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 County Fall Prevention Partnership

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| Marie Katsoulakos              | Vivian Todd                      |
| Mark Miller                    |                                  |
| Executive Director             | Elizabeth Hoffman                |
| Address:                       | PO Box 5996<br>Vallejo, CA 94591 |
| Phone:                         | 707.580.9360                     |

E-mail: Ehoffman.rtsc@gmail.com

www.RebuildingTogetherSolanoCounty.org

**2016 - 2017 HOMEOWNER APPLICATION INSTRUCTIONS**

Dear Applicant;

Congratulations!! You have successfully completed the pre-qualification stage for Rebuilding Together★Solano County.

Enclosed is an application for our free home repair program. To qualify, you must meet all of the items listed on the next page and submit required documentation.

Rebuilding Together is the largest volunteer organization in the U.S. dedicated to rehabilitating homes for low-income homeowners. As a housing nonprofit organization, we assist low-income homeowners - focusing on providing a healthy and safe home. During our rehabilitation project, local businesses, community members and concerned residents come together from all walks of life to rehabilitate homes in Solano County. This is accomplished with volunteer skilled and unskilled labor, donated materials/services and financial support from within Solano County. Our vision is a Solano County where neighbors help neighbors in need to live in warmth, safety and independence.

Repairs are provided free to qualified homeowners. **HOWEVER, IF YOU ARE ACCEPTED IN THE PROGRAM, WE WILL REQUIRE THAT YOU DO NOT SELL, RENT OR TRANSFER OWNERSHIP OF YOUR HOME FOR 3 YEARS AFTER OUR WORK IS COMPLETE.** In addition, Rebuilding Together also requires that all able-bodied family and friends over the age of 14 who are at the home on our workday help out in some way.

Everyone we work with has financial need; every home we work on needs significant work. We have limited resources and receive applications from many more homeowners than we can help. We do not maintain a waiting list. However, you may re-apply if your home is not selected, unless we have determined that there is not enough work at your home to occupy a volunteer team for one day. If your home is not selected, there are other home repair programs that you can contact which may be able to assist you with your home repair needs.

**No later than 4/30/17**, please complete and return the completed application and supporting documentation (listed below) to Rebuilding Together ★ Solano County @ PO Box 5996, Vallejo, CA 94591:

- Signed and completed application
- Copy of your current property tax bill
- Copy of a recent bill to show you reside in the home.
- Copy of your tax return (for each household member).
- Copy of your current checking account
- Copy of your current savings and/or retirement account
- Copy of your recent benefit check/statement and paystub for each household member with income
- Copy of your recent mortgage statement for each lien, if applicable.
- Copy of your current homeowner insurance policy
- Proof of the following for each household member: 1) Senior (65 years or older) 2) Disabled 3) Military (Active, honorably discharged, retired or a surviving spouse) - DD214 Form . Please attach all that apply

Please feel free to contact me if you have any questions. Thank you for your application.

Sincerely yours,  
*Elizabeth Hoffman*  
 Elizabeth Hoffman  
 Executive Director

### **QUALIFICATIONS REQUIRED**

- One or more household members must qualify as one of the following: a) Senior (65 years or older) b) Disabled c) Military (Active, honorably discharged, retired or a surviving spouse)
- Own and live in a single family residence located within Solano County. Home to be stick-built;
- The following items must be paid current: 1) Mortgage(s) 2) Property Taxes 3) Homeowner’s Insurance;
- Potential homeowners cannot own other property or units unless located on the property of the primary residence;
- Meet low-income guidelines for Solano County:

| 2016 | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person |
|------|----------|----------|----------|----------|----------|----------|
|      | \$43,500 | \$49,700 | \$55,900 | \$62,100 | \$67,100 | \$72,050 |

- The selection decision is not and shall not be made on the basis or race, color, religion, national origin, sex, marital status, sexual orientation, or other status.



