



Homeowner Application 2020 – 2021

Program Deadlines (single application for all):

- Year-Round for Safe at Home Repair Program
- By April 15 for Fall Rebuilding Day consideration
- By October 15 for Spring Rebuilding Day consideration

Rebuilding Together Peninsula (RTP) is a nonprofit organization that provides free home repairs to income-qualified homeowners.

You are Eligible If You...

- ✓ Live in the home you own in San Mateo County or in the cities of Sunnyvale, Mountain View, Palo Alto, or Los Altos
- ✓ Own no other real estate and intend on staying in your home at least two years
- ✓ Your household qualifies as low-income (see table below)
- ✓ Have documents that prove you own your own home and meet our income qualifications

Income Eligibility

To find out if you are eligible, fill out the Household Income Worksheet on page 3 of the application and compare your total household income to the Income Eligibility Table below. You qualify if your total gross household income is below the following:

| Household Size (adults and children) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Santa Clara County Total Annual Income | \$78,550 | \$89,750 | \$100,950 | \$112,150 | \$121,150 | \$130,100 | \$139,100 |
| San Mateo County Total Annual Income | \$97,600 | \$111,550 | \$125,500 | \$139,400 | \$150,600 | \$161,750 | \$172,900 |

What does gross household income include?

- ☛ Income from all adults ages 18 and over living in your house, including any adult renters. Adults receiving no income will need to complete a zero income affidavit – please contact RTP for a copy of this document.
- ☛ All income received, including salaries, pensions/annuities, income/dividends, SSI/SSDI, rent payments, and other contributions.
- ☛ Total income before taxes and other deductions are taken.

How Do RTP's Programs Work?

Once we receive your complete application, our staff and volunteers will schedule a comprehensive assessment of repairs needed at your home. Following the assessment, projects selected for repair will be accepted into one of our core repair programs:

| | |
|--------------------------------------|---|
| Safe at Home (SAH) | Projects involve smaller-scale, critical health and safety repairs completed by a staff member and/or a handful of skilled volunteers. Repairs are completed year-round, primarily on weekdays. |
| National Rebuilding Day (NRD) | Projects are typically larger in scale, engaging approximately 20 or more volunteers per project to tackle a wide range of repair needs. Repairs will occur on or around the last Saturday of April or October. |

- Priority is given to households that have not yet received any services from our organization, as well as seniors and persons with disabilities who are unable to make their own repairs and who have no able-bodied family members to assist them.
- Social Service benefits are NOT affected if you receive RTP services.

What Repairs Will Be Considered?

Priority repairs have a direct benefit to the health and safety of your household. Following are examples of common repairs:

- Hot water or furnace repairs
- Door and window repairs
- Wall and ceiling repairs
- Floor repairs/installation
- Debris removal
- Painting
- Basic plumbing
- Basic electrical
- Basic carpentry
- Roof repairs/replacements
- Safety Modifications
- Fence and/or gate repairs

RTP is limited in the type of work we can complete based on funding and volunteers available. Large, resource-intensive projects like roofing, painting, landscaping, or fencing outside are primarily considered for our National Rebuilding Day program in April or October. RTP does not do structural repairs such as foundations, framing, seismic retrofitting, new construction, or room additions. We also may not be able to work on projects that include repairs that were done without proper permits.

To Apply

- Fill out all pages of the application.
- All adults in household must sign the application.
- Gather required documents to prove your home ownership, residence, and household income. See application page 3 for a list of documents RTP accepts.
- Make copies of those documents. Black out all social security numbers and bank account numbers – we only need the documents to show name and/or address.
- Detach and keep this page so that you can follow up with RTP.
- Mail or e-mail the signed application to RTP:

Post Mail or Drop off:

Rebuilding Together Peninsula

841 Kaynyne St.

Redwood City, CA 94063

OR Email: info@RTPeninsula.org

Scan and email application in pdf
format with all necessary
documentation.

Once RTP Receives Your Application...

RTP will follow up with you when we receive this application. If you do not receive a call within two weeks of mailing the application, please call us at 650-366-6597.

RTP is committed to providing equal opportunities for all applicants for the programs' services. All selection decisions are made without regard to unlawful considerations of race, sex, religion, national origin, age, sexual orientation, disability, or any other legally protected status.

QUESTIONS?

Contact us at

Rebuilding Together Peninsula

841 Kaynyne St.

Redwood City, CA 94063

(650) 366-6597

info@RTPeninsula.org

<http://www.RTPeninsula.org>

Alternative Repair & Weatherization Programs

Central Coast Energy Services

Provides energy assistance programs including the Home Energy Assistance Program, PG&E Care, and Home Weatherization Services for low-income households in Monterey, Santa Cruz, San Benito, Santa Clara & San Mateo Counties.

