



Oakland | East Bay

HOMEOWNER APPLICATION 2019-2020

520 3rd Street Suite 109

Oakland, CA 94607

Tel: 510-625-0316

Fax: 510-625-0436

TO APPLY:

1. Complete and sign the attached application.
2. Include copies of written proof of "income", "ownership" & "residence."
3. Return the completed application and supporting documentation to Rebuilding Together Oakland | East Bay (RTO|EB).

To qualify, you must meet the following criteria for FREE services:

- ✓ Own and live in your Oakland/Hayward home (a mortgage is okay).
- ✓ Be over the age of 62 and/or have a certified disability or are a caregiver or a Veteran.
- ✓ Qualify as low-income by Alameda County standards, according to the guidelines listed here:

1 Person	- \$69,000	2 Persons	- \$78,850	3 Persons	- \$88,700
4 Persons	- \$98,550	5 Persons	- \$106,450	6 Persons	- \$114,350
7 Persons	- \$122,250	8 Persons	- \$130,100		

The selection decision is not and shall not be made on the basis of race, color, religion, national origin, sex, marital status, sexual orientation, AIDS, ARC, disability or veteran status.

Rebuilding Together Oakland | East Bay is the largest volunteer organization in the U.S. dedicated to rehabilitating homes for low-income seniors and people with disabilities. We want those we help to be able to remain in their homes safely and with dignity.

Repairs are **Free** to the homeowner and come with no strings attached. However, if you are accepted into the program, we require that you do not sell, rent or transfer ownership of your home for 5 years after our work is complete. All projects are completed by community volunteers and family members working side-by-side. The costs of the repairs and modifications are fully covered through fees paid by sponsoring organizations and grants, so **there is never any cost to the homeowner**. All able bodied family members or visitors over the age of 14 are expected to work along with the volunteers on Project Day.

Everyone we work with has financial need; and every home we work on needs significant work. We have limited resources and receive applications from many more homeowners than we can help. We do not maintain a waiting list. However, you may reapply if your home is not chosen, and if we determine that there is not enough work at your home to occupy a volunteer team for one day, you will be automatically referred to our Safe at Home program. Please feel free to contact me if you have any questions.

Sonia Barragan

Program Coordinator

510-625-0316 x 104

sonia@rtoakland.org

Program Information

Safe at Home is a **year-round** program that provides home safety modifications such as installing bathroom safety equipment and replacing smoke detectors.

- This program is available to both homeowners and tenants.
- Applications are accepted year round.

National Rebuilding Day is a **once yearly** program that repairs and renovates the homes of people who, due to age, financial limitations, or disability, cannot do the work themselves. Each year on the last Saturday in April, National Rebuilding Day unites the largest nationwide group of volunteers from all walks of life to rehabilitate homes and community facilities and revitalize Oakland | East Bay neighborhoods.

- This program is only available to homeowners.
- Work is performed in one or two days by large groups of 25-30 volunteers
- RTO | EB staff visits potential project sites by the end of the year.
- Project selection is made by mid-February and planning occurs with the homeowner in March and April leading up to work on the last Saturday in April

General Information

- RTO|EB services rely on volunteer support to complete the work.
- RTO|EB rely on a combination of public and private funding.
- Social Service benefits are NOT affected if you receive RTO|EB services.
- Please note: **There is no application fee** for applying to any affiliate of Rebuilding Together. The services provided by Rebuilding Together Oakland | East Bay are **FREE**. RTO|EB has not authorized any other person or entity to act as its agent or to collect fees for services rendered.

PLEASE KEEP FOR YOUR RECORDS



Oakland | East Bay

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HOMEOWNER APPLICATION 2019-2020

For Office Use Only Date Received: _____ Veteran: ☐ Yes ☐ NO District: _____ CDBG ☐ Yes ☐ NO

Income: \$ _____ HUD: ☐ Extra Low ☐ Low ☐ Moderate Roof: ☐ Yes ☐ NO Ramp: ☐ Yes ☐ NO SAH: ☐ Yes ☐ NO

Proof of ☐ Ownership ☐ Income ☐ Residence Heard of RTO|EB from: _____ Age: _____

Applicant Information

Name of Applicant: _____

Address: _____ City and Zip _____

Primary Phone # _____ - _____ - _____ home/mobile/work Alternate Phone # _____ - _____ - _____ home/mobile/work

Email: _____ Date of Birth: _____

Person to call if we can't reach you ☐ Please use as main contact



We must have a second contact!!!

