



Homeowner Application for Repair Services

Rebuilding Together --EAST BAY NORTH
3318 Adeline St, Berkeley, CA 94703
Telephone: 510-644-8979
EMAIL: Info@RTEBN.org

Dear Applicant,

You may remember us as "Christmas in April" – only our name has changed – our services are the same. Our repairs are focused on your health, safety, and thermal comfort.

To qualify for our services, you must meet the minimum qualifications listed below:

- You must own, and live in your home in Berkeley, Albany, Emeryville, or Richmond (you can still have a mortgage on your home); *and*,
- You must be age 62 or over, -OR- have a certified disability, *and*,
- Your home must need renovations or repairs that will improve your safety, accessibility, or thermal comfort; *and*,
- You must meet the income guidelines listed below:

Number of People in Household	Income no more than:
1	\$50,150
2	\$57,300
3	\$64,450
4	\$71,600
5	\$77,350
6	\$83,100

Our selection of applicants is not made on the basis of race, colour, religion, national origin, sex, marital status, sexual orientation, gender identity, or veteran status.

Although repairs are free, we require that you do not sell, rent, or transfer ownership of your home to anyone else for three years after our work is completed.

We also require that all able-bodied family and friends over the age of 14 help on workdays in some way.

Everyone we work with has a financial need; every home we work on needs significant work. Our organization has limited resources, and receives applications from more homeowners than we can help. If your application is denied, please re-apply the following year. We do not maintain a waiting list.

If you meet these initial guidelines, we will send our team to come and assess your home for possible repairs or improvements, and develop a scope of work based on your needs. If there is more work than we can do, we will try and bring in other non-profit organizations, and pool our resources to help you. We may not be able to do everything in one day, or one year. We may refer you to other City of Berkeley programs if you are a Berkeley resident.

Please feel free to contact our Rebuilding Together EAST BAY NORTH office if you have any questions, at 510-644-8979, or email Info@RTEBN.org

Thank you!



Homeowner Application for Repair Services -- Page 1

Please complete the following. If you need assistance in filling this out, please call us at 644-8979, and someone from our team will help you. To be considered for our services, this application, and all required attachments, must be provided to us.

I. APPLICANT INFO Please answer the following questions so we can process your application. (Circle your answer)

Have you sent us an application before?	Yes	No
Has your house ever been worked on by Rebuilding Together, or <i>Christmas in April</i> ?	Yes	No
Are you participating in the City of Berkeley Senior Home Loan program?	Yes	No
May we share your application information with other agencies that could help you, or provide other home services?	Yes	No
Will you be able to attend the required orientation meeting for homeowners?	Yes	No

Applicant Name (Must be on the property title)	Age	Disabled ?	What is the disability	Veteran?	Ethnicity*

Street Address (you must live here)	City	Zip Code

Phone Number	EMAIL

Co-Applicant name, if any (name must appear on the title)	Age	Disabled ?	What is the disability	Veteran?	Ethnicity*

Street Address (you must live here)	City	Zip Code

Name(s) of Other Residents in the Household	Age	Disabled ?	Relationship	Ethnicity *

**Use the following code for each ethnicity; you MUST indicate the ethnicity of each person in the home.*

	Total each		Total Each
1. American Indian or Alaskan Native		7. American Indian, or Alaskan Native and White	
2. Asian		8. Asian and White	
3. Black/African American		9. Black/African American and White	
4. Native Hawaiian or other Pacific Islander		10. American Indian or Alaskan Native and Black/African American	
5. White		11. Other Multi-ethnic	
6. Hispanic		12. Unknown multiethnic	



Homeowner Application for Repair Services -- Page 2

II. LOCAL CONTACTS: Please list the names and phone numbers, and email if known, of any family members and friends who live in the area.

Name	Telephone	Cell Phone	Relationship

III. SPECIAL NEEDS: Do you or other household members have challenges we should be aware of in assessing the repairs needed? For example, one resident requires a walker or wheelchair. Please explain:

IV. Your Friends and Family Volunteers: Your home project is an all-volunteer effort, and we believe in neighbors helping neighbors. If your home is selected, we ask that you or your family and friends help by working with us on such things as cleaning the house, removing breakable objects and wall hangings ahead of time, and thanking the workday volunteers during and after the event.

Do you have people who can help us help you? Yes _____ No _____

AGREEMENT

I/We certify that the information in this application is true and correct to the best of my/our knowledge.

I/We authorize Rebuilding Together East Bay North to check any references, and verify any information I/We have provided in this application as necessary to process this application for the purpose of receiving housing rehabilitation. I/We also understand that this information will be kept confidential, and will be used strictly for the purpose of determining my/our eligibility for the program.

Signature of Applicant: _____ Date ____/____/____

Signature of Co-Applicant: _____ Date ____/____/____



Homeowner Application for Repair Services -- Page 3

V. Financial Information – Income, Debts and Assets

Applicants must list this information for ALL residents living in the home. This should include mortgage, vehicle information, pensions, rental income, or other debt and assets held by the applicant and residents.

Applicant(s) must submit current verification of each source of income for each person living in the home.

