

Home Preservation Program Request for Service

Dear Applicant:

Thank you for your interest in our Home Preservation Program! To apply, please fill out the attached Request for Service.

Instructions:

1. Fill out the attached form and complete each section in its entirety. Please print all information.
2. If you have any questions about completing your Request for Service please contact our Program Assistant, Sheridan Mathias, at (510) 803-3388 or homerepair@habitatebsv.org.
3. Please return the completed form by email, mail, fax or drop-off to:

Habitat for Humanity EBSV
 Home Preservation
 Attn: Sheridan Mathias
 2619 Broadway
 Oakland, CA 94612
 Phone: (510) 803-3388 Fax: (510) 295-2103
homerepair@habitatebsv.org

Next Steps:

1. This is only the first step in the process of determining your eligibility for home repair assistance.
2. Once we have received this form, someone from Habitat will call you within 10 business days to review your application with you, to help us form an even better picture of your needs. This will be followed up by a letter from confirming receipt of your Request, notifying you of whether you are eligible for any of our programs, and identifying the program we feel best suits your needs. The letter will outline the next steps in the application process.
3. We may request additional information from you at any point in the process. All information will be kept confidential.
4. Once you have provided all necessary additional information, we will start your final review.

Eligibility Requirements:

1. Own your home.
2. Live in your home.
3. Earn no more than the maximum income levels below:

| 2020 Maximum Income depends on the number of people in your household not including fulltime caregivers | | | | | | | | |
|--|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| County | 1 person | 2 people | 3 people | 4 people | 5 people | 6 people | 7 people | 8 people |
| Alameda | \$73,100 | \$83,550 | \$94,000 | \$104,400 | \$112,800 | \$121,150 | \$129,500 | \$137,850 |
| Contra Costa | \$73,100 | \$83,550 | \$94,000 | \$104,400 | \$112,800 | \$121,150 | \$129,500 | \$137,850 |
| Santa Clara | \$78,550 | \$89,750 | \$100,950 | \$112,150 | \$121,150 | \$130,100 | \$139,100 | \$148,050 |

Please retain this page for your records.



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SECTION 1. HOMEOWNER INFORMATION

| APPLICANT 1 | |
|--|--|
| Name (First Middle Last) <input type="checkbox"/> Male <input type="checkbox"/> Female | Primary Phone |
| Current Address (Street, City, State, Zip) | Alternate Phone |
| Email | What is the best way to be contacted? <input type="checkbox"/> Email <input type="checkbox"/> Primary Telephone |
| APPLICANT 2 | |
| Name (First Middle Last) <input type="checkbox"/> Male <input type="checkbox"/> Female | Primary Phone |
| Current Address (Street, City, State, Zip) | Alternate Phone |
| Email | What is the best way to be contacted? <input type="checkbox"/> Email <input type="checkbox"/> Primary Telephone |

SECTION 2. CONTACT INFORMATION

Who is the primary contact?

Homeowner Family member/Friend/Neighbor Social Worker/Case Manager Other: _____

If the primary contact is someone other than the Homeowner, please provide their contact info below:

Name: _____ Relationship: _____ Phone #: _____ Home/Mobile/Work

Address (if different from Homeowner): _____

E-mail: _____

Preferred Language: _____

If English is not your preferred language, is there an English speaker residing in the home? Yes No (please list English speaker as the primary contact above.)

How did you hear about the Program? _____

SECTION 3: HOMEOWNER PRIORITIES

What are your top 4 priorities for repair or help?

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