Rebuilding Together
Solano County

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Executive Director: Elizabeth Hoffman
Address: PO Box 5996
Vallejo, CA 94591
Phone:; 707.580.9360
E-mail: Ehoffman.rtsc@gmail.com
Website: RebuildingTogetherSolanoCounty.org

2027 VETERAN HOME REHAB PROGRAM APPLICATION INSTRUCTIONS

Dear Applicant;

Enclosed is an application for Rebuilding Together★Solano County's free Military Home Rehabilitation Program. To qualify, you must meet all of the items listed on the next page including one of your household members as a veteran or other military status and submit required the application and all required documentation no later than 03/31/2027.

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.

No later than 03/31/2027, complete and return the completed application and supporting documentation (listed below) to Rebuilding Together ★ Solano County @ PO Box 5996, Vallejo, CA 94591 or via one scanned document to EHoffman.RTSC@gmail.com:

- 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 via email at EHoffman.RTSC@gmail.com or 707.580.9360 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
$73,150	$83,600	$94,050	$104,500	$112,900	$121,250

- 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 (E-MAIL)

VETERAN HOMEOWNER APPLICATION

No later than 04/30/26, 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

via email to: ehoffman.RTSC@gmail.com

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

Name of Applicant:_____ Age: _____
Social Security Number _____ E-mail: _____
Home Phone: _____ Cell Phone: _____

Name of Co-Applicant:_____ Age: _____
Social Security Number _____ E-mail: _____
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	☐ 65 years or older ☐ No	☐ Active ☐ Hon. Discharge ☐ Veteran ☐ Veteran Spouse ☐ No	☐ Yes ☐ No
2.			Co-Applicant	☐ 65 years or older ☐ No	☐ Active ☐ Hon. Discharge ☐ Veteran ☐ Veteran Spouse ☐ No	☐ Yes ☐ No
3.				☐ 65 years or older ☐ No	☐ Active ☐ Hon. Discharge ☐ Veteran ☐ Veteran Spouse ☐ No	☐ Yes ☐ No
4.				☐ 65 years or older ☐ No	☐ Active ☐ Hon. Discharge ☐ Veteran ☐ Veteran Spouse ☐ No	☐ Yes ☐ No
5.				☐ 65 years or older ☐ No	☐ Active ☐ Hon. Discharge ☐ Veteran ☐ Veteran Spouse ☐ No	☐ Yes ☐ 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			
TOTAL INCOME:			
COMBINED TOTAL INCOME			

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 _____ Policy No. _____ Phone No.: _____			
Property Tax			
Vehicle			
Other:			
Other:			
TOTAL EXPENSES:			
COMBINED TOTAL EXPENSES:			

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. 1st home mortgage				
2. 2nd 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:			
TOTAL ASSETS:			
COMBINED TOTAL ASSETS:			

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

_____
_____
_____
_____

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.

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

NOTE: Homeowners and all household residents will be signing an agreement regarding volunteerism with RTSC based on your ability.

Please list the names of family members, friends and neighbors (beyond those living in the home) who will be willing to work with the volunteers to repair your home:

NAME	RELATIONSHIP	PHONE NUMBER	E-MAIL
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

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.

_____ _____
Signature of Applicant Printed Name Date

_____ _____
Signature of Co- Applicant Printed Name Date

XIII. REFERRAL (if applicable)

Referred by: _____ Phone No. _____
Relationship to applicant: _____

XIV. SUBMISSION

No later than 03/15/2027, return the following to Rebuilding Together ★ Solano County @ PO Box 5996, Vallejo, CA. 94591 or via email to: EHoffman.RTSC@gmail.com:

- Signed and completed application (all adult household members living in home)
- 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 (for each household member)
- Copy of your current savings and/or retirement account (for each household member)
- 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 mission is to Repair Homes, Revitalize Communities and Rebuild Lives.

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 or race, color, religion, national origin, sex, marital status, sexual orientation, or veteran status.

Please provide 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							