



## WEST SACRAMENTO HOME IMPROVEMENT SERVICES

*Repairing homes, revitalizing communities and rebuilding lives.*

RTS is a nonprofit organization that improves the health, safety, and efficiency in homes owned by those who are elderly, disabled and families with children. The type of home improvements and eligibility guidelines vary depending on the requirements of the organizations that fund the services.

### SERVICE OPTIONS

**NO-COST SERVICES:** Free to homeowners who meet the following criteria and need the type of services listed on the next page.

- Located in West Sacramento
- Low-to-moderate income homeowner

Number of Persons in Household	Yolo County Income Range	Number of Persons in Household	Yolo County Income Range
1	\$0 - \$58,750	5	\$0 - \$80,650
2	\$0 - \$67,150	6	\$0 - \$97,350
3	\$0 - \$75,550	7	\$0 - \$104,050
4	\$0 - \$83,900	8	\$0 - \$110,750

Our free services are available with funding from grants and donations that fluctuate throughout the year. If funding is no longer available, please contact us the following year to inquire if funding is available.

**To apply for no-cost services:** Send a completed application and required income documents to the address listed at the bottom of the next page.

## TYPES OF SERVICES

This is a list of items that are typically available, however, the items can change at any time.

RTS will determine the type of items and quantity depending on the need and our resources.

- Bathroom grab bars
- Toilet risers
- Shower or tub mats, stools
- Shower hose
- Stair and wall handrails
- Transfer poles
- Threshold ramp
- Step modifications
- Smoke, fire and carbon monoxide detectors
- Wheelchair ramps (on a limited basis)

**Typical wait time:** 2-6 weeks

## APPLICATION PROCESS

1. Return the completed application and required documents to the address listed below.
2. This application is also available on our website. ([www.RebuildingTogetherSacramento.org](http://www.RebuildingTogetherSacramento.org))
3. If your application is approved someone will call you to schedule an appointment within 4-8 weeks.  
You will be notified if you do not qualify for services.

## DOCUMENTATION REQUIRED

Provide gross income verification documents for each household member. Show all income for all residents. Proof of recent utility bill payment may also be required at a later date depending on the program requirements.

Examples include: a Social Security award letter, two (2) recent pay stubs, income tax return, or recent bank statement showing deposits

Your income might be shown in a single document or multiple documents.

**\*\*\* PLEASE Blackout social security and account numbers.**

### Mail, fax or email application and required documents to:

Rebuilding Together Sacramento  
P.O. Box 255584  
Sacramento, CA 95865  
Phone 916-455-1880 x1 Fax 916-731-7077  
[RTSapplication@RebuildingTogetherSacramento.org](mailto:RTSapplication@RebuildingTogetherSacramento.org)

We welcome contributions for services from those we serve but it is not mandatory.

If you'd like to make a contribution, please mail a check or pay online using the Donation page on our website ([www.RebuildingTogetherSacramento.org](http://www.RebuildingTogetherSacramento.org)).

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*Rebuilding Together Sacramento will not deny any services to people on the grounds of ethnicity, race, religion, national origin, gender, sexual orientation or lifestyle.*



WEST SACRAMENTO HOME IMPROVEMENT SERVICES APPLICATION

\*(Required information) Application Date: \_\_\_\_\_

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

\*Primary phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

How did you hear about us? (Check all that apply)

- Letter / Postcard, Newspaper, Community Org., Neighbor, Presentation, School / Work, Television, Community Event, Church / Faith Group, Previous Recipient, Senior 211 Hotline, Friend / Family, Internet / Website, City / County Agency, Health Organization, Health Professional, Other Non-Profit, Other, Staff / Board Member

Group membership (Check all that apply)

- Veteran, Widower of Veteran, Meals on Wheels Participant, Cognitive impairment such as Dementia

PROPERTY INFORMATION

\*Do you own this home? Yes No If "Yes," in what YEAR did you purchase the home? \_\_\_\_\_
Is this a mobile home? Yes No In what YEAR was this home built? \_\_\_\_\_