PO Box 5996  
VALLEJO, CA 94591  
707.580.9360 (PHONE)  
[EHOFFMAN.RTSC@GMAIL.COM](mailto:EHOFFMAN.RTSC@GMAIL.COM) (E-MAIL)

**2016 / 2017 HOMEOWNER APPLICATION**

Congratulations!! You have successfully completed the pre-qualification stage for Rebuilding Together★Solano County.

The next stage is to complete the following application and provide supporting documentation (as listed on page 7). Please contact us if you need help completing the form. Incomplete applications will not be considered.

Return via mail to: Rebuilding Together ★ Solano County (RTSC)  
PO Box 5996  
Vallejo, CA 94591

**I. APPLICANT(S)** (the Applicant and co-applicant(s) are only those persons listed on the title)

Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name of Co-Applicant: \_\_\_\_\_ Age: \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**II. HOUSEHOLD RESIDENT(S)** (List all members residing in your home)

|    | NAME | AGE | RELATIONSHIP | SENIOR  | MILITARY   | DISABLED  |
|----|------|-----|--------------|---|--|---|
| 1. |      |     | Applicant    | <input type="checkbox"/> 65 years or older<br><input type="checkbox"/> No | <input type="checkbox"/> Active<br><input type="checkbox"/> Hon. Discharge<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 2. |      |     | Co-Applicant | <input type="checkbox"/> 65 years or older<br><input type="checkbox"/> No | <input type="checkbox"/> Active<br><input type="checkbox"/> Hon. Discharge<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 3. |      |     |              | <input type="checkbox"/> 65 years or older<br><input type="checkbox"/> No | <input type="checkbox"/> Active<br><input type="checkbox"/> Hon. Discharge<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 4. |      |     |              | <input type="checkbox"/> 65 years or older<br><input type="checkbox"/> No | <input type="checkbox"/> Active<br><input type="checkbox"/> Hon. Discharge<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 5. |      |     |              | <input type="checkbox"/> 65 years or older<br><input type="checkbox"/> No | <input type="checkbox"/> Active<br><input type="checkbox"/> Hon. Discharge<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 6. |      |     |              | <input type="checkbox"/> 65 years or older<br><input type="checkbox"/> No | <input type="checkbox"/> Active<br><input type="checkbox"/> Hon. Discharge<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**III. INCOME**

Applicant(s) must submit current verification of each source of income for each person living in the home. See instructions for further details.

| TYPE OF INCOME               | APPLICANT'S ANNUAL INCOME | CO-APPLICANT'S ANNUAL INCOME | OTHER RESIDENT'S ANNUAL INCOME |
|------------------------------|---------------------------|------------------------------|--------------------------------|
| Employment                   |                           |                              |                                |
| AFDC                         |                           |                              |                                |
| Retirement/Pension           |                           |                              |                                |
| Social Security / Disability |                           |                              |                                |
| SSI                          |                           |                              |                                |
| Child Support / Alimony      |                           |                              |                                |
| Rental Income                |                           |                              |                                |
| VA                           |                           |                              |                                |
| Other                        |                           |                              |                                |
| <b>TOTAL INCOME:</b>         |                           |                              |                                |
|                              |                           |                              |                                |
| <b>COMBINED TOTAL INCOME</b> |                           |                              |                                |

**IV. EXPENSES**

Please list all of your current expenses for each person living in the home.

| TYPE OF EXPENSES  | APPLICANT'S ANNUAL EXPENSES | CO-APPLICANT'S ANNUAL EXPENSES | OTHER RESIDENT'S ANNUAL EXPENSES |
|---|-----------------------------|--------------------------------|----------------------------------|
| Gas and Electric  |                             |                                |                                  |
| Water   |                             |                                |                                  |
| Phone (home and cell)   |                             |                                |                                  |
| Cable / Satellite TV  |                             |                                |                                  |
| Credit Card Payment(s)  |                             |                                |                                  |
| Homeowner Insurance Company _____<br>Policy No. _____<br>Phone No.: _____ |                             |                                |                                  |
| Property Tax  |                             |                                |                                  |
| Vehicle   |                             |                                |                                  |
| Other:  |                             |                                |                                  |
| Other:  |                             |                                |                                  |
| <b>TOTAL EXPENSES:</b>  |                             |                                |                                  |
|   |                             |                                |                                  |
| <b>COMBINED TOTAL EXPENSES:</b>   |                             |                                |                                  |

