

## APPLICANT INFORMATION



Albany Berkeley Emeryville

---

This sheet is intended to provide an overview of the Rebuilding Together (RT) program and its application process.

1. Rebuilding Together (formerly Christmas in April) is a free community service – we do not charge homeowners for our work. Our goal is to ensure that elderly and disabled persons are able to live safely and independently in their homes. We focus on making the home a safe place for the homeowner and others who live there.
2. Rebuilding Together is a national non-profit organization. The Rebuilding Weekend is a national event that takes place in all 50 states on the last Saturday and Sunday of April every year. With a few exceptions, the home repairs take place on that weekend. Recipients can expect some of the work to commence during the weeks prior to Rebuilding Weekend.
3. A volunteer “House Captain” coordinates the work, and volunteers do all the repairs. Volunteer trades people do plumbing, electrical work, carpentry, and other skilled tasks. Unskilled volunteers do everything from painting and cleaning to assisting carpenters with building ramps and yard maintenance. In most cases, we are not able to do major roof repairs. Please note that while it is a little unnerving to have 10 to 50 people working in and around the house on the workdays, it is a wonderful feeling to see what a difference they can make.
4. To be eligible for our program, the applicant must be able to verify:
  - Residence and homeownership in Albany, Berkeley or Emeryville
  - That they are at least 55 years of age and / or physically disabled
  - That they meet our income guidelines
  - That they have no plans to sell the house in the next 3 years
5. Before your application can be considered, you **must** submit all of the following items:
  - Completed and signed application form which includes information about all residents of the home.
  - Verification of all forms of income for all household members. Acceptable forms of verification include tax returns, benefit statements, pay stubs, and pension or annuity statements. Only current verification documents will be accepted.
  - A signed and witnessed Homeowners Statement of Eligibility.
6. All application materials must be submitted by **October 1<sup>st</sup>**. Please be aware that we receive many more applications than we can accept.
7. If you would like assistance with completing your application form, please call us at **(510)644-8979**

8. If your application meets the requirements, we will set up an appointment to look at your home. A volunteer inspector will evaluate what repairs are needed to ease daily functions and improve general safety. In addition, another volunteer, usually with the construction experience, will assess the building repairs needed. Since you know our home well, your presence and input during the inspector's visit is essential.
9. A committee of community members reviews all the applications and inspections and will select approximately 30 homes to receive free home repairs. This is based on the overall conditions of the house, the number of safety hazards that need to be addressed, and the ability of the program to complete the work.
10. By mid-February you will receive a letter indicating whether or not your home has been selected for repairs. Since there is a tremendous need for home maintenance, many worthy homeowners will, unfortunately, not be selected.
11. **If your home is not selected**, you are welcome to re-apply for the following year. The following are other home repair programs that you can call or contact which may be able to assist you with your home repair needs:
  - Berkeley Minor Home Repair (510)644-8546
  - City of Berkeley Senior Loan Program (510)981-5400
  - City of Berkeley Weatherization Program (510)644-8544
  - Berkeley Center for Independent Living (510)841-4776
  - City of Emeryville Community Preservation (510)596-3742
  - Alameda County Home Funds (Albany only) (510)670-9796
12. **If your home is selected**, you must:
  - Sign a "Homeowner's Agreement and Release from Liability" form
  - Attend the mandatory Homeowner orientation
  - Cooperate in the clean up and organization of your home before the repair work begins
  - Write a thank you letter to the volunteers who donate their time and labor to improving the community
13. We strongly encourage each applicant to get family, friends, neighbors, and church members involved. They can help you get organized before the repair work begins, and they can volunteer on Rebuilding Weekend to help bring your project to completion. This may be a challenge for some recipients, but we ask that you do your best. Please list the names of your recruits on the 2<sup>nd</sup> side of the application. The selections committee believes that family participation is important. Rebuilding Together works best when everyone gets involved!
14. If you are selected, the House Captain will contact you in February or March to plan out what the volunteers will do. Please remember that this is essentially a one-day project. We probably will not be able to fix everything, but a lot of improvements will be made for you.

