

SENIOR COASTSIDERS HOME REHABILITATION PROGRAM 2022-23

PROGRAM INFORMATION

Senior Coastsiders' Home Rehabilitation Program provides free basic home repairs for homeowners who cannot physically or financially take care of the repairs themselves. The purpose of the program is to enable older adults and individuals with disabilities to live safely in their homes. For more than 30 years, thousands of volunteers have renovated and repaired homes and nonprofit organizations on the coastside from Montara to Pescadero.

Projects dealing with safety or accessibility issues are given priority. New applicants will be given priority over repeat applicants. We may not be able to do certain projects due to the size and complexity of the job. The project selection committee determines which homes will be chosen based on the above stipulations and budgetary restrictions. Senior Coastsiders performs projects throughout the year as well as during our one-day Home Rehab Day.

Skilled volunteers and/or local contractors complete the repairs at no cost to the homeowner. **Homeowners who are able to make a donation to help cover the costs of the program are encouraged to do so.**

ELIGIBILITY REQUIREMENTS

- The applying homeowner must be 60 years of age or older, and /or considered disabled. If you are under 60, you must enclose verification of your disability.
- Income of all persons living in the home must be reported to determine eligibility. Your total **gross** income from all adults 18 and over living in the home must be below the following:

1 person - \$102,450 2 people - \$117,100 3 or more - inquire at Sr. Coastsiders

- The home must be located within Senior Coastsiders' service area, which includes Half Moon Bay, Miramar, El Granada, Princeton, Moss Beach, Montara, San Gregorio, La Honda, Loma Mar and Pescadero.
- The applying homeowner must reside in the home.

APPLICATION

A complete application includes:

- Application form
- Proof of income from all members of the household. (Copies of Social Security statements, pension benefit statements, W2 forms, or copy of bank statement listing direct deposits)
- A copy of the deed to your property or other proof of ownership (property tax statement, mobile home registration card)
- Proof of homeowner's insurance
- Non-refundable processing fee of \$10
- Signed HRP waiver (last page)

Please complete this application and return to Senior Coastsiders

**SENIOR COASTSIDERS' HOME REHABILITATION APPLICATION
2022-23**

(All information provided will remain confidential)

Date: _____ Homeowner's Name: _____

Do you own your home? Yes No Are you the only titled owner? Yes No

Year home was built: _____ Is this a mobile home? Yes No

Home Address: _____ City: _____

Mailing Address (if different): _____

Email address: _____

Phone: _____ Date of Birth: _____ Ethnicity: _____

Emergency Contact: (Name, relationship and phone number)

Please list all people who reside in home: _____

Total Gross Household Income:	Person 1	Person 2
Social Security		
SSI or SSD		
Salaries		
Interest & Dividends		
Pensions & Annuities		
Rental Income		
Other Income		
TOTAL HOUSEHOLD INCOME		

Description of work to be done (please be specific):

Do you have a homeowner's insurance policy? Yes No
(Proof of insurance must be included with application.)

Has your home been damaged by storms, earthquakes, etc.? Yes No

If so, have you contacted your insurance company? Yes No

Please list any reasons (medical or other) why you or your family are unable to accomplish the work that needs to be done on your home. Include factors such as limited mobility, the use of assistive devices (i.e. walker, wheelchair) and problems with eyesight.

How did you hear about our program? _____

Statement of Confidentiality:

The information on this application will be held in complete confidence and will be used only for the purpose of determining eligibility for the Senior Coastsiders Home Rehabilitation Program.

Special Conditions:

If the Home Rehabilitation Program repairs or refurbishes a home, and that home is placed for sale on the market within one (1) year of the date of the repairs, Senior Coastsiders may ask that the cost of the repairs be repaid.

I confirm that I have provided true, complete and accurate financial records.

Signature of Applicant: _____ Date: _____

Please sign and return this application at your earliest convenience.

Senior Coastsiders Home Rehabilitation Program, 925 Main Street, Half Moon Bay, CA 94019

A complete application includes proof of income from all members of the household, a copy of the deed to your property (or other proof of ownership), proof of homeowner's insurance, a signed homeowner waiver, and a non-refundable processing fee of \$10.



HOME REHABILITATION PROGRAM

Homeowner Waiver

I understand that the repairs made to my property through the Home Rehabilitation Program (herein after referred to as "HRP") are done to the best of Senior Coastsiders' staff, volunteers, and independent contractors' ability.

I also understand that the repairs made to my property through the HRP are not guaranteed.

I agree to repay Senior Coastsiders the full cost of materials used during Home Repair Day if I sell my house within one (1) year of the repair date.

I understand that I cannot expect Senior Coastsiders to cover the expense of future repairs that might be needed in the areas that were previously repaired through the HRP.

I further agree to hold harmless Senior Coastsiders, its staff, directors, volunteers and independent contractors participating in the HRP from any liability, damages or consequences resulting, directly or indirectly, from any activity relating to the HRP.

Name (please print): _____

Signed: _____ Date: _____