



2022 SAFE AT HOME Homeowner Application

Rebuilding Together East Bay-North
732 Gilman St, Berkeley, CA 94710
Telephone: 510-644-8979
EMAIL: Info@RTEBN.org
Website: www.RTEBN.org

Dear Applicant,

Our Safe At Home Program focuses on your health and safety in the home.

Eligibility Requirements:

- **Own and live** in your home in Berkeley, Albany, Emeryville, or Richmond (mortgage or reverse mortgage OK)
- **Need renovations** or repairs to improve safety, accessibility, and/or thermal comfort
- You must meet the **income guidelines** listed to the right
- **You help!** All able-bodied family and friends ages 14+ must help on workdays in some way.

Number in Household	Income no more than:
1	\$76,750
2	\$87,700
3	\$98,650
4	\$109,600
5	\$118,400
6	\$127,150

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 and our budget.

If your application is denied, you may re-apply the following year. We receive applications from more homeowners than we can serve. We do not maintain a waiting list.

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

We also offer other resources to support healthy living in the community. These services DO NOT require home ownership

- **The Gateway Program** is a planning program that supports elders for healthy aging in the community. Age the way you want to age!
- **Estate Clean-Out** helps you to organize and clear your home for healthy living or to downsize as you move.
- **Chair exercise class** by Zoom two days a week

Feel free to reach out 510-644-8979*105, or email Info@RTEBN.org

Please complete the following. If you need assistance in filling this out, please call us at (510) 644-8979 for help. **To be considered for our services, this application and all required attachments must be provided to us. Use the Checklist at the end of this document to help you successfully complete the application.**

I. APPLICANT INFO:

Applicant Name (Must be on the property title)	Age	Do you identify as a part of the disability community?	Veteran?	Ethnicity*
Street Address (you must live here)	City		Zip Code	
Phone Number	Email Address			
Co-Applicant Name, if any (must be on the title)	Age	Do you identify as a part of the disability community?	Veteran?	Ethnicity*
Street Address (you must live here)	City		Zip Code	
Other Residents in the Household	Age	Relationship	Race*	
*Use the following code for each ethnicity; you MUST indicate the race of each person in the home.				
	Total each		Total Each	
1. American Indian or Alaskan Native		7. American Indian/ 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 multi-ethnic		
Have you sent us an application before?			Yes	No
Has your house ever been worked on by Rebuilding Together, or Christmas in April?			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

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.

Let them know they have been added as they will be called if there's an emergency, or if your line has been disconnected

Name	Telephone	Cell Phone	Relationship

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

IV. Your Friends and Family Volunteers: 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 and removing breakable objects and wall hangings ahead of time.

Do you have people who can help us with your repairs? 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 that I /We have provided in this application.

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 unless specifically requested.

Signature of Applicant: _____ Date ____/____/____

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

V. FINANCIAL INFORMATION –

- **List all income** for everyone over the age of 18 years old who is not a renter residing at the property as their primary residence.
- Individuals over 18 who reside in the home and **do not have an income must submit** an income affidavit of zero income.
- **Attach supporting paperwork** to prove the income claimed on this application. If you do not have a Pay Stub or Social Security statement, Taxes may be used. Additionally, a disabled parking placard is supportive paperwork

List all individuals legally **listed on the property title** including the applicant:

Full Name	Relationship to Primary Applicant	Resides at the Property	Contact Number
	APPLICANT	YES	

By submitting this application, I/we are confirming that all co-property owners have been informed about this grant application request and are willing to the RTEBN Homeowner Agreement and Release from Liability Form.

Household Composition:

All household members residing at the applicant’s property:

Name	Age	Relationship to Applicant
1.		Primary Applicant
2.		
3.		
4.		
5.		
6.		
7.		

Annual Household Income:

List **all** income for household members over 18 years old residing at the property as their primary residence: (e.g. Social Security, Pensions, Alimony, Survivor Benefits, SSI, SSDI, Child Support, Trust Payments, Self-Employment, General Assistance, Unemployment Benefits, etc.)

Name of Household Member	Monthly Income	Source
1.		
2.		
3.		
4.		
5.		
6.		

Household Assets:

List **all** assets for all household members over 18 years old living at the property. **Earned interest** (income) from checking/savings, stocks, dividends, cryptocurrency etc.

No assets to report; Earned interest (income) was under \$5,000. (e.g. interest earned from checking, savings, stocks, dividends, etc.)

Earned Interest (Income) over \$5,000 reported below: (Please include 2 most recent bank statements to your application)

Assets:

Name on the Account	Financial Institution's	Type (checking, stock, etc.)	Current Balance	Interested Earned
1.				
2.				
3.				
4.				
5.				

Rental Income:

Does this Property have any rental leases? No Yes

If yes, total monthly income from all rental leases: \$ _____

VI. YOUR HOME -- Details

	Year Built	# Bedrooms	# Bathrooms	# Stories
Your House				

VII. 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, and more accessible. 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 are encouraged to reapply for work not completed this year.

