



Our mission is to preserve and revitalize homes and communities, to assure that low-income homeowners, particularly those who are elderly, disabled and families with children, live in comfort, safety and independence.

SAFE AT HOME PROGRAM

This program provides modifications that improve accessibility and mobility within the home. The work is completed by volunteers throughout the year. Type of modifications include:

- Bathroom handrails and grab bars
- Raised toilet adapters
- Shower spray assist units
- Nightlights
- Tub anti-skid safety mats
- Smoke and Fire detector
- Shower Stools

PROGRAM ELIGIBILITY

- Low-moderate income (see chart below)
- Be over 62 and/or have a certified disability
- Own and live in your Oakland home (still owning on your mortgage is OK). No mobile homes or renters.

Please circle the total number of persons living in the home and the total household income (this is based on Alameda County low-income standards):

1 person	2 persons	3 persons	4 persons	5 persons	6 persons
\$29,000	\$33,100	\$37,250	\$41,400	\$44,700	\$48,000

INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED.

To apply submit the following:

- **Submit the attached application.**
- **Submit copies of the following documents when you return the application. Applications submitted without these documents will not be considered. If you must send originals, we will copy and return the originals to you.**
 1. **Proof of ownership (submit one only)**
 - a copy of your current property tax bill
 - OR a copy of the deed to your property
 2. **Proof of income (submit one only) for all residents in your home**
 - a copy of your (and/or their) W2 or benefit/retirement statement(s)
 - OR a copy of your (and/or their) last year's Federal tax return (1040)
 3. **Proof of residence (submit one only)**
 - a copy of a recent telephone bill OR cable TV bill
 - OR a copy of a recent PG&E OR EBMUD OR garbage bill

For information 510-625-0316.



SAFE AT HOME HOMEOWNER APPLICATION

Date: _____

Mr. & Mrs. _____ Mrs. _____ Ms. _____

Last Name: _____ First Name: _____

Address: _____ City: _____

Zip: _____ Phone: _____

Age of Applicant (s): _____ / _____

Referred by: Name: _____ Organization: _____

Please list everyone who lives in the house: (Use additional sheets if necessary.)

Name	Age	Relationship	Employed	
			Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

INCOME

Total Household Annual Income \$ _____
 (include income from all people living in the home)

Are you currently employed? No _____ Yes _____ Employer _____

Amount of Income	Source of Income (i.e. SSI, pension, wages, etc.)
\$ _____ /year	_____
\$ _____ /year	_____
\$ _____ /year	_____

PROPERTY INFORMATION

Purchase Price: \$ _____ Year Purchased: _____ # of bedrooms: _____ # of bathrooms: _____

Do you own real estate other than your principal residence? Yes _____ No _____

Please list 2 personal references:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

Do you have any disabilities we should be aware of when assessing your home? If yes, please list:

MODIFICATION WISH LIST – List those safety devices you think are most needed?

1. _____ 3. _____
 2. _____ 4. _____

	YES	NO
Can you get in and out of the tub/shower with ease?		
Can you see your way to the bathroom easily?		
Can you get on and off the toilet with ease?		
Do you have a mat in the bath/shower that keep you from slipping?		
Do you have Smoke and Fire detectors in your home?	How many?	

ETHNICITY: (circle one) White Black Hispanic Asian American Indian/Alaskan Native
 Native Hawaiian/Pacific Islander Other Multi-racial _____

Rebuilding Together will not deny any services to people on the ground of race, color, religion, national origin, sex or sexual preference.

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 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 any information received will be kept confidential and will be used strictly for determining my/our eligibility for this program.

Signature(s) of Homeowner(s)

	Date
	Date

**Mail completed application and income information to:
 Rebuilding Together Oakland
 1111 Pine St. Suite A,
 Oakland, CA 94607 Phone: (510) 625-0316**

OFFICE USE ONLY

Income eligible _____ Ownership verified _____ Recommendation Home Mod. Program _____ Annual Workday _____ App. given the Project Selection _____ Both _____ Decline _____ Letter sent _____ Reason	Home Mod. Recipients: Homeowner letter sent _____ Date referred to volunteer _____ Team Captain _____ Team Member _____ Date work was completed _____ Followup
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