(888) 728-3637 | Bianca Salgado (831)761-7080 X 126 | energyservices.org

El Concilio, PG&E Energy Savings Assistance Program

Free weatherization & energy-use education. Repairs include appliance-testing, caulking, CFL's, weather-stripping, water heater blanket, attic insulation, exterior door replacement, window replacement, CO2 detectors, heater & water heater repair/replacement for fixed-income PG&E customers in San Mateo County.

((650) 373-1080 |Joaquin Navaez jnavaez@el-concilio.com | el-concilio.com

Senior Coastsiders

Free minor home repairs and safety modifications for low-income homeowners; Seniors (60 yrs +) or people with disabilities; coast side residents from Montara to Pescadero.

(650) 726-9056 | seniorcoastsiders.org

Home Modification Programs

Center for Interdependence of Individuals with Disabilities (CID)

Home accessibility and safety modifications, assistive technology, financial benefit counseling, and advocacy for anyone with disabilities in San Mateo County

(650) 645-1780 ext. 122 | | cidsanmateo.org

Silicon Valley Independent Living Center (SVILC)

Systems advocacy, assistive technology, housing referral/placement, and independent living skills support for people with disabilities in Santa Clara County

(408) 894-9041 | (408) 894-9012 TTY | info@svilc.org | svilc.org

**HOMEOWNER REPAIR APPLICATION
2020-21**

FOR OFFICE USE ONLY
DATE RECEIVED: _____

→ _____
Full Name(s) of Homeowner(s) write on the line above

→ _____ | CA | _____
Address (street) City State Zip

→ _____ | _____ | _____
Home Phone Cell Phone Work Phone

Check one if preferred: Home Phone Cell Phone Work Phone

→ _____
Email Address

Emergency Contact: _____ Phone # _____ Relationship to homeowner: _____

List all persons living in the home including all children, starting with the homeowner:

| Name of household member(s) | Relationship to the homeowner | Date of Birth mm/dd/yy | Age | Gender (M/F) | Disabled? (Y/N) |
|-----------------------------|-------------------------------|------------------------|-----|--------------|-----------------|
| 1. | Homeowner | / / | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

*If there are more household members in your home please add their name, age, relationship, gender, and disability status on a separate piece of paper.

House Information:

Type of Home? Single Family Mobile/RV Condo/Townhome Other: _____ House sq. ft.: _____

Year Built: _____ Year you moved in? _____ Total # of Rooms: _____ # Bathrooms _____ # Bedrooms _____

Any additions? No Yes → What year was it constructed? ____ Permits/Documentation? No Yes

Please describe the addition: _____

Do you have flood insurance on your home? No Yes *Please note if you do not have flood insurance in a required area this might limit the resources available to do repairs on your home.

Factors that have prevented you from making the repairs listed: _____

What are your repair needs?

- | | | |
|---|--|---|
| <input type="checkbox"/> Water Heater Repair | <input type="checkbox"/> Debris Removal | <input type="checkbox"/> Gutter Repair |
| <input type="checkbox"/> Furnace Repair | <input type="checkbox"/> Painting | <input type="checkbox"/> Fence and/or Gate Repair |
| <input type="checkbox"/> Wall or Ceiling Repair | <input type="checkbox"/> Electrical Repair | <input type="checkbox"/> Handrails or Grab Bars |
| <input type="checkbox"/> Door or Window Repair | <input type="checkbox"/> Basic Carpentry | <input type="checkbox"/> Plumbing Repair |
| <input type="checkbox"/> Floor Repair | <input type="checkbox"/> Roof Repair | <input type="checkbox"/> Active Leaks Repair |
| <input type="checkbox"/> Lighting Repairs | | |

Repair Comments:

Statistical Information

☛ Please note: The information on this page is for grant reporting purposes only. It will not impact the consideration of your application.

1. What is the racial and ethnic background of the household? Note all household members, including children (please write the total number of each race in the columns to the right).

| RACE | ETHNICITY | |
|--|----------------|------------|
| | # Not Hispanic | # Hispanic |
| White | | |
| Black/African American | | |
| Asian | | |
| American Indian/Alaska Native | | |
| Native Hawaiian/Other Pacific Islander | | |
| American Indian/Alaska Native and White | | |
| Asian and White | | |
| Black/African American and White | | |
| American Indian/Alaska Native and Black/African American | | |
| Other Multi-Racial | | |

2a. What gender is the head of household? (The head of household is defined as the individual financially responsible for keeping up at least half of the home). Male Female

2b. Is the household a single parent household? (a single parent is responsible for full guardianship of at least one child under the age of 18). No Yes

3a. Is the head of household disabled? No Yes. 3b. Is anyone else in the house disabled? No Yes

→If “yes,” on either question 3a or 3b please provide: Total Number of disabled occupants: _____

Description of disability/disabilities:

4. Are/were any family members of the household a member of the military? No Yes

5. Do you own any other house or hold title property in another other state or country? No Yes

→If "yes," please explain:

6. Are you the sole owner of the home? No Yes →If "No," please list all the names on the house title

and any necessary explanation:

7. Are you current on mortgage payments on the home? No Yes Home Paid in Full

8. Have you worked with another housing program or organization? (Example: CIID, PG&E, CCES, etc.)?

No Yes → Which one(s)? _____

9. How did you hear about Rebuilding Together? Please include name of publication, friend, Senior Center, relative, etc. _____

Household Income Worksheet

Please record the total monthly gross income of all individuals 18 and over living in the home, including renters. This information will remain confidential to Rebuilding Together Peninsula (RTP). Supporting documentation must be provided for each of the areas that are completed:

| Type of Income | Household monthly total from this source | Whose income? (Name and relationship to applicant) |
|-------------------------|--|--|
| Salaries | \$ | |
| SSI or SSD | \$ | |
| Social Security | \$ | |
| Alimony/Child Support | \$ | |
| Interest and Dividends | \$ | |
| Pensions and Annuities | \$ | |
| Rental Income (Tenants) | \$ | |
| Other Income | \$ | |
| | | |
| Total of all Income | \$ | |

Please list any individuals 18 and over living in the home who do NOT have any income and explain why - they will need to complete a zero income affidavit - please contact RTP for a copy of this document:

Required Support Documents Checklist

Applications must include proof of income, ownership and residence. Referring to the income worksheet above, all income from all sources must be documented for all adults ages 18 and over living in the home, including renters. If you are in an area where flood insurance is required we might also request proof of insurance.

| INCOME | OWNERSHIP | RESIDENCE |
|---|---|---|
| From <u>each adult</u> , we require copies of <u>one or more</u> of the following to verify their income: | We require a copy of <u>one</u> of the following from the homeowner: | We require a copy of <u>one</u> of the following displaying the name and address of the homeowner: |
| <input type="checkbox"/> Most recent income tax return – first two pages only (preferred documentation) <u>OR</u> all possible documents from the list below: <input type="checkbox"/> Last three bank statements <input type="checkbox"/> Last two pay stubs <input type="checkbox"/> Social security award letter <input type="checkbox"/> SSI or SSDI statements <input type="checkbox"/> Rent check(s) (From tenants) | <input type="checkbox"/> Most recent property tax bill displaying the name and address <u>OR</u> <input type="checkbox"/> Deed to property (a copy – not the original) <u>OR</u> (for mobile homes only) <input type="checkbox"/> Copy of Mobile Home Title <input type="checkbox"/> Copy of DMV Registration (RV's or trailers) | Most recent bill from: <input type="checkbox"/> PG&E <u>OR</u> <input type="checkbox"/> Utility <u>OR</u> <input type="checkbox"/> Cable <u>OR</u> <input type="checkbox"/> Home telephone |

☒ **BLACK OUT ALL** social security numbers or bank account numbers on your documents before submitting them– we only need it to show the name and/or address information.

Additional Contact Information

- Do you have a social worker, caseworker or conservator? No Yes →List their details below:
 Name/Title: _____ Phone: _____
- What is your primary spoken language? _____
 If English is not your primary language please select one of the following options:
 English is not my primary language, but I am comfortable speaking in English and do not need a translator
 I need someone to translate for me into English
 I have someone who can translate for me into English:

Name of person who will translate
Phone number
- Only complete question three if this application been prepared by someone other than the applicant:
 - Name of person preparing or assisting: _____ Phone: _____
 - Relationship to the applicant: _____ (e.g. social worker, brother, etc.).
 - Does the person assisting want to be notified prior to a home inspection visit? No Yes
 - Is the homeowner aware of the application to provide repairs to their home? No Yes.

Authorization and Verification

All household members must agree and sign at the bottom.

- ✓ I am not planning nor do I intend within the next two years to sell my home.
- ✓ I understand and agree that the work on my home may be done by volunteers.
- ✓ I authorize Rebuilding Together Peninsula to perform criminal and home ownership background checks on myself and members of the household.
- ✓ I understand there is no fee required to apply for these programs.
- ✓ I understand applications are reviewed based upon the mission of RTP and selected according to available monetary and labor resources.
- ✓ I understand that applicants and household members are expected to assist with repairs to the best of their abilities.
- ✓ There are no other financial resources available to myself or members of the household, which could be applied to these repair needs.

I hereby certify under penalty of perjury that all information presented herein is true, complete and correct to the best of my (our) knowledge. I/we understand that making false declarations is a crime punishable by law. Upon request, I/we will provide the supporting documents necessary to verify this data (e.g. pay stubs, bank account statements, etc.).

| | | |
|---------------------|------------|------|
| Applicant Signature | Print Name | Date |
|---------------------|------------|------|

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| Applicant Signature | Print Name | Date |
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