**V. LOANS AND CREDITORS**

Please list all of your current loans (including home and personal loans) as well as creditors (including outstanding balances on credit cards, etc.) for each person living in the home. If you do not owe anything please list zero.

|                                  | LOAN AMOUNT | MONTHLY PAYMENT | BALANCE | IS ACCOUNT DELINQUENT? IF SO, PLEASE EXPLAIN. |
|----------------------------------|-------------|-----------------|---------|---|
| 1. 1 <sup>st</sup> home mortgage |             |                 |         |   |
| 2. 2 <sup>nd</sup> home mortgage |             |                 |         |   |
| 3. Other home mortgage           |             |                 |         |   |
| 4.                               |             |                 |         |   |
| 5.                               |             |                 |         |   |

**VI. ASSETS**

Please list all of your current assets for each person living in the home.

| TYPE OF ASSET                    | APPLICANT | CO-APPLICANT | OTHER RESIDENT |
|----------------------------------|-----------|--------------|----------------|
| Property (approx. value of home) |           |              |                |
| Automobile(s)                    |           |              |                |
| Checking                         |           |              |                |
| Savings                          |           |              |                |
| CD's                             |           |              |                |
| Stocks and other investments     |           |              |                |
| Cash                             |           |              |                |
| Other:                           |           |              |                |
| Other:                           |           |              |                |
|                                  |           |              |                |
| <b>TOTAL ASSETS:</b>             |           |              |                |
|                                  |           |              |                |
| <b>COMBINED TOTAL ASSETS:</b>    |           |              |                |

**VII. PROPERTY INFORMATION**

Street Address: \_\_\_\_\_

Cross Street: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_

Year purchased: \_\_\_\_\_ Approximate year house was built: \_\_\_\_\_

Year roof replaced: \_\_\_\_\_

# of rooms: \_\_\_\_\_ # of floors: \_\_\_\_\_

# of bedrooms \_\_\_\_\_ # of bathrooms: \_\_\_\_\_

**VIII. REQUESTED HOME REPAIRS**

Please list your home repair needs in order of priority. Rebuilding Together★Solano County does not guarantee that all requested items can or will be addressed if your home is selected. Our primary goal is to make you home a safe and healthy environment.

| PRIORITY | ROOM                                  | TYPE OF REPAIRS REQUESTED |
|----------|---------------------------------------|---------------------------|
|          | KITCHEN                               |                           |
|          | LIVING ROOM                           |                           |
|          | DINING ROOM                           |                           |
|          | BATHROOM 1                            |                           |
|          | BATHROOM 2                            |                           |
|          | MASTER BEDROOM                        |                           |
|          | BEDROOM 1                             |                           |
|          | BEDROOM 2                             |                           |
|          | BEDROOM 3                             |                           |
|          | BEDROOM 4                             |                           |
|          | GRAB BARS / RAILINGS                  |                           |
|          | FLOORING                              |                           |
|          | HEATING                               |                           |
|          | HOT WATER HEATER                      |                           |
|          | ROOF                                  |                           |
|          | SECURITY (DOORS / LOCKS)              |                           |
|          | PAINTING                              |                           |
|          | EXTERIOR – YARD WORK / DEBRIS REMOVAL |                           |
|          | EXTERIOR - PAINTING                   |                           |
|          | EXTERIOR – WINDOWS                    |                           |
|          |                                       |                           |
|          |                                       |                           |

**IX. CONTACT NUMBERS**

List the names and contact information for family members and friends who live in the area:

| NAME | RELATIONSHIP | PHONE NUMBER | E-MAIL |
|------|--------------|--------------|--------|
| 1.   |              |              |        |
| 2.   |              |              |        |
| 4.   |              |              |        |
| 5.   |              |              |        |
| 6.   |              |              |        |

**X. ADA INFORMATION**

Do you or any other household members have any physical disabilities and/or medical problems of which we should be aware in assessing the repairs needed?  Yes (if yes, please describe below)  No

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**XI. REBUILDING TOGETHER VOLUNTEERS**

This is a volunteer effort that believes in neighbors helping neighbors. If your home is selected we would hope that you or your family and friends will help by working with us cleaning the house ahead of time and thanking the volunteers during and after the event, helping us assembly thank you cards and handing out t-shirts for volunteers or office assistance.

