



Berkeley Home Repair Program Application Checklist:

All applicants who have completed and submitted the requirements below are reviewed and appropriately processed. Once all paperwork is submitted and approved the applicant will be contacted and scheduled for a home assessment.

- Program Application
- Household Income Worksheet
- Demographics Survey
- Income Certification
- Property Owner consent Form
- Consent to release information (optional)

In addition to the program application documents please submit the following:

- Proof of income... see acceptable examples of income sheet attached

Mail Completed Paperwork to:

Community Energy Services Corporation
1013 Pardee Street
Suite # 201
Berkeley, CA 94710

For further assistance please call our offices:

510-981-7760 or 510-981-7752

Para asistencia en español hable al:

510.981.9819

EXAMPLES OF PROOF OF INCOME

All proof of income must be current and must show an income amount.

- Temporary Assistance for Needy Families (TANF): Notice of Action; computer printout; benefit letter; copy of welfare check;
- Supplemental Security Income: Notice of Planned Action or Form 2458; computer printout from Social Security Office; copy of bank statement showing SSI direct deposit; copy of SSI check;
- Social Security: copy of current check(s); SSA Form 4926, or 2458; computer printout from Social Security Administration Office; Bank Statement showing direct deposit;
- Pension and Annuities: copy of a current check; verification on letterhead or annual statement from pension plan;
- Wages: Copy of current paycheck stub(s) covering a one-month period and showing gross income;
- Interest Income: monthly or quarterly bank statement; statement of interest income from bank or agency;
- Disability Compensation: copy of a current check; printout or letter from agency or insurance company verifying the compensation amount;
- Unemployment Benefits: copy of current check(s); printout from Employment Development Department;
- Child and/or Spousal support: copy of current check;
- Support from an Individual: copy of check and statement signed by person providing the support;
- General Assistance: Notice of Action from County Social Services; copy of a current check;
- Veteran's Benefits: letter indicating receipt of Veteran's Pension; copy of Veteran's Administration check;
- Signed Federal Tax Form 1040: ONLY FOR SELF-EMPLOYED
- If you have ZERO income call us for more information – 1-888-436-3751



Community Energy Services Corporation

⊛Home Safety & Repair Application⊛ CY 15/16

CESC is a nonprofit, community-based organization that provides free home safety repairs to low-income Berkeley residents. CESC receives Community Development Block Grant Funds through the City of Berkeley for this program.

**Please fill in all requested information. We cannot serve you without it.
All information you provide will be held in strict confidence.**

I. APPLICANT

Name of Applicant: _____
Address: _____ City: _____
Zip Code: _____ Phone Number: _____

II. ALL OTHER RESIDENTS IN HOME

Name:	Age:	Gender:	Relationship:
1. _____			
2. _____			
3. _____			
4. _____			

III. GROSS INCOME FOR ALL HOUSEHOLD MEMBERS (All sources of income must be reported including but not limited to: SSA, SSI, GA, Child Support, pensions, interest income, Section 8 subsidy, Food Stamps, Etc.). Please complete the attached income worksheet.

Total gross household income (attach worksheet): _____ /mo or _____ /yr
Exceptionally high monthly expenses (for example: medication, attendant care, etc.): _____

We must have a copy of income verification for each household member. This includes a recent benefit check stub, paystub, bank statement, etc.

IV. PROPERTY INFORMATION

Do you OWN ___ or RENT ___ the property? Is the property your principal residence? YES ___ NO ___

If you rent, we must have the property owner's permission to make repairs. Please provide the information below so that we may send the property owner an authorization form.

Owner's Name: _____ Phone Number: _____
Owner's Address: _____

V. DISABILITIES

Do you or others in your home have any physical disabilities and/or medical issues that we should be aware of in assessing the repair needs in your home? Please describe.

Are you collecting any income for your permanent disability (SSI, pension, etc.)? YES _____ NO _____

VI. REQUESTED REPAIR AND MAINTENANCE

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____
- 7. _____ 8. _____

VII. OTHER INFORMATION THAT WILL HELP US SERVE YOU BETTER

The City of Berkeley asks us to collect information about your age, race and gender. You may decline to provide the information. Your decision not to provide the information will not affect your eligibility for free home repairs.

- Have you applied to this program before? YES _____ NO _____
- Have you applied to Rebuilding Together before? YES _____ NO _____
- Have you participated in the City Of Berkeley low-interest loan program? YES _____ NO _____
- Have you received energy efficiency improvements? YES _____ NO _____
- Are you interested in receiving energy efficiency improvements? YES _____ NO _____

How did you hear about this program?

