



## **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> _____ <b>Eligibility:</b> SAH <input type="checkbox"/> RD <input type="checkbox"/> HEC <input type="checkbox"/> <b>Accept/Decline Date:</b> _____ <b>Reason:</b> _____
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**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 home (use additional sheets if necessary):

Name	Age	Relationship	Employed? Yes/No	Disabled? 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  
Are you also 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 - \$17,600	\$17,601 - \$29,300	\$29,301 - \$46,850
2	\$0 - \$20,100	\$20,101 - \$33,450	\$33,451 - \$53,550
3	\$0 - \$22,600	\$22,601 - \$37,650	\$37,651 - \$60,250
4	\$0 - \$25,750	\$25,751 - \$41,800	\$41,801 - \$66,900
5	\$0 - \$30,170	\$30,171 - \$45,150	\$45,151 - \$72,300
6	\$0 - \$34,590	\$34,591 - \$48,500	\$48,501 - \$77,650

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 yes, 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 or LED 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? \_\_\_\_\_

Approximately how many square feet is the home? \_\_\_\_\_

**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 except for those receiving Home Energy services, all other information received will be kept confidential and used strictly for determining my/our eligibility for this program. For Home Energy recipients only, home addresses will be shared with SMUD, the funder of the program, for the purpose of analyzing energy savings.*

**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.*