List the number of each item in the home: Bedrooms \_\_\_\_ Bathrooms \_\_\_\_ Ramps \_\_\_\_

Smoke Detectors \_\_\_\_ Carbon Monoxide Detectors \_\_\_\_ Central Heating & Air Window A/C

How Is your home powered? Gas Electricity

Safety/Accessibility/Disabilities: (Check all that apply)

- Uses a wheelchair, Uses a walker, Has difficulty getting in/out of the tub/shower, Has difficulty using steps, Has difficulty getting on and off the toilet, Has difficulty rising from a sitting position

Do you have any disabilities we should be aware of? \_\_\_\_\_

**INCOME:** List the combined gross income of all individuals (including renters) living in the home, including public assistance, rent payments, etc.

Do you have a renter(s)?  Yes  No If "Yes," how much do you receive in rent? \$ \_\_\_\_\_/month

<u>Amount of Gross Income Per Person</u>	<u>Source of Income (for example, SSI, pension, wages, etc.)</u>
\$ _____/year	_____
\$ _____/year	_____
\$ _____/year	_____

\*Total Gross Income \$ \_\_\_\_\_/year

**PLEASE MAKE SURE TO INCLUDE YOUR FINANCIAL DOCUMENTS WHEN APPLYING.**

**Is your household income below 100% of the Federal Poverty Level?**  Yes  No

1 Person <= \$14,580	2 People <= \$19,720	3 People <= \$24,860	4 People <= \$30,000
5 People <= \$35,140	6 People <= \$40,280	7 People <= \$45,420	8 People <= \$50,560

\*Do you live alone?  Yes  No

\*List all the people living in the home: (use additional sheets if necessary)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Employed?</u>	<u>Disabled?</u>
_____	_____	_____	Yes   No	Yes   No
_____	_____	_____	Yes   No	Yes   No
_____	_____	_____	Yes   No	Yes   No

**In case of an emergency - or to assist us in contacting you - please list two (2) personal contacts**

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

**HOME SAFETY/MINOR REPAIR NEEDS** (Some repairs may not be available in all areas)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**ADDITIONAL AREAS OF CONCERN**

- |                                         |                                       |                                              |                                         |
|-----------------------------------------|---------------------------------------|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Electrical     | <input type="checkbox"/> Plumbing     | <input type="checkbox"/> Carpentry / Fencing | <input type="checkbox"/> Yardwork       |
| <input type="checkbox"/> Furnace (HVAC) | <input type="checkbox"/> Water Heater | <input type="checkbox"/> Exterior Painting   | <input type="checkbox"/> Outside Stairs |
| <input type="checkbox"/> Kitchen        | <input type="checkbox"/> Bathroom     | <input type="checkbox"/> Debris Removal      |                                         |

*I/We certify that the above information is true and correct to the best of my/our knowledge. I/We realize that failure to provide all the information requested could result in our application being invalid. I/We authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation and repairs through Rebuilding Together. I/We also understand that our address may be shared with organizations that support the service such as the Agency on Aging for purposes of tracking the impact. All other information will be kept confidential and used strictly for determining my/our eligibility for this program.*

*I freely consent to the unrestricted use by RTS and/or any person authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recordings of me created in connection with the Program, and I expect and anticipate no remuneration therefrom.*

**Signature(s) of Homeowner(s)**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**RTS is required by our funders to ask for the information below. Your response is voluntary and confidential, and will not impact your eligibility. Please check all that apply.**

**Race/Ethnicity**

- African American / Black
- Asian
- Caucasian / White
- Native American
- Pacific Islander
- Decline to State
- Other:

Are you also Hispanic / Latino?  Yes  No  Decline to State

**Sexual and Gender Identity**

Gender at birth  Male  Female  Decline to State

Current Gender  Male  Female  Decline to State  
 Transgender Male to Female  Transgender Female to Male

Sexual Orientation  Straight/Heterosexual  Lesbian  Gay  
 Bisexual  Questioning/Unsure  Decline to State

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