Decline Date: _____

REBUILD EVENT HOMEOWNER APPLICATION- Spring, 2020

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 a personal contact:

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? _____ 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 - 44,900	\$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	\$46,510 - \$74,400

Amount of Gross Income (Everyone living in the home.) Source of Income (for example, SSI, pension, wages, etc.)

\$ _____ /year _____
 \$ _____ /year _____
 \$ _____ /year _____
 Total Gross Income \$ _____ /year

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: _____

Is anyone in the home impacted by Mild Cognitive Impairment, Alzheimer's or other forms of dementia? _____
 Do you want information about additional support services for families impacted by those challenges? ___ Yes ___ No

Home Energy Conservation Needs:**YES****NO**

Have SMUD or PG&E installed energy conservation measures (weather stripping, caulking, light bulbs, 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? _____

Needs - List your top home improvement needs:

1.
2.
3.
4.

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)

NAME: _____ DATE: _____

NAME: _____ DATE: _____

MAIL OR FAX TO:

**Rebuilding Together Sacramento
P.O. Box 255584
Sacramento, CA 95825-5584**

Fax: 916-731-7077**Phone: 916-455-1880****cgrip@rebuildingtogethersacramento.org**