



Pier 28, The Embarcadero
San Francisco, CA 94105
Tel: (415) 905-1611
Fax: (415) 905-1610
www.rebuildingtogethersf.org

Home Application

What is Rebuilding Together San Francisco?

Rebuilding Together is a non-profit organization that provides repair services to community facilities, low-income homeowners and tenants **free of charge**. Our programs, listed below, help low-income San Franciscans remain safe, warm and supporting their ability to age in place. **The attached application is to be used for all these programs – once you fill out and submit this application, RTSF will assess and determine which program is the best fit for your needs.**

- **Rebuilding Day** is an *annual* program that repairs and renovates homes of people who, due to age, financial limitations, or disability, cannot do the work themselves. Thousands of volunteers give their time on the last Saturday in April to create safer, brighter, and warmer environments. Repairs differ from house to house but may include: painting, carpentry, plumbing, electrical, weatherization, clean-up, yard work and other repairs.
 - *This program is only available to homeowners and applications are accepted on a rolling basis throughout the year for our October and April Rebuilding Day.*
- **Home Safety & Independence** (HS&I) is a *year-round* program that provides basic safety modifications such as bathroom safety equipment and smoke detectors. Through this program we can also install or secure handrails and other safety items.
 - *Applications for this program are accepted year round.*
- **Green at Home** is a *year-round* program that provides basic energy efficiency and weatherization modifications allowing you to remain warm, reduce energy consumption and save money on utilities.
 - *Applications for this program are accepted year round.*

Who is eligible for Rebuilding Together's services?

Applicants must be low-income, elderly or disabled persons who live in San Francisco and either own their home or have landlord authorization. To qualify for inclusion in either programs please refer to the following income guidelines

Number of people living in home	Maximum combined income allowed
1	\$60,200
2	\$68,800
3	\$77,400
4	\$86,000
5	\$92,900
6	\$99,800
7	\$106,650
8	\$113,550

All financial information received from applicants is treated as confidential.

IMPORTANT INFORMATION:

There is no charge for the repair services completed by Rebuilding Together. Any Social Service benefits you presently receive will not be affected if you receive Rebuilding Together’s services.

Able-bodied homeowners, family members, and other persons living in the home are expected to work with Rebuilding Together’s volunteer team.

If you have further questions or need assistance in completing this application, please call our office at (415) 905-1611 or take this application to your social service agency for assistance.

I certify that all the following statements in this application are true to the best of my knowledge.

 Client Signature

 Date



APPLICATION
Accepted on a Rolling Basis

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SECTION I. PERSONAL INFORMATION

Name of Applicants(s):

Address: ZIP:

What are your cross streets? and

Home Phone: Other Phone:

Date of Birth: E-mail:

Ethnicity (optional):

Who do we call if we can't reach you? Relationship:

Phone: Other phone:

Do you have a social worker or a care manager?

Name: Phone: Cell Phone:

Agency Name: Email: Fax:

Do they want to be notified before Rebuilding Together's visit to your home?

List names, ages, and annual income (from all sources) of ALL persons residing in home (including homeowner):

Table with 4 columns: Name, Age, Relationship to Applicant, Annual Income. Multiple rows for listing household members.

Is anyone residing in the home disabled? Yes No

If yes, please indicate any special needs (wheelchair, walker, hearing aid, etc.)

Have you participated in our program in the past? Yes No

*Returning clients will not be excluded; new clients will be given priority

Do you own your own home? Yes No

If NO please proceed to section III

If YES please complete the rest of application in full

SECTION II: HOMEOWNER INFORMATION

How many years have you lived in your home?

Did you or your spouse serve in the U. S. military? Yes No Or work for a Union? Yes No

Do you plan to sell your home within the next 2-3 years? Yes No

Do you have homeowner's insurance? Yes No

Would you be comfortable with a team of 25 volunteers working in your home at one time? Yes No

How many bedrooms do you have in your home?

What are your top 4 priorities for repair or help?

1. _____ 2. _____

3. _____ 4. _____

Additional Projects you would like help with: _____

Do you have leaks? Yes _____ No _____ If yes, where? Roof Basement Pipes Faucet(s)

Do you have sparking at your electrical outlets? Yes _____ No _____

Does your hot water heater work? Yes _____ No _____

Do you have a pest or rodent problem? Yes _____ No _____

Do you often use your backyard or garden? Yes _____ No _____

When was the last time the interior of your home was painted? 0-5 years 5-10 years 10-20 years 20+ years

Would you benefit from assistance with removing unwanted stored items in your home/garage? Yes _____ No _____

If yes please describe the nature of these items: _____

How do you currently heat your home? Furnace Space heater Oven Other _____

SECTION III. DESCRIPTION OF WORK NEEDED TO BE DONE IN YOUR HOME

Rebuilding Together focuses first on safety in the home and then considers other repairs.

Do you have handrails on all your stairways and are they secure? Yes _____ No _____

Do you have difficulty getting in and out of the shower or bathtub? Yes _____ No _____

Do you have difficulty getting on and off of the toilet? Yes _____ No _____

Do you have working smoke detectors? Yes _____ No _____

Are any of your appliances broken? Yes _____ No _____

Which? _____

Gas _____ Electric _____

Is your home drafty? Yes _____ No _____

If you have a security gate, does it require a key to exit from the inside? Yes _____ No _____

Do you receive any services from any social agencies or do you participate in any senior organizations? Examples: Senior Central, Network for the Elders, or Meals on Wheels. **This information will NOT disqualify you for Rebuilding Together.** These questions help us to know more about how we might be able to serve you.

If yes, Program Name: _____

How did you hear about Rebuilding Together? _____