Keep this page for your records, Homeowner Copy

Program Eligibility and Income Limits

Thank you for your inquiry about our program. **Rebuilding Together Silicon Valley** has repaired homes of low-income homeowners in Santa Clara County since 1991. All work is done at absolutely no cost to the homeowner.

Service Area: Alviso, Campbell, Cupertino, Gilroy, Los Gatos, Milpitas, Morgan Hill, San Jose, San Martin, Santa Clara, Saratoga, and unincorporated Santa Clara County.

Eligibility:

1. Applicants must own their own home and have neither the resources nor the ability to do the work themselves.
2 Applicants are required to provide proof of home ownership (property tax bill, mobile home registration, etc.) AND a driver's license or CA ID card before any work is completed.
3. Applicants must also provide documentation of total household income (do not include assets) for ALL persons living in the home (tax returns with accompanying W-2s if taxes were filed or SSI benefits statements if no taxes were filed.)
4. Household must be in one of the following income categories **(priority will be given to very low and extremely low income households):**

No. of Persons in Household	30% or below (Extremely Low)	30% to 50% (Very Low)	50% to 80% (Low to Moderate)
1	$23,450	$39,100	$55,500
2	$26,800	$44,650	$63,400
3	$30,150	$50,250	$71,350
4	$33,500	$55,800	$79,250
5	$36,200	$60,300	$85,600
6	$38,900	$64,750	$91,950
7	$41,550	$69,200	$98,300
8	$44,250	$73,700	$104,650

Please Note: We require the following documents prior to our completing work on your home. For your application to be complete, please enclose the following documents in your Homeowner Application Packet:

- **Proof of Homeownership (Property Tax Bill or Mobile Home Registration) AND Driver's License or CA ID card**
- **Proof of Annual Income for each person living in the home (most recent tax returns with accompanying W-2s if taxes were filed OR SSI benefits statement if no taxes were filed)**

For your security, please black out your Social Security Number and any account numbers on your forms before you mail them. We only need to see your name, address and income.

If you have any questions, please call our office at (408) 578-9519.

Rebuilding Together Silicon Valley, 1701 S. 7th Street, Ste. 10, San Jose, CA 95112, Fax: (408) 578-9359

**Keep this page for your records, Homeowner Copy*

Homeowners Guide

Our Mission: Bringing volunteers and communities together to improve the homes and lives of low-income homeowners in need.

What We Do
Throughout the year, our **Safe At Home** program installs safety grab bars, wheelchair ramps, and other modifications that improve accessibility and independence.
Our **Rebuilding Day** program takes place every April and October. We coordinate hundreds of volunteers who provide critical safety repairs to homes like yours throughout the South Bay.

Who Qualifies for Assistance?
Rebuilding Together Silicon Valley serves low-income, elderly and disabled homeowners who are not able to maintain and repair their homes. To qualify for assistance, you must own your own home and lack the resources or ability to do the work yourself. To qualify, you must complete an application that will demonstrate that you meet the eligibility requirements.

Who Pays For Repairs?
Rebuilding Together Silicon Valley partners with local companies, churches, governmental entities and individual donors to cover the cost for all repairs. Through these partnerships we are able to provide all repairs at no charge to you.

There is no application fee to receive assistance from Rebuilding Together. Rebuilding Together has not authorized any other person or entity to act as its agent for purposes of this application and any fees or costs associated with this application paid by the applicant to any such person or entity are not fees or costs charged by Rebuilding Together.

If your home is selected information about you, your family and your repair needs will be shared *anonymously* with potential sponsors and others.

For Questions or More Information
Please contact Rebuilding Together Silicon Valley at **(408) 578-9519** or visit www.RebuildingTogethersv.org TTY/TTD Dial 711 or (800)735-2929

Rebuilding Together Silicon Valley

HOMEOWNER APPLICATION
(must be filled out COMPLETELY to be considered)

Name of Homeowner(s)_____

Address _____

City_____ Zip _____

Name of Mobile Home Park _____

Nearest Cross Street _____Home Phone _____

Cell Phone_____ Work Phone_____

Number of people living in the home_____ Is a female the head of household? ☐ Yes ☐ No

Is the homeowner or anyone else residing in the home disabled? ☐ Yes ☐ No

Does your house need safety and/or health related repairs or modifications? ☐ Yes ☐ No

Do you require accessibility and mobility modifications to your home? (Example: grab bars, wheelchair ramps, handrails) ☐ Yes ☐ No

Have you received assistance from Rebuilding Together before? ☐ Yes ☐ No If so, when? ____

The next question is voluntary and does not affect the selection of homeowners for our program. It is only used to help determine funding sources after a homeowner is selected.

