



*\*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 homeownership** (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 (see below for list of acceptable documents).
4. Household must be in one of the following income categories (**priority will be given to very low and extremely low income households**):

	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 \$27,950	\$0 to \$31,950	\$0 to \$35,950	\$0 to \$39,900	\$0 to \$43,100	\$0 to \$46,300	\$0 to \$49,500	\$0 to \$52,700
Very Low	\$27,950 to \$46,550	\$31,950 to \$53,200	\$35,950 to \$59,850	\$39,900 to \$66,500	\$43,100 to \$71,850	\$46,300 to \$77,150	\$49,500 to \$82,500	\$52,700 to \$87,800
Low to Moderate	\$46,550 to \$66,150	\$53,200 to \$75,600	\$59,850 to \$85,050	\$66,500 to \$94,450	\$71,850 to \$102,050	\$77,150 to \$109,600	\$82,500 to \$117,150	\$87,800 to \$124,700

Please Note: **We require copies of the following documents prior to our completing work on your home (additional documents may be required).** 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 if taxes were filed (most recent tax returns, with accompanying W-2s, and 3 months of bank statements; if no taxes were filed, SSI benefits statement and 3 months of bank statements will suffice)**

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.



# Homeowners Guide

**Our Mission:** Repairing homes, revitalizing communities, rebuilding lives.

## 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. In addition, the program provides assistance with critical repairs, such as water heaters, furnaces, and roof leaks.

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.rtsv.org](http://www.rtsv.org) TTY/TTD Dial 711 or (800)735-2929.

## PLEASE NOTE:

**Resources are limited, and applications will be reviewed on a first come, first served basis. Applications are accepted year-round, however that does not guarantee acceptance.**

This program is funded in part by the City of San Jose, City of Cupertino, City of Milpitas, City of Gilroy and County of Santa Clara through the Housing and Community Development Act, CDBG program.





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? \_\_\_\_\_

What year did you move into your home? \_\_\_\_\_

What year was the home built? \_\_\_\_\_

**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.

<input type="checkbox"/> Hispanic (must check an additional box)	<input type="checkbox"/> Native American or Alaska Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> American Indian or Alaska Native & White
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American & White	<input type="checkbox"/> American Indian or Alaska Native & Black or African American
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian and White	<input type="checkbox"/> Other	

What is the primary language spoken in your home? \_\_\_\_\_

**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 and any necessary explanation: \_\_\_\_\_

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

How many bedrooms \_\_\_\_\_ and bathrooms \_\_\_\_\_ does your home have?



Please list your top three home repair/ modification needs:

1.
2.
3.

*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.*

**Homeowner Statement:** 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 2<sup>nd</sup> Homeowner: \_\_\_\_\_

**PLEASE MAIL, FAX, OR EMAIL APPLICATION** including proof of income & homeownership to:

Rebuilding Together Silicon Valley  
1701 S. 7<sup>th</sup> Street. Ste. #10  
San Jose, CA 95112  
Fax: (408) 578-9359 | Email: info@rtsv.org

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. TTY/TDD free relay service at (800) 735-2929 or 7-1-1

\* 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

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