



HOMEOWNER APPLICATION

2017 - 2018

Rebuilding Together Peninsula (RTP) provides free home repair services to income-qualified homeowners in San Mateo county and northern Santa Clara county. RTP assists seniors, people with disabilities, families and other individuals in need to help ensure their warmth, safety and independence.

(650) 366-6597 | www.RTPeninsula.org

- ★ RTP services are **FREE** to chosen homeowners who meet program criteria.
- ★ Qualifying applications will automatically be considered for either **Safe At Home** (our year-round health & safety repair program) or **National Rebuilding Day** (our annual Spring home repair program).
- ★ However, qualifying applications received after October 16th, 2017 will **not** be considered for National Rebuilding Day 2018.

Are You Eligible?

1. Your home must be in San Mateo County or in the cities of Sunnyvale, Mountain View, Los Altos or Palo Alto in Santa Clara County.
2. You must **own** your home (not a renter), provide proof of ownership and live in the home.
3. You should have the intent to remain in your current home for at least two years after receiving repairs.
4. You may **NOT** own another home.
5. Your total **gross** household income (from all adults 18 and over living in the home) must be below the following:

Household Size	1	2	3	4	5	6	
Santa Clara County Total Annual Income	\$59,350	\$67,800	\$76,300	\$84,750	\$91,550	\$98,350	\$105,100
San Mateo County Total Annual Income	\$73,750	\$84,300	\$94,850	\$105,350	\$113,800	\$122,250	\$130,650

Please consider:

- ★ Total income must include any rental income you may receive.
- ★ The income figures in the chart above refer to your “gross” (income amount—your income before taxes and other deductions are removed).

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To Apply

1. Complete and sign the attached application.
2. Include copies of written proof of “income”, “ownership” and “residence.”

For example, an applicant may submit her most recent tax return, a copy of her most recent property tax bill and her most recent PG&E bill to complete her application.

All supporting documents must show name and address.

3. Return the completed application and supporting paperwork to RTP.

Program Information

- The **Safe at Home** program focuses on critical health and safety repairs typically involving only a few volunteers or vendors/staff.
- The **National Rebuilding Day** program accepts applications **through October 16th** for more extensive repair work to be completed primarily by volunteers in the Spring.
 - RTP staff visits potential project sites by the end of the year.
 - Project selection is made by February and planning occurs with the homeowner in March and April, with repairs culminating on or around National Rebuilding Day on Saturday, April 28th, 2018.
- RTP projects rely on a combination of public and private funding, including Community Development Block Grants (CDBG) funding and corporate sponsorships.
- Social Service benefits are NOT affected if you receive RTP services.
- Please note: **There is no application fee** for applying to any affiliate of Rebuilding Together. Rebuilding Together Peninsula has not authorized any other person or entity to act as its agent or to collect fees for services rendered.

RTP Project Selection Criteria

- ◆ RTP’s Project Selection Committee determines which homes will be accepted into the program based on the following criteria/variables: (1) work requested meets RTP’s mission; (2) the number of applications received in a year; (3) the need and resources available to the homeowner; (4) resources available to RTP to complete the requested repairs; and (5) the homeowner and family members’ willingness to participate in the program to the best of their physical ability.
- ◆ RTP is limited in the type of work that can be completed based on the funding and volunteers available. Due to the size and complexity of the work requested (either too much or too little), RTP may not be able to accept certain projects. RTP does not do structural repairs, such as foundations or framing.
- ◆ 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.

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REBUILDING TOGETHER PENINSULA 2017- 2018 HOMEOWNER REPAIR APPLICATION	FOR OFFICE USE ONLY DATE RECEIVED:
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→ _____
 Full Name(s) of Homeowner(s) *write on line above*

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

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

Check one if preferred phone number: home phone cell phone work phone

→ _____
 Email Address

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.	<i>Homeowner</i>	<i> / /</i>			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Emergency Contact: _____ Phone # _____

Relationship to homeowner: _____

House Information:

Is it a mobile home? no yes. Year Built: _____. What year did you move into your home? _____.
 Total Rooms: ____ Total Bedrooms: ____ Total Bathrooms: ____ House sq. ft.: _____
 Any additions? no yes → If “yes,” what year was the addition constructed? _____
 Please describe the addition: _____
 Do you any have pets? no yes → If “yes,” list the type(s) and number(s): _____
 Factors that have prevented you from making the repairs listed: _____

Top priorities for home repair:

Does your roof require repair? no yes → If “yes,” are there active leaks? no yes

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Extra projects you would like to see completed: _____

*Please note the specific disabilities on page 2, question #3

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 the household? (The head of the 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 the household disabled? no yes.

