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 home (use additional sheets if necessary):

Name  Age  Relationship  Employed?  Disabled?
_________________________________  ______  ______________  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.

<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 - $17,600</td>
<td>$17,601 - $29,300</td>
<td>$29,301 - $46,850</td>
</tr>
<tr>
<td>2</td>
<td>$0 - $20,100</td>
<td>$20,101 - $33,450</td>
<td>$33,451 - $53,550</td>
</tr>
<tr>
<td>3</td>
<td>$0 - $22,600</td>
<td>$22,601 - $37,650</td>
<td>$37,651 - $60,250</td>
</tr>
<tr>
<td>4</td>
<td>$0 - $25,750</td>
<td>$25,751 - $41,800</td>
<td>$41,801 - $66,900</td>
</tr>
<tr>
<td>5</td>
<td>$0 - $30,170</td>
<td>$30,171 - $45,150</td>
<td>$45,151 - $72,300</td>
</tr>
<tr>
<td>6</td>
<td>$0 - $34,590</td>
<td>$34,591 - $48,500</td>
<td>$48,501 - $77,650</td>
</tr>
</tbody>
</table>

Amount of Gross Income

$_________________________/year

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

$_________________________/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:

<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 or LED 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? _______
- Approximately how many square feet is the home? ______________

### 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 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

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

<table>
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<tr>
<th>Rebuilding Together Sacramento</th>
<th>FAX: (916) 731-7077</th>
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<tbody>
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<td>P.O. Box 255584</td>
<td>Phone: (916) 455-1880</td>
</tr>
<tr>
<td>Sacramento, CA 95865</td>
<td><a href="mailto:julieo@rebuildingtogethersacramento.org">julieo@rebuildingtogethersacramento.org</a></td>
</tr>
</tbody>
</table>

**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.**