



**No application fees are required** to submit an application to receive assistance from **Rebuilding Together**. *Rebuilding Together has not authorized any other person or entity to act as its agent for purposes of this application.* **Any fees or costs associated with this application, paid by the applicant, to any such person or entity, are not fees or costs charged by Rebuilding Together.**

## HOMEOWNER APPLICATION

**Application Process:**

1. **Complete ALL Information.**
2. **Submit all documentation requested.**
3. **Sign and date the application.**
4. **Remove this page, retain it for your records.**
5. **Return completed application and all supporting documentation to:**  
**Rebuilding Together Rohnert Park-Cotati, 245 Southwest Blvd., Rohnert Park, CA 94928**

**Program Information**

Rebuilding Together Rohnert Park-Cotati is a non-profit volunteer program designed to provide "Rehabilitation Services" for low-income homeowners, particularly the elderly, the physically challenged and families with children in the Rohnert Park-Cotati community, so they may continue to live in warmth, safety and independence.

Types of rehabs may include: constructing a ramp for wheelchair access, installing grab bars for safety and convenience, painting, electrical repairs, plumbing repairs, carpentry, and yard cleaning & emergency repairs.

- A member of our Site Selection Committee will contact you to arrange a home site survey. We will need to survey the entire home.
- The Site Selection Committee determines which homes will be rehabilitated based upon need and the resources available to complete the work.
- All applicants will be notified in writing as to whether or not their home has been selected.
- Volunteers, Trades Professionals and able-bodied members of the recipient's family will complete the agreed upon tasks.
- Our work is scheduled for our annual Rebuilding Day, the last *Saturday in April, or another work day as determined by the RTRPC Board of Directors.*

**ELIGIBILITY REQUIREMENTS**

- You must OWN and OCCUPY the home within the city limits of Rohnert Park or Cotati.
- Your home must need repairs or modifications to make the home safe, warm and healthy.
- You must be unable to do the work yourself.
- Your household income must be "Low Income" based on the following HUD guidelines (2010):

# living in Household	1	2	3	4	5	6	7	8
Annual Income under: or	\$45,050	\$51,450	\$57,900	\$64,300	\$69,450	\$74,600	\$79,750	\$84,900
Monthly Income under:	\$ 3,755	\$ 4,288	\$ 4,825	\$ 5,359	\$ 5,788	\$ 6,217	\$ 6,646	\$ 7,075

**PLEASE CALL (707) 792-2650 IF YOU NEED MORE INFORMATION OR HAVE ANY QUESTIONS**



Homeowners Application
PLEASE PRINT

APPLICANT NAME DATE OF BIRTH
CO-APPLICANT NAME DATE OF BIRTH

ADDRESS CITY ZIP CODE

HOME PHONE CELL PHONE WORK PHONE BEST TIME TO CALL

Do you own this home? For how long? Year Built:

Is this a: Single Family Home Condo Mobile Home

Is the homeowner: 60 Years or older? Disabled? Low Income:

Total number of people living in this household.

How did you hear about Rebuilding Together?

Have you applied to RT before? Y N if so, what year?

List ALL persons living in the house and their relationship to you. Age Relationship

1.

2.

(If necessary, list additional names on the back of this form.)

Do any member (s) of your household have a disability or health problems? Yes: No:

If YES, please explain in detail:

(If necessary, please continue details on the back of this form.)

What work do you need performed to remain warm, safe and independent?

List work in order of greatest need. List additional items on separate sheet, if necessary.

1.

2.

3.

4.

NOTE: Due to the size and complexity of the work needed, we may not be able to do certain projects. NO GUARANTEE IS GIVEN OR IMPLIED THAT ANY OR ALL ITEMS LISTED WILL BE ACCOMPLISHED.



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

**INCOME, ASSETS and EXPENSES:**

Indicate the combined income and expenses in the following categories **for all people living in your home.** All Information will remain confidential.

Total Household Monthly Income:

Social Security \$ \_\_\_\_\_

SSI and/or SSD \$ \_\_\_\_\_

Salaries/Employment \$ \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_

Annuities \$ \_\_\_\_\_

Investments \$ \_\_\_\_\_

Rental Income \$ \_\_\_\_\_

**TOTAL INCOME** \$ \_\_\_\_\_

Total Household Monthly Expenses:

Mortgage/Space Rent \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Auto Expense \$ \_\_\_\_\_

Insurance, House, Car, Health \$ \_\_\_\_\_

Prescriptions \$ \_\_\_\_\_

Doctors/Dentists \$ \_\_\_\_\_

Other Expenses: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

**FINANCIAL HOLDINGS:**

APPLICANT: \_\_\_\_\_

CO-APPLICANT: \_\_\_\_\_

OTHER: \_\_\_\_\_

Other Property? Yes \_\_\_\_\_ No \_\_\_\_\_ Value: \_\_\_\_\_

Stocks/Bonds/CD's? Yes \_\_\_\_\_ No \_\_\_\_\_ Value: \_\_\_\_\_

Are you current with your mortgage? \_\_\_\_\_ Are your property taxes current? \_\_\_\_\_

If your answer is no to either of these questions, please explain.

**Note:** We reserve the right to request additional or current supporting documentation as may be needed in order to assist us in the processing of this application.



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

**DOCUMENTATION REQUIRED WITH THIS APPLICATION:**

- Proof of home-ownership (copy of a mortgage payment stub; property tax statement or deed)
- If a mobile/manufactured home, please provide the name and contact information for park management **and** a copy of your latest monthly rent bill.
- If a condo please provide Association Name and Contact information for Management.
- Proof of Homeowner's Insurance (\*\* may waive in an emergency situation).
- Copy of last **two** years Federal Tax Return.
- If you do not earn enough to file a tax returns, **submit a copy of the past three months bank statements.**
- Copy of **current year** SSI/SDI Annual benefit statement.

\*\*If you are not able to supply these items, please explain:

Ethnicity : (For statistical purposes only and will not affect the selection process).

Please state for each person in the household (individual names not necessary):

***Income eligibility is determined by the HUD Income Limits published annually for Sonoma County.***

I/we certify, subject to disqualification, that the above information is true and correct to the best of my/our knowledge and also authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing repairs and/or modifications through Rebuilding Together.

I/we also understand that any information provided on this application will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive housing rehab.

**I/we authorize Rebuilding Together to photograph my/our home before, during and after housing rehabilitation.**

Date \_\_\_\_\_

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

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

**Return completed application and all supporting documentation to:**

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