Are you and/or your spouse a veteran of the US Armed Services? ☐ Self ☐ Spouse ☐ No

List names, ages, relationship to homeowner, and source of income for ***all persons living in the home; including the homeowner.***

Name	Date of Birth	Gender (M/F)	Relationship to homeowner	Disabled? Y or N	Source of income

List the name, relationship, address, and telephone number of the closest person, not living with you, who can speak on your behalf should we be unable to reach you. Language services are also available, but if you prefer to use your own translator, please list their information here:

Name_____Relationship_____

Address_____ Phone Number_____

How did you hear about Rebuilding Together? _____

How long have you lived in this home?_____

What year was the home built?_____

Annual Household Income: Please **circle** the number of persons living in the home and circle the corresponding income range. This income range is for the **combined annual gross income of ALL persons living in the home**.

	1 Person living in home	2 Persons living in home	3 Persons living in home	4 persons living in home	5 persons living in home	6 persons living in home	7 persons living in home	8 persons living in home
Extremely Low	$0 to $23,450	$0 to $26,800	$0 to $30,150	$0 to $33,500	$0 to $36,200	$0 to $38,900	$0 to $41,550	$0 to $44,250
Very Low	$23,450 to $39,100	$26,800 to $44,650	$30,150 to $50,250	$33,500 to $55,800	$36,200 to $60,300	$38,900 to $64,750	$41,550 to $69,200	$44,250 to $73,700
Low to Moderate	$39,100 to $55,500	$44,650 to $63,400	$50,250 to $71,350	$55,800 to $79,250	$60,300 to $85,600	$64,750 to $91,950	$69,200 to $98,300	$73,700 to $104,650

Preference is given to low-income seniors and persons with disabilities who are unable to do the repairs and who have no able-bodied family members who might do the work.

ETHNICITY / RACE (Please check ☑ all boxes that apply). This box has no bearing on the likelihood of receiving repairs through our program, but it is required by our funders.

☐ Hispanic (must check an additional box)	☐ Native American or Alaska Native	☐ Native Hawaiian or other Pacific Islander	☐ American Indian or Alaska Native & White
☐ White	☐ Black or African American	☐ Black or African American & White	☐ American Indian or Alaska Native & Black or African American
☐ Asian	☐ Asian and White	☐ Other	

What is the primary language spoken in your home? _____

Note: There is no application fee to receive assistance from Rebuilding Together. Rebuilding Together has not authorized any other person or entity to act as its agent for purposes of this application, and any fees or costs associated with this application paid by the applicant to any such person or entity are not fees or costs charged by Rebuilding Together.

To receive Rebuilding Together Silicon Valley's services, you must own your home.

Are you the **sole owner** of the home at the above address? ☐ Yes ☐ No

If you answered no, list the names of all other owners _____

Do ALL of the other owners live with you in the home? ☐ Yes ☐ No

What is your monthly mortgage payment? _____

Balance owed on the house (including all seconds, liens and equity liens) _____

Circle the best description of your home: Single Family Apartment/Condo Mobile Home

Please list your top three home repair/modification needs:

1.
2.
3.

<u>Homeowner Statement:</u> I _____ (name of applicant, please print) certify that all information submitted on my Homeowner Application is complete and correct. I authorize Rebuilding Together Silicon Valley to verify any information I have provided on this application. I certify that neither I nor my family members have the resources to complete my needed repairs. I am not presently planning, nor do I intend to sell my home within the next two years. I understand that to knowingly submit false information is considered fraud and may make me ineligible for services through Rebuilding Together.

Date:_____ Signature of Homeowner:_____

Signature of 2nd Homeowner:_____

PLEASE MAIL OR FAX APPLICATION

including proof of income & homeownership to:

Rebuilding Together Silicon Valley
1701 S. 7th Street. Ste. #10
San Jose, CA 95112
Fax: (408) 578-9359 Phone: (408) 578-9519

We will contact you by telephone after we review your application.

ADA Access: To arrange accommodation or alternate format under the Americans Disabilities Act, call us at 408-578-9519

* If this application is completed by someone other than the homeowner, or if assistance was provided to the homeowner, please complete the following:

Name of Preparer _____
Name of Agency_____
Relationship_____
Phone Number_____
Is the homeowner aware of this application?
☐ **Yes** ☐ **No**