

# Homeowner Application 2024-2025

Rebuilding Together Peninsula (RTP) provides free home repairs to qualified homeowners.

# Our Programs (one single application applies for all):

Safe-at-Home Repairs: Year-Round Rebuilding Days: April and October Lead Paint Safety: Year-Round

## You are Eligible If You...

- ✔ Live in the home you own in San Mateo County / Santa Clara 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 Note: Our Lead Paint Safety program is open to San Mateo County homeowners, regardless of household income, as well as tenants and renters in buildings of four units or less.

## **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
San Mateo County Total Annual Income	\$109,700	\$125,350	\$141,000	\$156,650	\$169,200	\$181,750	\$194,250
Santa Clara County Total Annual Income	\$102,300	\$116,900	\$131,500	\$146,100	\$157,800	\$169,500	\$181,200

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	Smaller-scale, critical health and safety repairs completed by a staff membe and/or skilled volunteers. Repairs are completed year-round, primarily on weekdays.		
Rebuilding Days	<b>uilding Days</b> Typically larger-scale projects, engaging a team of volunteers to tackle a warange of repair needs. Generally, repairs occur on or around the end of Apra and the middle of October.		
Lead Paint Safety	In partnership with San Mateo County, remediation for lead paint in the home, with priority given to households with children in the home.		

- 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.
- Priority is given to prior recipients, provided RTP service was provided at least five (5) years prior.
- 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 and safety modifications:

• Hot water or furnace repairs

Basic plumbing and electrical

Basic carpentry

Painting

- Door and window repairs
- Wall and ceiling repairs
- Floor repairs/installation

Roof repairs/replacements

Debris removal

• 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, as 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 to:	OR	Email to: info@RTPeninsula.org
Rebuilding Together Peninsula		Scan and email application in pdf
841 Kaynyne Street		format with all necessary
Redwood City, CA 94063		documentation (see page 3)

## **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.

## Do You Have Questions? Contact us at:

Rebuilding Together Peninsula 841 Kaynyne Street Redwood City, CA 94063 (650) 366-6597 Email: <u>info@RTPeninsula.org</u>

## **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 | <u>el-concilio.com</u>

#### **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.or

#### **REBUILDING TOGETHER PENINSULA** HOMEOWNER REPAIR APPLICATION 2024-2025

FOR OFFICE USE ONLY DATE RECEIVED:

Full Name(s) of Homeowner(s) w	rite on the line at	oove			
				CA	
Address (street)		City		State	Zip
1		I			
Home Phone	Cell	Phone		Work Phone	
Check one if preferred: 🗖 Home I	Phone 🗖 Cell F	hone			
Email Address					
Emergency Contact:	Phone	e #	Rel	ationship:	
List <u>ALL</u> persons living in the home					
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.					
<ul> <li>S.</li> <li>*If there are more household members in your home place</li> </ul>	ease add their name, age, re	lationship, gender, and g	l disability statu	us on a separate pie	ce of paper.
Type of Home?	⊐ Mobile/RV □ uilt: Year y	Condo/Townh ou moved in? _	ome 🗖 Tota	al # of Room	าร:#
Was the addition permitted? 🗖 No	Yes Please	describe the ad	ditions: _		
Do you have flood insurance on you Factors that have prevented you fro					
What are your repair needs? Please	<u>e check all that ap</u>	<u>pply:</u>			
<ul> <li>Water Heater Repair</li> <li>Furnace Repair</li> <li>Wall or Ceiling Repair</li> </ul>	Painting/if y was built prior t may qualify for	our home o 1978 you			

- Door or Window Repair
- Debris Removal
- **I** Floor Repair

- Based Program **D** Electrical/Lighting Repair
- **D** Roof Repair

- Handrails or Grab Bars
- **D** Plumbing Repair
- □ Active Leaks

# Repair Comments: \_\_\_\_\_

## **Statistical Information**

- Please note: The information on this page is for grant reporting purposes only. It will <u>not</u> 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 <u>financially responsible</u> for keeping up at least half of the home). 
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) 
2b. No
2b. Yes

3a. Is the Head of Household disabled? 🗖 No 🗖 Yes

**3b.** Is anyone else in the house disabled? **D** No **D** Yes

 $\rightarrow$ 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? **D** No **D** 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?  $\Box$  No  $\Box$  Yes  $\rightarrow$  If "No," please list <u>all</u> 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.)? **1** No **1** Yes  $\rightarrow$  Which one(s)?

**9.** Do you have any tenants living in your residence?  $\Box$  No  $\Box$  Yes  $\rightarrow$  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 **each** of the areas that are completed.

Use the 'Confirm Attached' column to verify that each noted document is attached with the application.

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

Please list any individuals 18+ 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, <u>all income from all sources must be documented for all adults (ages 18+) living in</u> <u>the home, including renters</u>.

INCOME	OWNERSHIP	RESIDENCE
From each adult, we require copies 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:
<ul> <li>Most recent income tax return - first two pages only (preferred)</li> <li>AND</li> <li>Last two consecutive pay stubs</li> <li>OR ALL of the following: <ul> <li>W-2 Statement (if applicable)</li> <li>Retirement Benefits Statement (if applicable)</li> <li>Unemployment Benefit Statement(if applicable)</li> <li>Zero Income Affidavit(if applicable)</li> <li>SSI award letter (if applicable)</li> <li>Sporadic Income (if applicable)</li> <li>Rental Income (if applicable)</li> </ul> </li> </ul>	<ul> <li>Most recent property tax bill displaying the name and address</li> <li>OR</li> <li>Deed to property (a copy – not the original)</li> <li>OR (for mobile homes only)</li> <li>Copy of Mobile Home Title</li> <li>Copy of DMV Registration (RVs or trailers)</li> </ul>	Most recent bill from: PG&E OR Utility OR Cable

Solution 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**

- 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 t	than the applicant:
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- a. Name of person preparing or assisting: \_\_\_\_\_ Phone: \_\_\_\_\_ 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 all 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