Flyer at a church, business or agency

A friend or family member

Meals on Wheels

Center for Independent Living

Other government or agency program _____

Other _____

VIII. CERTIFICATION

I certify that the information contained in this application is true and correct. I authorize the CESC to check any references necessary to complete the processing of this application. I understand that this information is confidential and will be used to determine my eligibility for the CESC's programs, to plan for home repair work, and provide statistical information to our funders.

Signature of Applicant(s)

Date

**PLEASE REMEMBER TO INCLUDE PROOF OF INCOME WITH THIS APPLICATION
AND RETURN TO:**

**CESC
1013 Pardee Street, Suite 201
Berkeley, CA 94710**

**If you have any questions, need help, or need additional copies, please call:
(510) 981-7760, 510-981-7752, Fax to (510) 981-0102 or download at
www.ebenergy.org**

AGE: Date of Birth: _____

Monthly Rent (If you are a tenant): _____

- 0 – 5
- 6 – 11
- 12 – 17
- 18 – 24

- 25 – 44
- 45 – 54
- 55 - 61
- 62 and over

ETHNICITY (Please also make a selection from the “RACE” options in the next box)

Hispanic / Latino(a): Yes No

RACE:

(Single Race Categories)

- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / Other Pacific Islander
- White

(Multiple Race Categories)

- American Indian / Alaskan Native AND Black / African American
- American Indian / Alaskan Native AND White
- Asian AND White
- Black / African American AND White
- Other or Multiracial (please specify): _____

OTHER CHARACTERISTICS

Check all that apply:

Female

Male

Single Female Headed Family

*Disabled**

*Homeless**

*Chronically Homeless**

INCOME CERTIFICATION

Interviewer: *Check the income level of the client and indicate below the source of information used to verify this information. Please see instruction sheet to help with completion.*

- | | | | |
|-----------------------------------|-----------------------------------------|-----------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> CalWorks | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medi-CAL | <input type="checkbox"/> Tax Return (most recent return) |
| <input type="checkbox"/> SSI** | <input type="checkbox"/> Payroll Stub** | <input type="checkbox"/> Bank Statement | <input type="checkbox"/> Other ** _____ |
- (**current-within 2 months)
- Self-certified. Please explain: _____

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development) and or City of Berkeley officials.

CLIENT

Client Printed Name

Client Signature

Date

INTERVIEWER

Interviewer Printed Name

Interviewer Signature

Date



Community Energy Services Corporation

CY 15/16

Property Owner Consent to Repairs

Project ID #:	
Occupant Name:	Address:
Property Owner Name:	Property Owner Address:
	Phone#:

As the property owner of the property located at the address above, I give my consent to Community Energy Services Corporation (CESC) to perform the home repairs or improvements CESC has described to me with the exceptions that I have identified. I understand that these home repairs or improvements are available at no cost to me or the occupant.

Signature of Property Owner

Date

CONSENT TO RELEASE INFORMATION

The Single Family Rehabilitation Program is a collaboration of the City of Berkeley and community-based agencies to provide health and safety home rehabilitation services to Berkeley residents. The Program includes the following service agencies:

- *City of Berkeley Senior Disabled Rehabilitation Loan Program*
- *Center for Independent Living*
- *Community Energy Services Corporation*
- *Rebuilding Together East Bay North*

I, *(name of applicant)* _____, authorize *(name of agency)* _____, to release information contained in this application to the Single Family Rehabilitation Program.

Upon the approval of my application to the Single Family Rehabilitation Program, I understand that the information shared will be necessary and appropriate for coordinating and verifying home rehabilitation services on my behalf through the Single Family Rehabilitation Program. This information may include demographic data, income documentation, and rehabilitation information about my property. I understand this may include sharing information about past rehabilitation projects completed on my property by one or more of the agencies listed above.

I understand that this does not automatically entitle me to any home rehabilitation services other than the repairs noted in this application. I understand that information shared will remain confidential, and will only be used for the purposes described above.

My signature below acknowledges my understanding and consent to the release of information as described above. I understand that I have the right to revoke this consent in writing at any time, except for information already released.

Applicant's Name: _____ Date: _____

Applicant's Signature: _____ Date: _____

Witness/Agency Signature: _____ Date: _____