



HOME IMPROVEMENT SERVICES

Repairing homes, revitalizing communities and rebuilding lives.

RTS is a nonprofit organization that improves the health, safety, and efficiency in homes owned by those who are elderly, disabled and families with children. The type of home improvements and eligibility guidelines vary depending on the requirements of the organizations that fund the services. The Safe at Home modification service is available to those who are above the low-moderate income guidelines.

SERVICE OPTIONS

NO-COST SERVICES: Free to those who check at least two boxes below and need the type of services listed on the next page.

- Low-to-moderate income homeowner (see income guideline chart, p.2 of application)
- Mobile homeowner over 60 years old
- Located in Sacramento County

Number of Persons in Household	Maximum Income
1	\$48,350
2	\$55,250
3	\$62,150
4	\$69,050
5	\$74,600
6	\$80,100

The free services are available with funding from grants and donations that fluctuate throughout the year. Applications received after the funding is gone will be kept for one year and reactivated if and when the funding is available.

To apply for no-cost services: Send a completed application and required income documents to the address listed at the bottom of the next page.

AFFORDABLE SERVICES: Provided for a fee to those who are not eligible for free services. No application or income documents are required.

- Renters with the property owner's permission (those not eligible for free services).
- Those whose income does exceed the eligibility limits on the chart.

To schedule an appointment for an estimate: Call 916-455-1880 x 3.

TYPES OF SERVICES

This is a list of items that are typically available, however, the items can change at any time. RTS will determine the type of items and quantity depending on the need and our resources.

SAFE AT HOME <ul style="list-style-type: none">● Bathroom grab bars● Toilet riser● Shower or tub mats, stools, bars● Shower hose● Stair and wall handrails● Transfer poles● Threshold ramp● Step modifications● Smoke, fire and carbon monoxide detectors● Wheelchair ramps (on a limited basis) Typical wait time: 4-8 weeks	HOME ENERGY CONSERVATION <ul style="list-style-type: none">● Energy-efficient light bulbs● Nightlights● Under the bed motion sensor light● Window caulking● Door weather stripping● Electrical outlet insulation● Low-flow showerhead● Smoke, fire and carbon monoxide detectors Typical wait time: 1-3 weeks
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CRITICAL SYSTEM REPAIRS- Rancho Cordova homeowners only. Call 916-455-1880 x 8 for information.

APPLICATION PROCESS (Required for no-cost services only.)

1. Return the completed application and required documents to the address listed.
2. This application is also available to complete on our website (address listed below).
3. If your application is approved someone will call you to schedule an appointment within 4-8 weeks. You will be notified if you do not qualify for services.

DOCUMENTATION REQUIRED

Provide gross income verification documents for each household member. Examples include a Social Security award letter, recent pay stub, income tax return or recent bank statement. Your income might be shown in a single document or two. For example, a bank statement showing a direct deposit or a copy of the award letter from SSI. Blackout social security and account numbers.

Mail, fax or email application and required documents to:

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

916-455-1880 Phone 916-731-7077 Fax
brabe@rebuildingtogethersacramento.org

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



HOME IMPROVEMENT SERVICES APPLICATION

Date: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Zip Code: _____

Date of Birth: ____/____/____ Age: ____ Gender: Male Female Decline to state

Home phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Referred by: Name: _____ Phone: (____) _____

Organization: _____

Circle all that apply: Veteran Widow/er of a Veteran Parkinson Association Member

Meals on Wheels Participant Cognitive impairments such as Dementia MSSP Participant

RTS is required to ask for the information below. Your response is voluntary and confidential, and will not impact your eligibility. Please circle your answer.

Race: African American/Black Asian Caucasian/White Native American Pacific Islander

Are you also Hispanic/Latino? Yes / No

OFFICE USE ONLY: Date Received _____ Accept/ Decline Date: _____

HEC SAH CR RD Reason: _____ Incomplete Ltr. mailed _____

INCOME CHART: Circle the **combined gross income** of all individuals living in the home, including public assistance, rent payments, etc.

Number of Persons in Household	Maximum Income
1	\$48,350
2	\$55,250
3	\$62,150
4	\$69,050
5	\$74,600
6	\$80,100

Amount of Gross Income Per Person Source of Income (for example, SSI, pension, wages, etc.)
 \$ _____ /year _____
 \$ _____ /year _____
 \$ _____ /year _____

Total Gross Income \$ _____ /year

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

List all the people living in the home below (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
_____	_____	_____
_____	_____	_____

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

List the number of each item in the home: Bedrooms _____ Bathrooms _____ Stories _____

Windows _____ Approximate square feet: _____ Smoke/Fire Detectors _____ Ramps _____

Carbon Monoxide Detector _____ Central Heating and Air _____ Wall Air Conditioner _____ Heat Pump _____

Safety/Accessibility/Disabilities: Check those that apply.

	Applicant	Other Occupant
Uses a wheelchair		
Uses a walker		
Has difficulty getting in and out of the tub/shower		
Has difficulty using steps		
Has difficulty getting on and off the toilet with ease		
Has difficulty rising from a sitting position		
Currently has a mat in the bath/shower		

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

Energy Efficiency

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 or LED light bulbs?		

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 the 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 will be kept confidential and used strictly for determining my/our eligibility for this program. The home address of Home Energy recipients will be shared with SMUD, the funder of the program, for analyzing energy savings.

Signature(s) of Homeowner(s)

 Signature Date

 Signature Date

We welcome contributions for services from those we serve but it is not mandatory.
 If you'd like to make a contribution please mail a check or pay online,
 using the Donation page on our website.