***Thank you for your interest in the Rebuilding Together program!***

**REBUILDING TOGETHER: SAFE HOME PROJECT**  
**Home Owner Application**

Please complete the following information in order to be considered for the next Rebuilding Together (formerly Christmas in April) repair project. Please call (510)644-8979 if you need help completing the form. Incomplete applications will not be considered. All applications are due by October 1<sup>st</sup>. Return completed applications to: Rebuilding Together 3318 Adeline Street, Berkeley, CA 94703

**I. APPLICANTS** (The applicant and co-applicant(s) are only those persons listed on the title)

Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Disabled (y/n) \_\_\_\_\_ SS# \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip : \_\_\_\_\_

Cross Streets: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Co-applicant: \_\_\_\_\_ Age \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Disabled (y/n) \_\_\_\_\_ SS# \_\_\_\_\_

**II. ALL OTHER RESIDENTS OF HOME** (Each resident must be listed below. It is okay to have family members or friends living in the house.)

Name:	Age:	Relationship:	Ethnicity	Disabled (y/n)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**III. INCOME** (Income includes wages, pensions, SSI, rent received for rooms in the home, etc.)  
**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, pay stub, etc.**

Applicant's annual income: \_\_\_\_\_ Co-applicant's annual income: \_\_\_\_\_

Combined annual income for other residents in the home (required): \_\_\_\_\_

Exceptionally high expenses (for example, medical bills) \_\_\_\_\_

**IV. PROPERTY INFORMATION**

Year purchased: \_\_\_\_\_ # of floors: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ # of bathrooms: \_\_\_\_\_

First mortgage holder name: \_\_\_\_\_ payment: \_\_\_\_\_

Second mortgage holder name: \_\_\_\_\_ payment: \_\_\_\_\_

Amount of property taxes (per year): \_\_\_\_\_ Approximate year house was built: \_\_\_\_\_

Home Owners Insurance Company: \_\_\_\_\_ payment: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**V. NEEDED 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 goal is to make homes safer and more accessible)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**VI.** Please list names and phone numbers of family members or friends who live in the area.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_

**VII.** Do you (or any others in the home) have any physical disabilities and/or medical problems of which we should be aware in assessing the home repairs needed?

\_\_\_\_\_  
 \_\_\_\_\_

**VIII.** This is a volunteer effort that believes in neighbors helping neighbors. If your home is selected we would hope that you or friends and family will help by working with us, cleaning the house 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 or friends, who will work with the volunteers to repair your home.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_

- IX.** Have you applied to this program before? **Yes \_\_\_\_\_ No \_\_\_\_\_**  
 Has your house been worked on by Rebuilding Together or Christmas in April in the past? **Yes \_\_\_\_\_ No \_\_\_\_\_**  
 Has the Berkeley Home Repair program done work on your home? **Yes \_\_\_\_\_ No \_\_\_\_\_**  
 Have you participated in a City of Berkeley low interest loan program? **Yes \_\_\_\_\_ No \_\_\_\_\_**  
 Can we forward your application and income verification to other agencies that provide free home repair for low-income residents? **Yes \_\_\_\_\_ No \_\_\_\_\_**
- X.** Will you be able to attend two orientations 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 processing of this application for the purpose of receiving housing rehabilitation through Rebuilding Together. 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 Rebuilding Together with Christmas in April program and for planning home repair work.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Co-Applicant Date

Referred by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Rebuilding Together Albany-Berkeley-Emeryville** fosters 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 with Christmas in April program.*

## Rebuilding Together Homeowner Statement of Eligibility

I, \_\_\_\_\_ have asked Rebuilding Together to assist me by providing free repair and safety modifications to my home at

\_\_\_\_\_ in \_\_\_\_\_, CA, zip code \_\_\_\_\_

I understand that the Rebuilding Together 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 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 am 55 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 with one or more other persons who are eligible to receive assistance.
3. This same home is my 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 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 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 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 Weekend.
9. I understand that, in the presence of Rebuilding Together 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