



Pier 28, The Embarcadero
San Francisco, CA 94105
Tel: (415) 905-1611 x204
Fax: (415) 905-1610
www.rebuildingtogethersf.org

Home Repair Application

Who is Rebuilding Together San Francisco (RTSF)?

Rebuilding Together is a non-profit organization that provides home repair services to income qualified homeowners and tenants. Our programs help preserve affordable home ownership in San Francisco and help San Franciscans in need remain safe and warm in their homes, supporting their ability to age in place.

Who is eligible for Rebuilding Together's services?

Applicants must be income qualified persons who live in San Francisco and either own their home or have authorization from their landlord for repairs to be performed. All information received from applicants is treated with the utmost confidentiality.

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. If you have further questions or need assistance in completing this application, please call our office at **(415) 905-1611 x 206** or take this application to your social service agency for assistance.

SECTION 1. APPLICANT INFORMATION

First Name of Applicant: _____ Last Name: _____

Address: _____ Zip Code: _____ Neighborhood: _____

Primary Phone #: _____ home / mobile Alternate Phone #: _____ home / mobile

Applicant Email Address: _____

Date of Birth: _____ (month / day / year)

Race/Ethnicity: AA/Black Asian Hispanic/Latino Native Amer Pacific Islander White Other

Do you have a disability? Yes _____ No

Preferred Language(s): English Spanish Cantonese Other

If English is not your preferred language, is there an English speaker residing in the home? Yes No
(please share name & phone number of English speaker): _____

Have you participated in an RTSF program in the past? Yes No *(Returning residents will not be excluded)*

SECTION 2. CONTACT INFORMATION

Who do we contact if we can't reach you? _____

Relationship (to applicant): _____ Phone: _____

Email: _____

Do you have a social worker or a care manager? Yes No

Name: _____ Phone: _____ Mobile: _____

Agency: _____ Email: _____ Fax: _____

Were you referred to RTSF? Yes No If YES, by whom: _____

Date Received: _____ (Office use only)

List **ALL** persons residing in home including all children and tenants

Name	Relationship to Applicant	Birth Date DD/MM/YR	Gender	Annual Income	Military Veteran Y/N	Disabled Y/N	Special Needs (wheelchair, hearing aid, etc.)
	APPLICANT						

SECTION 3. APPLICANT INFORMATION

Briefly tell us about yourself! What do you enjoy about your community and your home?

SECTION 4: RENTER / HOMEOWNER INFORMATION

Have you or a resident of this home been injured due to an unsafe housing condition? Yes No

If YES, please briefly describe incident: _____

Which best describes your family? Single Female Headed Single Male Headed Dual Headed Family

Do you own your own home? Yes No If YES, please continue answering the questions below:

What year did you move into this home? _____ What year was your home built? _____

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

Do you have any pets? No Yes, Please select: Cats _____ Dogs _____ Other _____

Do you receive services from any social agencies or do you participate in any senior organizations?
(Receiving services from other social agencies will NOT disqualify you from Rebuilding Together)

If YES, Program Name(s): _____

SECTION 5A: RENTERS & HOMEOWNERS, HOME HEALTH AND SAFETY NEEDS

These priorities help focus attention on significant health and safety hazards within your home or rental unit and helps us establish an overall picture of your current living conditions and how we might be able to help you.

For each question please answer YES or NO.	YES	NO	
Do you have working smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have working carbon monoxide alarms?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a current fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, do you know how to use it? <input type="checkbox"/> Y <input type="checkbox"/> N
Do you have grab bars where you need them?	<input type="checkbox"/>	<input type="checkbox"/>	If no, where do you need them? _____
Is it easy for you to get:	<input type="checkbox"/>	<input type="checkbox"/>	
a) in and out of the shower or bathtub?	<input type="checkbox"/>	<input type="checkbox"/>	If no, how many bathrooms do you have? _____
b) on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	If no, in how many bathrooms needed? _____
Do you have enough secure handrails on stairs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, do you need them: Inside? <input type="checkbox"/> Outside? <input type="checkbox"/>

SECTION 5B: HOMEOWNERS ONLY, HOME HEALTH AND SAFETY NEEDS

These priorities help focus attention on significant health and safety hazards within your home and help us establish an overall picture of your current living conditions and how we might be able to help you. To the best of your ability, please indicate whether these areas are working properly (yes) or are not working properly (no).

