



HOME IMPROVEMENT SERVICES
APPLY NOW FOR FREE HOME REPAIRS AND IMPROVEMENTS

Home improvement services are available to Rancho Cordova homeowners who meet the income guidelines. The funding is limited so those with the greatest need will be selected. The type and number of upgrades will vary per home.

There is **NO COST** to the homeowner.

Eligibility: Homeowners in Rancho Cordova whose income falls within the chart below.

Number of Persons in Household	Income Range	Number of Persons in Household	Income Range
1	\$0 - \$50,750	5	\$0 - \$78,300
2	\$0 - \$58,000	6	\$0 - \$84,100
3	\$0 - \$65,250	7	\$0 - \$89,900
4	\$0 - \$72,500	8	\$0 - \$95,700

Work will occur in 2021 and 2022.

The type of improvements and repairs may include safety and accessibility modifications, energy efficiency upgrades, carpentry, heating and air, roofs, fencing, exterior beautification, etc. Each selected homeowner will work with Rebuilding Together to identify needs, priorities and a schedule to complete the work. The work will be completed by volunteers, contractors, and employees.

***For information, contact the City of Rancho Cordova at (916)851-8755 or
 Rebuilding Together Sacramento at (916)455-1880 x 8.***

Learn about Rebuilding Together Sacramento at www.rebuildingtogethersacramento.org

HOW TO APPLY

To be considered, submit the documents listed below to Rebuilding Together Sacramento. Qualified applicants will be contacted to schedule a home preview assessment. The final homes will be selected by November 15, 2021.

DOCUMENTS TO SUBMIT

- 3-page application
- Gross income verification documents for each household member
-

Mail to: Rebuilding Together, PO Box 255584, Sacramento, CA 95865

Examples of gross income verification documents include: a Social Security or Supplemental Security Income award letter, a recent pay stub, or an income tax return with corresponding W-2 and/or 1099.

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

* (Required information)

Application Date: _____

*Last Name: _____ *First Name: _____

*Address: _____

*City: _____ Zip Code: _____

*Date of Birth: ____/____/____ Email Address: _____

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

How did you hear about us? (Check all that apply)

- Letter
- Newspaper
- Civic Group
- Neighbor
- Presentation
- School / Work
- Postcard
- Event
- Church / Faith Group
- Previous Recipient
- Senior 211 Hotline
- Friend / Family
- Internet / Website
- City / County Agency
- Health Organization: _____
- Health Professional: _____
- Other Non-Profit: _____
- Other: _____
- Television
- Staff / Board Member

Group membership (Check all that apply)

- Veteran
- Parkinson Association Member
- Meals on Wheels Participant
- Cognitive impairment such as Dementia
- Widow/er of Veteran

PROPERTY INFORMATION

*Do you own this home? Yes No If "Yes," in what YEAR did you purchase the home? _____

Is this a mobile home? Yes No In what YEAR was this home built? _____

List the number of each item in the home: Bedrooms ____ Bathrooms ____ Ramps ____

Smoke Detectors ____ Carbon Monoxide Detectors ____ Central Heating & Air Window A/C

How Is your home powered? Gas Electricity

Safety/Accessibility/Disabilities: (Check all that apply)

- Uses a wheelchair
- Has difficulty using steps
- Uses a walker
- Has difficulty getting on and off the toilet
- Has difficulty getting in/out of the tub/shower
- Has difficulty rising from a sitting position

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

INCOME: List the combined gross income of all individuals (including renters) living in the home, including public assistance, rent payments, etc.

Do you have a renter(s)? Yes No If "Yes," how much do you receive in rent? \$ _____/month

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

PLEASE MAKE SURE TO INCLUDE YOUR FINANCIAL DOCUMENTS WHEN APPLYING.

*Total Gross Income \$ _____/year

***Is your household income below 100% of the Federal Poverty Level?** Yes No

1 Person <= \$12,760	2 People <= \$17,240	3 People <= \$21,720	4 People <= \$26,200
5 People <= \$30,680	6 People <= \$35,160	7 People <= \$39,640	8 People <= \$44,120

***Do you live alone?** Yes No

***List all the people living in the home:** (use additional sheets if necessary)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Employed?</u>	<u>Disabled?</u>
_____	_____	_____	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

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

HOME SAFETY/MINOR REPAIR NEEDS (Some repairs may not be available in all areas)

1. _____
2. _____
3. _____

ADDITIONAL AREAS OF CONCERN

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Interior Painting | <input type="checkbox"/> Yardwork |
| <input type="checkbox"/> Furnace (HVAC) | <input type="checkbox"/> Water Heater | <input type="checkbox"/> Exterior Painting | <input type="checkbox"/> Carpentry / Fencing |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Debris Removal | <input type="checkbox"/> Outside Stairs |

ENERGY EFFICIENCY

Has SMUD installed energy conservation measures (weather stripping, caulking, light bulbs, etc.) in your home in the last five years? Yes No

If not, are you interested in learning more about their utility bill and weatherization services for low-income residents? Yes No

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 our address may be shared with organizations that support the service such as SMUD, Sacramento Housing and Redevelopment Agency, and Agency on Aging for purposes of tracking the impact. All other information will be kept confidential and used strictly for determining my/our eligibility for this program.

I freely consent to the unrestricted use by RTS and/or any person authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recordings of me created in connection with the Program, and I expect and anticipate no remuneration therefrom.

Signature(s) of Homeowner(s)

Signature _____
Date

Signature _____
Date

RTS is required by our funders to ask for the information below. Your response is voluntary and confidential, and will not impact your eligibility. Please check all that apply.

Race/Ethnicity

African American / Black Asian Caucasian / White Native American

Pacific Islander Decline to State Other:

Are you also Hispanic / Latino? Yes No Decline to State

Sexual and Gender Identity

Gender at birth Male Female Decline to State

Current Gender Male Female Decline to State
 Transgender Male to Female Transgender Female to Male

Sexual Orientation Straight/Heterosexual Lesbian Gay
 Bisexual Questioning/Unsure Decline to State

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