Please attach a copy of your last tax return, as well as a second form of verification, such as a recent benefit statement from Social Security, or a copy of a pay stub, for EACH person living in the home.

For debts, a copy of your latest mortgage statement, and any other current payment slip will suffice.

Loans or Creditors	Amount owed	Monthly Payment	Balance	Delinquent? If yes, please explain.
Mortgage	\$	\$	\$	
Alimony/Child Support you pay	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
TOTAL DEBTS	\$	\$	\$	
Type of Income	Applicant's Annual income	Co-Applicant's annual Income	All Other Resident's Annual Income	Total Combined Income
Current employment	\$	\$	\$	\$
AFDC	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$
Social Security Disability	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Child Support /Alimony	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Veteran's Assistance	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
INDIVIDUAL TOTALS	\$	\$	\$	\$
Assets				
Property Value	\$	\$	Checking Balance	\$
Automobile Value	\$	\$	Savings Account Balance	\$
Rental Property	\$	\$	Stocks, Bonds, and other Funds	\$
Other Major Assets	\$	\$	Cash on Hand	\$
SubTotals	\$	\$	SubTotals	\$
			TOTAL ASSETS	\$

(Continued)



Homeowner Application for Repair Services -- Page 4

V. Financial Information – Income, Debts and Assets (Continued)

ANNUAL Expenses	Applicant	Co-Applicant	Other Resident(s)	Total Combined Expenses
PG&E (Gas & Electric)	\$	\$	\$	\$
EBMUD (Water & Sewer)	\$	\$	\$	\$
Telephone (land line)	\$	\$	\$	\$
Cell phone	\$	\$	\$	\$
Cable TV/Satellite TV	\$	\$	\$	\$
All Credit Card payments	\$	\$	\$	\$
Other Annual Expenses	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$

	Year Built	# Bedrooms	# Bathrooms	# Stories
House				

Homeowner's Insurance Company Name: _____

Policy #: _____ Phone #: _____/_____

VI. Health and Safety Home Repairs Needed

Please list your TOP priorities for health and safety repairs. Our primary goal is to make your home safer, more accessible, and address thermal comfort from drafts and heat loss in winter. Rebuilding Together does NOT guarantee that all requested items can, or will, be addressed if your home is selected. We will prioritize the health and safety problems to the best of our ability. You may reapply for work not completed this year.

#1 Issue: _____

#2 Issue: _____

#3 Issue: _____

#4 Issue: _____

#5 Issue: _____



Homeowner Application for Repair Services -- Page 4

HOMEOWNER AGREEMENT AND RELEASE FROM LIABILITY

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

I give permission for Rebuilding Together East Bay-North, its employees, agents, directors, donors, volunteers and participating trade workers to perform repairs on my home located at:

 I understand that Rebuilding Together East Bay-North, its employees, agents, directors, donors, volunteers and participating trade workers are part of 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 repairs to my home will be explained to me, and that I will sign a Scope of Work for my home. I further give Rebuilding Together East Bay North, its employees, agents, volunteers and participating trade workers full authority to determine the extent of the repairs(s) to be performed on my home, even if they should fail to notify me of any change to the original plan.

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

I agree that I will cooperate fully with Rebuilding Together East Bay-North representatives, employees, agents, and volunteers for the improvements to my home, which benefit me.

In consideration of the repair(s), I further hold Rebuilding Together East Bay-North, it’s officers, directors, employees, agents, donors, volunteers, participating trade workers, and other affiliates, collectively and individually, harmless from any and all 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 video or films, including video 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 work, to use and reproduce these photographs, sound files, video, films and pictures, and to circulate and publicize the same, by all means, including without limiting the generality of the foregoing radio, newspapers, broadcast media, brochures, pamphlets, instructional media, books, and clinical material.

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

DATE: ____/____/____

HOMEOWNER

WITNESS

HOMEOWNER

WITNESS

CONSENT TO RELEASE INFORMATION

The Single Family Rehabilitation Program is a collaboration of the City of Berkeley and community-based agencies to provide health and safety home rehabilitation services to Berkeley residents. The Program includes the following service agencies:

- *City of Berkeley Senior Disabled Rehabilitation Loan Program*
- *Center for Independent Living*
- *Community Energy Services Corporation*
- *Rebuilding Together East Bay North*

I, *(name of applicant)* _____, authorize *(name of agency)* _____, to release information contained in this application to the Single Family Rehabilitation Program.

Upon the approval of my application to the Single Family Rehabilitation Program, I understand that the information shared will be necessary and appropriate for coordinating and verifying home rehabilitation services on my behalf through the Single Family Rehabilitation Program. This information may include demographic data, income documentation, and rehabilitation information about my property. I understand this may include sharing information about past rehabilitation projects completed on my property by one or more of the agencies listed above.

I understand that this does not automatically entitle me to any home rehabilitation services other than the repairs noted in this application. I understand that information shared will remain confidential, and will only be used for the purposes described above.

My signature below acknowledges my understanding and consent to the release of information as described above. I understand that I have the right to revoke this consent in writing at any time, except for information already released.

Applicant's Name: _____ Date: _____

Applicant's Signature: _____ Date: _____

Witness/Agency Signature: _____ Date: _____