



HOMEOWNER APPLICATION

Rebuilding Together East Bay-North

Dear Applicant,

Thank you for your interest in Rebuilding Together East Bay-North. Enclosed is an application for our free home-repair program. Please complete and return the application **and necessary information requested** at your earliest convenience.

To qualify, you must:

- Own and live in your Albany, Berkeley, Richmond, San Pablo or an Emeryville home (still owing on your mortgage is okay);
- Be low income, age of 62 or over and/or have a certified disability
- In **Berkeley, Richmond, San Pablo & Albany** low-income guidelines are:

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$32,350	\$36,950	\$41,550	\$46,150	\$49,850	\$53,550	\$57,250	\$60,950

- In **Emeryville** low-income guidelines are:

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$46,050	\$52,600	\$59,200	\$65,750	\$71,050	\$76,300	\$81,550	\$86,800

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

Rebuilding Together 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 live at home safely and with dignity.

Repairs are free. However, if you are accepted in the program, we ask that you do not plan to sell, rent or transfer ownership of your home for 3 years after our work is complete. We require that all able-bodied family and friends over the age of 14 who are at the home on our workdays help out in some way.

Everyone we work with has financial need; 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 re-apply next year if your home is not chosen, unless we have determined that there is not enough work at your home to occupy a volunteer team for one day or if your application has fraudulent information.

Please feel free to contact the Rebuilding Together East Bay-North office if you have any questions. Thank you for your application.

Application Due Date _____



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Please complete the following information in order to be considered for the next Rebuilding Together East Bay - North repair project. Please call (510) 644-8979 if you need help completing the form. **Incomplete applications will not be considered.** All applications including the requested tax return or other financial information must be complete and submitted by the date indicated on Page 1. Return via mail to: 3318 Adeline Street, Berkeley, CA 94703 / FAX 510-644-6231

1. Applicants (The Applicant and Co-Applicant(s) are only the persons listed on the title)

Name of Applicant _____ Age _____

Disabled: Yes or No (please circle one) Disability _____

Street Address _____ City _____ Zip _____

Cross Street _____ Phone Number _____

Name of Co-applicant _____ Age _____ Disability _____

← **Check box if Applicant, applicant's spouse is / or was a Veteran** – Occasionally we receive funding for veterans (living or deceased) or spouses of said veterans.

II. LIST ALL RESIDENTS IN HOME (Use reverse if needed)	(Each resident must be listed below or use reverse for more space. It is okay to have family members or friends lining in the house)				
Name:	Age	Relationship	Disabled	Non-Hispanic	Hispanic Ethnicity
1.		APPLICANT	Y / N		
2.		CO-APPLICANT	Y / N		
3.			Y / N		
4.			Y / N		
5.			Y / N		
6.			Y / N		

ETHNICITY DESCRIPTIONS	Must check at <u>least one</u> for each person in home. And please check all that apply.									
RESIDENT IN HOME #:	1	2	3	4	5	6	7	8	Total	
American, Indian or Alaska Native										
Asian										
Black or African American										
Native Hawaiian or other Pacific Islander										
White										
COMBINED RACE CATEGORIES										
American, Indian or Alaska Native and White										
Asian and White										
Black or African American and White										
American Indian, or Alaska Native and Black or Afr. American										
Other Multi-ethnic										
Unknown Multi-ethnic										
Combined Race Categories										
TOTALS										



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NAME _____ ADDRESS _____

III. Income:

Applicant(s) must submit current verification of each source of income for **each person living in the home**. Please attach a copy of last year's tax return, as well as a second form of verification such as a recent benefit statement, and pay stub. If you do not have these documents, please call the office to determine what would be an acceptable substitute at 510-644-8979.

TYPE OF INCOME	Applicant's annual	Co-applicants annual income:	Other Resident's annual income
Employment			
AFDC			
Retirement/Pension			
Social Security/Disability			
Social Security			
Child Support/Alimony			
Rental Income			
VA			
Other			
TOTAL INCOME			
COMBINED TOTAL INCOME			

TYPE OF EXPENSES	Applicant's annual	Co-applicants annual income:	Other Resident's annual income
Gas & Electric			
Water Bill			
Telephone			
Cellular Phone			
Cable TV/Satellite TV			
All Credit Card Payments			
Other:			
Other			
TOTAL EXPENSES			
COMBINED TOTAL EXPENSES			

LIST LOANS & CREDITORS	Loan Amount	Monthly Payment	Balance	Is account delinquent? Please explain:

ASSETS

Property (Value of Home) _____	Checking accounts balance _____
Automobiles _____	Savings accounts balance _____
Other major assets _____	Stocks & other paper accounts _____
	Cash on hand _____
	TOTAL ASSETS _____



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Name _____ Address _____

IV. PROPERTY INFORMATION

Year purchased: _____ Approximate year house was built _____

of rooms _____ # of floors _____ # of bedrooms _____ # of bathrooms _____

First mortgage holder name: _____ Payment: _____

Second mortgage holder name: _____ Payment: _____

Amount of Property Taxes per year: _____

Home Owners Insurance Company: _____ Policy # _____

Phone Number: _____ Monthly Payment _____

V. NEED REPAIRS:

Please list your top-priority repair needs. Rebuilding Together does **not** guarantee that all requested items can or will be addressed if your home is selected. Our primary goal is to make your home safer and more accessible.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

VI. CONTACT NUMBERS:

List names and telephone numbers of family members and friend who live in the area.

	Name	Telephone Number	Alternate Telephone Number	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

VII. ADA INFORMATION:

Do you or any other household members have any physical disabilities and/or medical problems of which we should be aware in assessing the repairs needed?