Issue #1

Issue #2

Issue #3

Issue #4

Issue #5

HOMEOWNER AGREEMENT AND RELEASE FROM LIABILITY

*All those who are individuals legally listed on the property title must sign, even if they do not reside in the home. Additionally, all those who reside on the property must sign, including renters *

In the event that my application is selected to be in the Safe At Home Program:

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 guarantees 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. If there are renters, it is up to the me to communicate the repairs to my tenant. I further give Rebuilding Together East Bay-North, its employees, agents, volunteers, and participating trade workers 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. If I am receiving assistance for a tenant, I will be responsible for 24 hour notice of entry.

In consideration of the repair(s), I further hold Rebuilding Together East Bay-North, its 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.

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 repairs and improvements.

_____	_____	_____
APPLICANT	WITNESS	DATE
_____	_____	_____
APPLICANT	WITNESS	DATE
_____	_____	_____
APPLICANT	WITNESS	DATE
_____	_____	_____
APPLICANT	WITNESS	DATE
_____	_____	_____
APPLICANT	WITNESS	DATE

CONSENT TO RELEASE INFORMATION

(Berkeley residents only)

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
- Rebuilding Together East Bay-North
- Habitat for Humanity Grant Program

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: _____

COMPLETION CHECKLIST: We require supportive documentation! Please be sure your application is complete by using the list below to make sure all your documentation is included:

- ___ Current ID (driver's license or state issued ID)
- ___ Current income verification (for all individuals over 18 residing in the home as their primary residence.)
 - Check the method you are using to verify income (Each person needs one of the following):
 - ___ Paystubs, retirement, pension, social security income, etc.
 - ___ Tax Returns
 - ___ Copy of your disabled parking placard
 - ___ Signed Affidavit of Zero earned income
- ___ Proof of home ownership such as deed or title.
 - Check this box to allow to the RTEBN team to verify homeownership with the Assessor's office if the deed or title paperwork is not accessible to you.
- ___ If earned interest is over \$5,000. (e.g. interest earned from checking, savings, stocks, dividends, etc.) include your 2 most recent Bank Statements.

Update:

Have you had your COVID-19 vaccine? _____

Mail this application along with copies of the documents to:

732 Gilman Street, Berkeley CA, 94710.

or email it to info@rtebn.org

Frequently Asked Questions

What does it mean that we are volunteer driven?

We do not have a construction crew and make our repairs through volunteers. While this keeps costs low, this means our nonprofit must find a crew in your community with the skills and time for the project. Not only do we need your help welcoming our volunteers, but we cannot make any repair promises, because the job must match to the volunteers on the timeline that they are available.

What comes next after I've turn in the application?

First, there is **pre-approval**, to be sure your project is a good fit for our program. Once pre-approved, there will be a **home assessment** to get an initial look at the project(s). We collaborate with Occupational Therapy Students (at Oakland's Samuel Merritt University) to give their graduates real experience in their field, when students are not available, assessments are completed by RTEBN staff and volunteers.

From there, the assessment is reviewed and **approved/denied**. If approved, we create a 'Scope of Work' that fits our budget, which we send for your signature.

What is a Scope of Work?

The Scope of Work lists the work items that have been identified. We ask that you sign it to be sure we are in an agreement, and you allow RTEBN Staff/Volunteers to make repairs on the property items listed. It is NOT a commitment to complete all items but rather a workplan that will allow us to match our resources to your needs where possible.

Assuming I'm approved, when's the soonest work could start?

This depends on your needs and the project. We average a 2-8 month turn around. If permits are required, you will want to brace yourself for a long wait – perhaps not even this calendar year.

Is there a dollar limit for repairs?

Our average project has a budget of \$1,000. If you need costly repairs such as a roof or foundation work, please call the office to get directed to your local small loan program.

What if I have an issue with RTEBN Staff or Volunteers?

We take your feedback seriously. RTEBN has two methods;

- Grievance Policy with Grievance form. Your grievance will be reviewed by RTEBN Board, Management, and staff, this is a multi-level process working with you and liaison.
- Formal Complaint Form- this is not as demanding on your time as our Grievance procedure, and can be used for scenarios that are less serious to ensure your feedback is reviewed at the highest levels.

Just call to have either sets of forms sent to you. (510) 644-8979.

What Other Resources does RTEBN Offer?

You do not need to be a homeowner and don't need to fill out the application for:

- ✓ **Gateway** -- a free program for seniors of **any income level** that works with you to develop an Action Plan for healthy aging. Using a home-visiting format, this award-winning program helps you to identify and take steps to achieve your aging goals and meet your aging needs.
- ✓ Social Calling is offered by Gateway to reduce isolation.
- ✓ **Chair Exercise Classes** by Zoom is offered by Gateway and Daybreak Adult Care Centers to help your balance and strength, and offers a fun social activity from home.
- ✓ **ECO (Estate Clean Out)**- a fee-for-service program, helps you with decluttering and home organization, creating a healthy & safe living environment. Downsizing and full household content removal services are available for those moving or dealing with a deceased family member's belonging. All useable items are donated to our nonprofit partners. Trash and household hazardous waste are disposed of responsibly.