



Solano County

## 2024 VETERAN HOME REHAB PROGRAM APPLICATION INSTRUCTIONS

Dear Applicant;

Enclosed is an application for Rebuilding Together★Solano County's free Home Rehabilitation Program. To qualify, you must meet all of the items listed on the next page including veteran / military and submit required the application and all required documentation no later than 005/15/2024.

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 volunteer in some capacity.

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 encourage you to re-apply the following year 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.

### Rebuilding Together Advisory Council:

Paul Adler

Valero Benicia Refinery

Tom Bartee

CA Senator Bill Dodd

Danny Bernardini

Napa Solano Building Trades Council

Pippin Dew-Costa

Vallejo City Council

Erin Hannigan

Solano County Board of Supervisor, District 1.

Vince Malnati

Home Depot – N. California

Maria Teresa Matthews

Benicia Resident & Benicia Soroptimists

Verna Mustico

Mustico Realty / Solano Association of Relators

Scott Peterson

Church on the Hill / Vallejo Outreach

Tom Phillips

Former Recology Vallejo, Leadership Vallejo & Vallejo Rotary

Jon Riley

Napa Solano Central Labor Council

Rozzana Verder-Aliga

Vallejo City Council

### Rebuilding Together Board of Directors:

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1<sup>st</sup> Vice President

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2<sup>nd</sup> Vice President

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Eddie Parsons

Eva Garcia

Brandon Jackson

Sal Rodriguez

Marie Katsoulakos

Fawad Saghar

Dennis Kittelson

Vivian Todd

Laura Korbass

Sandy Whaley  
James Zambrano

Executive Director

Elizabeth Hoffman

Address:

PO Box 5996

Vallejo, CA 94591

Phone:

707.580.9360

E-mail:

Ehoffman.rtsc@gmail.com

Website: [RebuildingTogetherSolanoCounty.org](http://RebuildingTogetherSolanoCounty.org)

No later than 05/15/2024, 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
- Proof of Payment 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 Please attach all that apply
- 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) ) Military (Active, honorably discharged, retired or a surviving spouse) - DD214 Form 2) Senior (65 years or older) 3) Disabled 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 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;
- Household Income must fall below the low-income guidelines for Solano County:

| 1 Person | 2 Person | 3 Person | 4 Person  | 5 Person  | 6 Person  |
|----------|----------|----------|-----------|-----------|-----------|
| \$70,450 | \$80,500 | \$90,550 | \$100,650 | \$108,700 | \$116,750 |

- 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)

**VETERAN HOMEOWNER APPLICATION**

No later than 04/30/24, complete the following application and provide all supporting documentation (as listed on page 7) for consideration of the Home Rehabilitation Program offered by Rebuilding Together★Solano County. If you need additional assistance, please contact us. 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: \_\_\_\_\_

**TOTAL NUMBER OF INDIVIDUALS LIVING IN HOME** (inc. minors) \_\_\_\_\_

**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"/> Veteran 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"/> Veteran 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"/> Veteran 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"/> Veteran 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"/> Veteran 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"/> Veteran 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<br>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.



# 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                                     |   |   |   |   |   |   |       |