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VIII. HOME VOLUNTEERS:

This is a volunteer effort that believes in neighbors helping neighbors. If your home is selected we would hope that you or your family and friends will help by working with us by cleaning the house, removing breakable objects an wall hangings ahead of time and thanking the volunteers during and after the event.

Can you help us help you?

YES ____ NO ____

Please list the names of family members and friends, who will be willing to work with the volunteers to repair your home:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

IX. Please answer the following questions:

- a. Have you applied to this program before? Yes_____ No_____
- b. Has your house ever been worked on by Rebuilding Together or Christmas in April? Yes_____ No_____
- c. Have you participated in a City of Berkeley or any other city loan interest program? Yes_____ No_____
- d. May we forward your application to agencies who provide free repair for their residents? Yes_____ No_____
- e. Will you be able to attend a orientation meeting for homeowners? Yes_____ No_____

XI. I /We certify that the above information is true and correct to the best of my/our knowledge. I / We also authorize you to check any references necessary to complete the process of this application for the purpose of receiving housing rehabilitation through Rebuilding Together. I /We also understand that this information will be kept confidential, unless otherwise agreed and will be used strictly for the purpose of determining my/our eligibility for the Rebuilding Together Program and for planning home repair work.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Referred by: _____ Telephone # _____

Relationship to applicant: _____

Rebuilding Together East Bay - North fostering warmth, safety, and independence in our community by repairing homes and revitalizing neighborhood facilities.

The City of Berkeley's Department of Housing provides partial funding for the Rebuilding Together Program.



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HOMEOWNER AGREEMENT & RELEASE FROM LIABILITY

In the event that my application is selected for home repair:

I give permission for Rebuilding Together East Bay-North, its volunteers, and/or participating trades workers to perform repairs on my home located at: _____.

I understand that Rebuilding Together East Bay-North, is a volunteer initiative and that promises cannot be made as to the specific work that will be done.

I understand that the general plan for the repair(s) will be explained to me. I further give Rebuilding Together East Bay-North, its volunteers and participating trades workers full authority to determine the extent of the repair(s) to be performed even if they should fail to notify me of any change from the original plan.

I understand that that repair(s) will be performed free of charge by volunteers and/or participating trades workers, and Rebuilding Together East Bay-North, its volunteers and participating trades workers disclaim all warranties, expressed or implied concerning the repair(s).

I agree that I will cooperate with the Rebuilding Together East Bay-North representatives.

In consideration of the repairs(s), I further hold Rebuilding Together East Bay-North, its officers, directors, employees, agents, donors, volunteers, participating trades workers and other affiliates, collectively and individually, harmless from any claims and liabilities arising at any time as a result of the repairs, including, without limitation, any rights or causes of action resulting from personal injury or death, or damage to my property, directly or indirectly arising from any improperly performed repair(s) or defects in material or workmanship.

I also grant Rebuilding Together East Bay-North permission to take, or have taken, still and moving photographs and films, including television pictures of my home, myself and those occupying my home. I consent and authorize Rebuilding Together East Bay-North, its advertising agencies, news media and other persons interested in Rebuilding Together East Bay-North and its works, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

No inducements or promises have been made to me to secure my signature to this release other than the intention of Rebuilding Together East Bay-North to perform the repairs and improvements and to use such photographs, film, and pictures for the primary purpose of promoting and aiding its program and its works.

Signed this _____ day of _____ 20____ .
DAY MONTH

HOMEOWNER

WITNESS

HOMEOWNER

WITNESS



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Rebuilding Together East Bay-North Homeowner Statement of Eligibility

I, _____ have asked Rebuilding Together to assist me by providing free repair and safety modifications to my home at (address) _____ in the city of _____, CA, zip code _____

I understand that the Rebuilding Together East Bay-North is funded by charitable donations and grants to provide assistance to low income elderly homeowners who have no other means of affording homes repairs and safety modifications that are essential to the health and safety of the homeowners.

I also understand that Rebuilding Together East Bay-North is obligated to use its charitable donations and government funds only for the assistance of eligible homeowners. By signing my name on this statement, I guarantee that I am eligible to receive this assistance as follows:

1. All the information that I have submitted on my application is complete and true to the best of my knowledge, including the fact that I and/or my co-applicant is 62 year of age or older, or physically disabled.
2. I am/ we are the sole owner(s) of the home at the address written above, or I share ownership and occupancy with one or more other persons who are eligible to receive assistance.
3. This same home is mine and my co-applicants full-time residence.
4. I have no intention of selling this home or transferring ownership of this home within three years of the signature date of this document.
5. I, my spouse, my domestic partner, my family members, and/or any other owners of my home do not have financial resources to make the repairs and safety modifications I have requested.
6. I authorize Rebuilding Together East Bay-North and its representatives to complete any required paperwork for obtaining building permits that may be necessary to repair my home.
7. I understand that Rebuilding Together East Bay-North is a neighbor-helping-neighbor organization, and I will do everything possible to get family and friends to help me.
8. I am aware that Rebuilding Together East Bay-North is a one-day, volunteer initiative, and that promises cannot be made as to the specific work that will be done. Furthermore, I understand that it may not be possible for volunteers to return after the main Rebuilding day.
9. I understand that, in the presence of Rebuilding Together East Bay-North volunteers, the use of alcohol, sale or use of drugs other than as prescribed by a doctor, or any behavior which threatens or creates discomfort to the volunteers on my/our part or the part of my/ guests or family is cause for immediate cancellation of all scheduled work at my home.

Signature of Applicant Date

Signature of Co-Applicant Date

Signature of Witness Date

Printed Name of Witness Telephone No