3b. Is anyone else in the house disabled? no yes

→If “yes,” on either question 3a or 3b please provide details:

Total Number of disabled occupants: ____.

Description of disability/disabilities: _____

4. Are/were any family members of the household a Veteran? no yes

→If “yes,” please complete table below (include both deceased and alive household veterans):

Name	Relationship to homeowner	Branch	# of years	Alive or Deceased?

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? yes no →If “no,” please list **all** the names on the house title and any necessary explanation: _____

7. Are you current on your mortgage payments? no yes mortgage paid off

8. Are you or have you been within the last five years at risk of default or foreclosure? no yes

→If “yes,” please explain: _____

9. Have you participated in an RTP program in the past? no yes →If “yes,” what year: _____

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

yes no →If “yes,” which one(s)? _____

11. How did you hear about Rebuilding Together? Please include name of publication, friend, senior center, relative, etc. _____

Income Worksheet

Please record the total **monthly gross income of all individuals 18 and over living in the home**. This information will remain confidential to the Project Selection Committee. (Supporting documentation **must** be provided for **each** of the areas that are completed):

Type of Income	Household monthly total from this source	Who in the household contributes? <i>(Name and relationship to applicant)</i>
Salaries	\$	
SSI or SSD	\$	
Social Security	\$	
Alimony/Child Support	\$	
Interest and Dividends	\$	
Pensions and Annuities	\$	
Rental Income	\$	
Other Income	\$	
Total of all Income	\$	

Please list any adults (18 and over) living in the home who do **NOT** contribute to the household income and explain why: _____

Required Support Documents Checklist

To be considered, 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 contributing adult household members.

INCOME	OWNERSHIP	RESIDENCE
<p>From each adult, we require copies of one or more of the following to confirm their income source(s):</p> <p><input type="checkbox"/> Most recent income tax return – first two pages only (preferred documentation)</p> <p>OR all possible documents from the list below:</p> <p><input type="checkbox"/> Last three bank statements</p> <p><input type="checkbox"/> Last two pay stubs</p> <p><input type="checkbox"/> Social security award letter</p> <p><input type="checkbox"/> W2, SSI or SSDI statements</p> <p><input type="checkbox"/> Rent check(s)</p>	<p>We require a copy of one of the following from the homeowner:</p> <p><input type="checkbox"/> Most recent property tax bill displaying the name and address</p> <p>OR</p> <p><input type="checkbox"/> Deed to property (a copy – not the original)</p> <p>OR (for mobile homes only)</p> <p><input type="checkbox"/> Copy of Mobile Home Title</p> <p><input type="checkbox"/> Copy of DMV Registration (RV's or trailers)</p>	<p>We require a copy of one of the following displaying the name and address of the homeowner:</p> <p>Most recent bill from:</p> <p><input type="checkbox"/> PG&E</p> <p>OR</p> <p><input type="checkbox"/> Utility</p> <p>OR</p> <p><input type="checkbox"/> Cable</p> <p>OR</p> <p><input type="checkbox"/> Home telephone</p>

Ⓢ **BLACK OUT ALL** social security numbers or bank account numbers before submitting documentation.

Additional Contact Information

1. Do you have a social worker, caseworker or conservator? no yes →If “yes,” list their details below:

Name/Title: _____ Phone: _____

2. 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 I 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

3. Only complete question three if this application been prepared by someone other than the applicant?

a. Name of person preparing or assisting: _____ Phone: _____

b. Relationship to the applicant: _____ (e.g. social worker, brother etc.).

c. Does the person assisting want to be notified prior to a home inspection visit? no yes

d. Is the homeowner aware of the application to provide repairs to their home? no yes.

✪YOUR APPLICATION IS INCOMPLETE WITHOUT A SIGNATURE – SIGN BELOW✪

Authorization and Verification

- ✓ 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 ability.
- ✓ There are no other financial resources available to myself or members of the household, which could be applied to these repair needs.

I, the undersigned, certify subject to disqualification that the information provided in this application is true and correct and that the provisions stated are accepted and agreed to:

Applicant Signature

Print Name

Date

Returning the Application

Post Mail or Drop off:

Rebuilding Together Peninsula
841 Kaynyne St.
Redwood City, CA 94063

Email: (scan and email application in .pdf format with ALL necessary documentation)

info@RTPeninsula.org

QUESTIONS? Please Call (650) 366-6597