Name: _____ Relationship: _____

Address: _____ City and Zip _____

Primary Phone # _____ - _____ - _____ home/mobile/work Alternate Phone # _____ - _____ - _____ home/mobile/work

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

Name of household member(s)	Relationship to Homeowner	Date of Birth MM/DD/YY	Gender (M/F)	Disabled? (Y/N)	Annual Income
1.	Homeowner	/ /			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

House Information


What year was the home built? _____. What year did you move into your home? _____.

Number of Stories: _____ Total Bedrooms: _____ Total Bathrooms: _____ House sq ft.: _____

Do you have homeowner's insurance? ☐NO ☐YES

Do you own your home? _____ Do you have a mortgage payment ☐NO ☐YES

Do you plan on selling your home in the next 3-5 years? ☐NO ☐YES

Have you been cited for any housing code violations? ☐NO ☐YES  If "yes," please provide a copy of the notification

Would you be comfortable with a team of 25 plus volunteers working in your home at one time? ☐NO ☐YES

Have you participated in our program in the past? ☐NO ☐YES (Returning clients will not be excluded)

Do you have any pets? ☐NO ☐YES  If "yes," list type(s) and number(s): _____

Top priorities for home repairs:

Does your roof require repair? ☐NO ☐YES  If "yes," are there active leaks? ☐NO ☐YES

TOP 4 Priorities

1. _____ 2. _____

3. _____ 4. _____

Additional Projects you would like help with: _____

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

Any other information you think we should know while we consider your application? _____

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 all columns to the right).


Race/National Origin Of Head of Household (HH) & Other Household Members (OT)	Ethnicity			
	HH - Not Hispanic	# OT Not Hispanic	HH - Hispanic	# OT Hispanic
American Indian or Alaskan Native				
Asian				
White				
Black or African American				
IF none of the above please choose one of the following:				
Native Hawaiian or Other Pacific Islander				
American Indian or Alaska Native & White				
Asian & White				
Black or African American & White				
American Indian/Alaska Native & Black/African American				
IF none of the above please choose one of the following:				
Other Multi-Racial (specify) _____				

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.  **Is anyone in the home a veteran or spouse of a veteran?** ☐ Yes ☐ No
(We often have additional funds for veterans)


 If "yes" please complete table below (include both deceased and alive household veterans):

Name	Relationship to homeowner	Branch	Dates	# of years	Living or Deceased?


5. Do you own any other house or hold title property in another state or country? Is the head of the household disabled? ☐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 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 RTO | EB program in the past? If "yes," what year: _____
(Returning clients will not be excluded)

10. Have you worked with another housing program or organization? PG&E Energy Partners or Care Programs, Spectrum, or weatherization services? ☐NO ☐YES  If "yes, Program Name & Year of service:_____

11. Do you receive services from any social agencies or do you participate in any senior organizations? Examples: Network for the elders, or Meals on Wheels (Receiving services from other social agencies will NOT disqualify you from RTO | EB).

☐NO ☐YES  If "yes, Program Name (s):_____

(Receiving services from other social agencies will NOT disqualify you from RTO | EB).

12. **How did you hear about Rebuilding Together Oakland | East Bay?**

☐ Flyer ☐ TV ☐ Radio ☐ Newspaper ☐ Social Worker ☐ Senior Center ☐ Friend
☐ Neighbor ☐ Other _____

13. **Can we share your name with other social service programs?** ☐NO ☐YES

Do you have a social worker or care manager? ☐NO ☐YES  If "yes," fill out the info below.

Name:_____ Agency Name: _____

Phone:_____ Cell Phone:_____ Fax Number:_____

Do you care for an elderly/disabled person in your home? ☐NO ☐YES

 If "yes," is it licensed? ☐NO ☐YES

Do you run a daycare facility at your home? ☐NO ☐YES

 If "yes," is it licensed? ☐NO ☐YES

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 RTO | EB. (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? (Name and relationship to applicant)
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
From each adult , we require copies of one or more of the following to confirm their income source(s):	We require a copy of one of the following from the homeowner:	We require a copy of one 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) OR a copy of your <input type="checkbox"/> W2, SSU SSDI and/or benefit/retirement statement(s)	<input type="checkbox"/> Most recent property tax bill displaying the name and address OR <input type="checkbox"/> Deed to property (a copy – not original)	Most recent bill from: <input type="checkbox"/> PG&E OR <input type="checkbox"/> Utility OR <input type="checkbox"/> Cable OR <input type="checkbox"/> EBMUD OR <input type="checkbox"/> Home telephone



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

Home Health and Safety Needs

These 30 priorities help focus attention on significant health and safety hazards within your home and help us establish an overall picture of your current living conditions and how we might be able to help you.

