



**HOMEOWNER APPLICATION  
FOR FREE HOME REPAIR WORK  
2 0 0 5**

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**A P P L I C A T I O N P R O C E S S**

1. Complete and sign the application form
2. Include required paperwork
3. Mail to:

**Rebuilding Together Peninsula**  
P.O. Box 4031  
Menlo Park, CA 94026-4031  
FAX: (650) 366-9053

*Application Deadline:      **October 15, 2004***

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For more information or questions call      **(650)  
366-6597**

**Rebuilding Together Peninsula** builds volunteer partnerships to rehabilitate the homes and community centers of low-income, elderly and disabled neighbors so they can live in safety, warmth and independence.

## **PROGRAM INFORMATION:**

**Rebuilding Together Peninsula (RTP)** is a non-profit, volunteer program designed to provide free home repair services to elderly, disabled and low-income homeowners in San Mateo and northern Santa Clara counties. We help homeowners who cannot physically or financially repair their home.

- There is *no charge* for work completed by RTP volunteers.
- Any Social Service benefits you currently receive will not be affected if you receive RTP's free repair services.
- The Project Selection Committee determines which homes will be accepted into our program based upon the following criteria: meeting our mission, the number of applications in a year, the need of the homeowner, our ability to complete the required repairs and your willingness to participate in the program.
- We are limited in the type of work we can do. Due to size and complexity of the work needed (either too much or too little), we may not be able to accept certain projects. We do not work on condos or townhouses. Also, work completed on each house is different.
- Work will be completed to the best of our ability by National Rebuilding Day, April 30, 2005.
- Rebuilding Together Peninsula is committed to providing equal opportunities for all applicants for our program's services. All selection decisions are made without regard to unlawful considerations of race, sex, religion, national origin, age, sexual orientation, disability, or any other legally protected status.

## **ELIGIBILITY REQUIREMENTS:**

- Your home must be in San Mateo County, or Sunnyvale, Mountain View, or Palo Alto
- You must own your own home and provide proof of ownership
- Your home must be a single family dwelling that you occupy yourself
- Your home is NOT a condo or townhouse.

➤ Your household income must be within the following HUD guidelines:

<b>Number of persons in family</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Total monthly income*	\$5279	\$6033	\$6787	\$7541	\$8141	\$8745	\$9350

\* *You must include rental income and the income of **all** adults (over 18) living in the home*

**REQUIRED DOCUMENTS:**

**Please submit the following documents along with this application:**

- Copies of all income: W2, SSI, rent checks, bank statement, etc.
- Copies of the deed to your property or property tax bill
- Copies of your most recent telephone and/or utilities bill

**Rebuilding Together Peninsula  
HOMEOWNER APPLICATION**

\_\_\_\_\_  
Name of Applicant (and Spouse, if applicable):

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail Address

**List all persons living in the home, including applicant:**

(Please note that the number of people living in the home does not effect acceptance into the program.)

Name:

Relationship:

Age:

Income:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Name of nearest relative living in the area:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

**HOUSE INFORMATION:**

List your top priorities for repair:

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

Does your roof need repair?     Yes     No.    If yes, are there active leaks?     Yes     No

Additional projects you would like to see completed:

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Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Total number of  
rooms: \_\_\_\_\_  
Sq. Ft: \_\_\_\_\_ Year Built: \_\_\_\_\_ Any additions?  Yes  No

Please explain why you or your family are unable to complete  
these repairs yourself/selves:

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**STATISTICAL INFORMATION:**

- Are you disabled?  Yes  No If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Is anyone else in the house disabled?  Yes  No If Yes,  
please explain: \_\_\_\_\_  
\_\_\_\_\_
- Age: \_\_\_\_\_
- What is your ethnic background? (used by RTP for grant  
reports)  
(please check appropriate boxes for all residents)

RACE CATEGORIES			ETHNICITY
	Race	Check Only One Race Category	Check if also Hispanic
1	American Indian or Alaska Native		
2	Asian		
3	Black or African American		
4	Native Hawaiian or Other Pacific Islander		
5	White		
6	American Indian or Alaska Native <i>and</i> White		

7	Asian <i>and</i> White		
8	Black or African American <i>and</i> White		
9	American Indian or Alaska Native <i>and</i> Black or African American		
10	Other		

- How long have you lived in your home?  
\_\_\_\_\_
  - Have you been a recipient of the program in the past?  
\_\_\_\_\_ If so, when? \_\_\_\_\_
  - How did you hear about the program? \_\_\_\_\_
  - Are there others that you know of who could benefit from the program? If so, please provide their name, address and phone number if possible. \_\_\_\_\_
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Would you like to be present at the home visit?  Yes  No

Is the homeowner aware of this application?  Yes  No

**PLEASE ATTACH COPIES OF REQUIRED DOCUMENTS:**

- **Proof of income:** W2, SSI, SSD, and/or AFDC statement, rent checks, a bank statement, etc.
- **Proof of ownership:** The deed to your property or property tax bill
- **Proof of residence:** Your most recent telephone &/or utilities bill

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