**XI. REBUILDING TOGETHER VOLUNTEERS (Continued)**

Can you help us help you (tasks based on your ability)?  Yes  No (if no, please list why: \_\_\_\_\_)

Please list the names of family members, friends and neighbors who will be willing to work with the volunteers to repair your home:

| NAME | RELATIONSHIP | PHONE NUMBER | E-MAIL |
|------|--------------|--------------|--------|
| 1.   |              |              |        |
| 2.   |              |              |        |
| 3.   |              |              |        |
| 4.   |              |              |        |
| 5.   |              |              |        |

**XII. CERTIFICATION**

I / We certify the following:

1. the above information is true and correct to the best of my/our knowledge.
2. that I will not sell, rent or transfer ownership or vacate the premises for 3 years after our work is completed by Rebuilding Together★Solano County.

I understand and accept that Rebuilding Together★Solano County has the authority to check any references necessary to complete the process of this application for the purpose of receiving facility rehabilitation through Rebuilding Together★Solano County.

I understand and accept that this information will be kept confidential and will be used strictly for the purpose of determining my/our eligibility for the Rebuilding Together Program and for planning facility repair work.

I understand and accept that Rebuilding Together★Solano County and its representatives will complete any required paperwork for obtaining building permits that may be necessary.

|                                     |                       |               |
|-------------------------------------|-----------------------|---------------|
| _____<br>Signature of Applicant     | _____<br>Printed Name | _____<br>Date |
| _____<br>Signature of Co- Applicant | _____<br>Printed Name | _____<br>Date |

**XIII. REFERRAL (if applicable)**

Referred by: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

**XIV. SUBMISSION**

Please return the following to Rebuilding Together ★ Solano County @ PO Box 5996, Vallejo, CA. 94591:

- Signed and completed application
- Copy of your current property tax bill
- Copy of a recent bill to show you reside in the home
- Copy of your tax return (for each household member)
- Copy of your current checking account
- Copy of your current savings and/or retirement account
- Copy of your recent benefit check/statement and paystub for each household member with income
- Copy of your recent mortgage statement for each lien, if applicable
- Copy of your current homeowner insurance policy
- Proof of the following for each household member: 1) Senior (65 years or older) 2) Disabled 3) Military (Active, honorably discharged, retired or a surviving spouse) - DD214 Form . Please attach all that apply

**Rebuilding Together★Solano County's vision is Solano County where neighbors help neighbors in need to live in warmth, safety and independence.**

# ADDENDUM TO HOMEOWNER APPLICATION

NOTE: Some funding sources and/or agencies require ethnicity information for funding purposes. The following information is not included as part of the application process and this information is voluntary. Furthermore, the selection decision is not and shall not be made on the basis of race, color, religion, national origin, sex, marital status, sexual orientation, or veteran status.

Please provide the ethnicity for each household member residing in your home.

| ETHNICITY DESCRIPTION                     | 1 | 2 | 3 | 4 | 5 | 6 | TOTAL |
|---|---|---|---|---|---|---|-------|
| American Indian or Alaska Native          |   |   |   |   |   |   |       |
| Asian                                     |   |   |   |   |   |   |       |
| Black or African American                 |   |   |   |   |   |   |       |
| Native Hawaiian or other Pacific Islander |   |   |   |   |   |   |       |
| White                                     |   |   |   |   |   |   |       |
| Other                                     |   |   |   |   |   |   |       |