Rebuilding Together
Peninsula

Homeowner Application 2023-2024

Programs (single application for all):
Safe-at-Home Repair Program: Year-Round
Rebuilding Day: April and October
Lead Paint Safety Program: Year-Round

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.
✔ 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 <u>gross</u> household income is <u>below</u> the following:

Household Size (adults and children)	1	2	3	4	5	6	7
Santa Clara County (Palo Alto residents) Total Annual Income	$92,250	$105,400	$118,600	$131,750	$142,300	$152,850	$163,400
San Mateo County Total Annual Income	$104,400	$119,300	$134,200	$149,100	$161,050	$173,000	$184,900

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 and 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 the 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: **OR** Email: info@RTPeninsula.org

Rebuilding Together Peninsula

841 Kaynyne St.

Redwood City, CA 94063

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

Additional Resources

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 | 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 | 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

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HOMEOWNER REPAIR APPLICATION
2023-2024

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FOR OFFICE USE ONLY
DATE RECEIVED:

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→ _____

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

→ _____

Email Address

Emergency Contact: _____ Phone #_____ Relationship:_____

List **ALL** persons living in the home including all children, <u>starting with</u> the Homeowner:

Name of household member(s)	Relationship to 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.

Type of Home? ❏ Single Family ❏ Mobile/RV ❏ Condo/Townhome ❏
Other:_____ Year Built: _____ Year you moved in? _____Total # of Rooms: ___# Bathrooms___# Bedrooms ___ House sq. ft.:_____ Any additions? ❏ No ❏ Yes → If yes, what year was addition constructed? _____

Was the addition permitted? ❏ No ❏ Yes Please describe the additions: _____

Do you have flood insurance on your home? ❏ No ❏ Yes

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

<u>What are your repair needs? Please check all that apply:</u>

❏ Water Heater Repair
❏ Furnace Repair
❏ Wall or Ceiling Repair
❏ Door or Window Repair
❏ Debris Removal
❏ Floor Repair

❏ Painting/if your home was built prior to 1978 you may qualify for the Lead Based Program
❏ Electrical/Lighting Repair
❏ Roof Repair

❏ Basic Carpentry
❏ Gutter Repair
❏ Fence and/or Gate Repair
❏ Handrails or Grab Bars
❏ Plumbing Repair
❏ Active Leaks

Repair Comments: _____

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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 & 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 ❏ Non-Binary

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/organization? (Example: CIID, PG&E, CCES, etc.)?
❏ No ❏ Yes → Which one(s)?_____

9. Do you have any tenants living in your residence? ❏ No ❏ Yes → If "Yes," how many _____

10. 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 <u>each</u> 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 from Tenants	$	
Other Income	$	
Total of all Income	$	

Please list any individuals 18 and over living in the home who do <u>NOT</u> 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**.

INCOME	OWNERSHIP	RESIDENCE
<u>From 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 & address of homeowner:
❏ Most recent income tax return – first two pages only (preferred) **OR** all possible documents from the list below: ❏ Last three bank statements - **must show deposits from employer/social security/SSI/SSDI** ❏ Last two pay stubs ❏ Social security award letter ❏ SSI or SSDI statements ❏ Rent checks from tenants	❏ Most recent property tax bill displaying the name and address <u>OR</u> ❏ Deed to property (a copy – not the original) <u>OR</u> (for mobile homes only) ❏ Copy of Mobile Home Title ❏ Copy of DMV Registration (RV's or trailers)	Most recent bill from: ❏ PG&E <u>OR</u> ❏ Utility <u>OR</u> ❏ Cable

✪ Black-out/white out <u>ALL</u> 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

1. Do you have a social worker, caseworker or conservator? ❏ No ❏ Yes →List their details below:

Name/Title: _____ Phone: _____

2. What is your primary spoken language? _____
If English is not your primary language, please select <u>one</u> of the following options:

❏ English is not my primary language, but I am <u>comfortable</u> speaking in English and do not need 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

Authorization and Verification

<u>All</u> 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

_____

Applicant Signature   Print Name   Date

_____

Applicant Signature   Print Name   Date

_____

Applicant Signature   Print Name   Date

_____