For each question please answer YES or NO.	YES	NO	
Is your furnace vent secure and working properly?	<input type="checkbox"/>	<input type="checkbox"/>	
Are your electrical outlets free of sparking?	<input type="checkbox"/>	<input type="checkbox"/>	
Do all bathroom sinks, toilets, baths & showers work?	<input type="checkbox"/>	<input type="checkbox"/>	Which is broken: Sink __ Toilet __ Bath/Shower __
Do your refrigerator, stove and water heater work?	<input type="checkbox"/>	<input type="checkbox"/>	Which is broken: Fridge __ Stove __ Water Heater __
Are all stairs and decks front and back safe to use?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have good lighting inside and outside?	<input type="checkbox"/>	<input type="checkbox"/>	If no, which needs improving: Interior __ Exterior __
Is your home clear of tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there guardrails around high porches or decks?	<input type="checkbox"/>	<input type="checkbox"/>	
Are your windows and doors functional and secure	<input type="checkbox"/>	<input type="checkbox"/>	
Does your house have gutters and downspouts?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your house free of active leaks and moisture?	<input type="checkbox"/>	<input type="checkbox"/>	Leaks at: Roof __ Basement __ Pipes __ Faucet(s) __
Is your clothes dryer vented to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have exhaust fans installed in your?			
a) kitchen above your stove?	<input type="checkbox"/>	<input type="checkbox"/>	
b) bathrooms?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the temperature in your home usually comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your home free of wide cracks or gaps on the outside?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your home free of pests and/or rodents?	<input type="checkbox"/>	<input type="checkbox"/>	
If you have carpeting is it clean and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	(If you do not have carpeting, choose "Yes")
Are your house numbers visible from the street?	<input type="checkbox"/>	<input type="checkbox"/>	
Is interior paint and are walls in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	How old: 0-5 yrs __ 5-10 yrs __ 10-20 yrs __ 20+ yrs __
Do you heat your home with a furnace?	<input type="checkbox"/>	<input type="checkbox"/>	Do you use: Space heater __ Wall heater __ Oven __
If you have a security gate, do you need a key to exit?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you often use your backyard or garden?	<input type="checkbox"/>	<input type="checkbox"/>	
Would you benefit by removing unwanted items from your home, garage or yard?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please describe:

SECTION 6: ADDITIONAL AREAS OF CONCERN

Please let us know about other areas of concern within your home (check all that apply).

- | | | | |
|-------------------------------------|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Interior Painting | <input type="checkbox"/> Yardwork |
| <input type="checkbox"/> Furnace | <input type="checkbox"/> Water Heater | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Carpentry |

Any other information you think we should know while we consider your application?

REBUILDING TOGETHER PROGRAM INFORMATION & ELIGIBILITY DOCUMENTATION

Safe at Home Program

This program operates all year long providing FREE safety modifications to renters and homeowners, including items such as: installing grab bars, handrails, smoke detectors, carbon monoxide alarms and other bathroom safety equipment (toilet raisers, bath benches, etc.).

In addition, RTSF can provide critical repairs that address health and safety risks for homeowners (only) including carpentry, electrical, plumbing, flooring and select roofing work. This expanded repair service is open to homeowners living in their residences only.

Eligible applicants must be:

- Income qualified (see application for family size-based income limits)
- A resident in the home needing the safety modification
- Able to secure landlord authorization for repairs/modifications, if renting

Rebuilding Day Home Repair Program

This is a one-time a year program focusing on helping homeowners feel safer and more comfortable in their homes. Provided repairs vary, but often include: interior painting, light carpentry, light plumbing, light electrical, yard work, clutter removal and appliance upgrades.

Apart from interior painting and yard work, our repairs are not focused on esthetics—we do not provide extreme home make-overs, although homeowners often remark that our work leaves their home “transformed.”

Eligible Rebuilding Day applicants must be:

- Income qualified (see application for family size-based income limits)
- The owner living in the home needing repairs
- Able to participate in a 1 to 3-month planning process, with numerous letters, calls and visits
- Open to having between 20 and 30 volunteers working in and around home on one day

Applicants must be income qualified persons who live in San Francisco and either own their home or have authorization from their landlord for repairs to be performed. To qualify for inclusion in either programs please refer to the following income guidelines based on Average Median Income:

Number of people living in home	Maximum combined income allowed
1	\$68,950
2	\$78,800
3	\$88,700
4	\$98,500
5	\$106,400
6	\$114,300
7	\$122,150
8	\$130,050

**If your application is approved for one of our home repair programs, participants will be asked to provide additional documentation, such as: a current utility bill, an income statement, and proof of home ownership and/or landlord approval. All information shared with RTSF will remain confidential.*

By signing, I certify that the following statements in this application are true to the best of my knowledge. I understand the eligibility requirements and follow up documentation required to receive services. I understand that neither RTSF, nor any of its volunteers, will be held liable for work not completed to the recipient's and/or homeowner's satisfaction. I hereby waive any right or cause of action arising as a result of my participation in RTSF programs from which any liability may or could accrue against RTSF or its officers, directors, employees, assigns, and/or successors in interest, collectively or individually.

Signature of Applicant or Applicant's Sponsor

Date