For each question please answer yes, or no.	Yes	No	
Do you have working smoke detectors?			
Do you have working carbon monoxide alarms?			
Do you have a current fire extinguisher?			If yes, do you know how to use it? <input type="checkbox"/> Y <input type="checkbox"/> N
Do you already have grab bars where needed?			If no, in how many bathrooms needed? _____
Is it easy for you to get:			
a) in and out of the shower or bathtub?			If no, in how many bathrooms needed? _____
b) on and off of the toilet			If no, in how many bathrooms needed? _____
Do you have enough secure handrails on all stairs?			If no, do you need them: Inside? Y / N Outside? Y / N
Is your furnace vent secure and working properly?			
Are your electrical outlets free of sparking?			
Do all bathroom sinks, toilets, baths & showers work?			Which is broken: Sink__ Toilet__ Bath/Shower__
Do your refrigerator, stove and water heater work?			Which is broken: Fridge__ Stove__ Water Heater__
Are all stairs and decks front and back safe?			
Do you have good lighting inside and outside?			If no, which needs improving: Interior__ Exterior__
Is your home clear of tripping hazards?			
Are there guardrails around high porches or decks?			
Are your windows and doors functional and secure			
Does your house have gutters and downspouts?			
Is your house free of active leaks and moisture?			Leaks at: Roof__ Basement__ Pipes__ Faucet(s) __
Is your clothes dryer vented to the outside?			
Do you have exhaust fans installed in your:			
a) kitchen above your stove?			
b) bathrooms?			
Is the temperature in your home usually comfortable?			
Is your home free of wide cracks or gaps on the outside?			
Is your home free of pests and/or rodents?			
If you have carpeting is it clean and in good condition?			If you do not have carpeting, choose "Yes")
Are your house numbers visible from the street?			
Is interior paint and are walls in good condition?			How old: 0-5 yrs__ 5-10 yrs__ 10-20 yrs__ 20+ yrs__
Do you heat your home with a furnace?			Do you use: Space heater__ Wall heater__ Oven__
Are all appliances in good working order?			If no, which is broken: _____
If you have a security gate, do you need a key to exit?			
Do you often use your backyard or garden?			
Would you benefit by removing unwanted items from your home, garage or yard?			If yes, please describe:

Homeowner Statement of Agreement and Eligibility

I _____ have asked Rebuilding Together Oakland | East Bay (RTO|EB) to provide repairs to my home located at _____ in _____, CA. I understand that RTO|EB is funded by charitable donations and grants to provide assistance to low-income elderly or disabled homeowners who have no other means to afford home repairs. The selection decision is not and shall not be made on the basis of race, color, religion, national origin, sex, marital status, sexual orientation, AIDS, ARC, disability or veteran status.

I also understand that Rebuilding Together Oakland | East Bay is obligated to use its charitable donations and government funds only for assistance to eligible homeowners. In addition, I understand that to knowingly submit false information is considered fraud and punishable under law. By signing my name to this statement, I guarantee that I am eligible to receive this assistance, as follows:

(initial)

_____ I do swear that the total annual income for all residents in my home is _____.

_____ I am the sole owner of the home at the above address OR I share ownership with person or persons who are also eligible to receive this assistance.

_____ This property is my full-time residence.

_____ I am current on my mortgage and not in default or foreclosure

_____ I will not sell, rent or transfer ownership of this house for five years after completion of repairs.

_____ I, my spouse, and/or any other owners of my home have no other financial resources to afford the services that I have requested.

_____ I am aware that Rebuilding Together Oakland | East Bay is a neighbor-helping-neighbor Organization, and I will do everything possible to get my friends and family to help on the workday or days.

_____ I am aware that Rebuilding Together Oakland | East Bay is a one to three weekend volunteer program. Promises cannot be made as to the specific work that will be done. I understand it may not be possible for volunteers to return after the final Rebuilding Weekend.

_____ I authorize Rebuilding Together Oakland | East Bay to conduct such investigations as it deems necessary to confirm the safety of its volunteers, including the use of criminal background checks and consultation with the local police as to reports at the residence.

_____ I certify that ALL information provided on this application is complete and correct.

Homeowner Signature _____ Date _____

Preparer Signature (if not homeowner) _____ Date _____

Printed name

Phone

Relationship