



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.

SERVICE OPTIONS

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

- Located in Sacramento County
- Mobile homeowner over 60 years old
- Low-to-moderate income homeowner

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

Our free services are available with funding from grants and donations that fluctuate throughout the year. If funding is no longer available, please contact us the following year to inquire if 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 (not eligible for free services).
- Those whose income exceeds the eligibility limits on the chart above.

To schedule an appointment for an estimate: Call 916-455-1880 x 1

CRITICAL SYSTEM REPAIRS- Rancho Cordova and Citrus Heights homeowners only. If you have received home repair grants or loans from the City of Citrus Heights or the City of Rancho Cordova in the past, call to verify eligibility before completing this application.
 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.

- Bathroom grab bars
- Toilet risers
- 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

APPLICATION PROCESS (Required for no-cost services only)

1. Return the completed application and required documents to the address listed below.
2. This application is also available on our website. (www.RebuildingTogetherSacramento.org)
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, two (2) recent pay stubs,
income tax return, or recent bank statement showing deposits

Your income might be shown in a single document or multiple documents.

***** 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
RTSapplication@rebuildingtogethersacramento.org

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 (www.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.



OFFICE USE ONLY: Date Received

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

Group membership (Check all that apply)

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

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, Uses a walker, Has difficulty getting in/out of the tub/shower, Has difficulty using steps, Has difficulty getting on and off the toilet, 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	_____

*Total Gross Income \$ _____/year

PLEASE MAKE SURE TO INCLUDE YOUR FINANCIAL DOCUMENTS WHEN APPLYING.

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)

Name	Age	Relationship	<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

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

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

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