

City of Vacaville
Housing Services Department
40 Eldridge Ave., Suite 2 • Vacaville, CA 95688
(707) 449-5675 FAX (707) 449-6242 TTY (707) 449-5680

City of Vacaville Senior Home Improvement Program Application Packet

The City of Vacaville offers a two-tiered program designed to meet the needs and financial abilities of local seniors and persons with disabilities to assist them in making modifications which support a safe in-home environment. Under this program, eligible applicants (see Eligibility Requirements below) may receive: Tier I - a referral listing of licensed and reputable contractors; Tier II - minor home modifications to the home.

ELIGIBILITY REQUIREMENTS

In order to use the Home Improvements Program, the following requirements apply. Please note: the number of units to be assisted is limited. The City of Vacaville makes no assurance that all eligible applicants will receive assistance.

- The applicant must be a senior or disabled person.
- The unit receiving modifications must be located in Vacaville city limits.
- The applicants living in a rental unit must have the owner/landlords approval to have modifications made.
- Household income must not exceed the following:

Tier II - Modifications:

Income Eligibility

1 Person Household = \$58,600

2 Person Household = \$66,950

For more information on how to apply for the Home Improvements Program, please contact the Department of Housing Services at (707) 449-5675.

Required Documents

- **Completed Application** (incomplete applications will not be processed until *all* supporting documentation is received)
- Valid photo ID of all adults in unit
- Rental agreement (if applicable)
- Income verification for every adult (18+) in the household. This includes:
 - Unemployment or Worker's Compensation check stubs
 - AFDC/TANF, Social Security, SSI award letters showing income or pending income from these sources with the amount to be paid.
 - Employer paycheck stub (should be dated within the past 60 days).
 - A signed letter from an employer verifying salary. This letter must be an original, typed letter on company letterhead, dated, identifying client as an employee by name and verifying salary amount.
 - If employment is pending, we need a signed letter identifying client as a new employee. The letter must state the date the job will start, the pay rate, and how many hours will be worked each week. This letter must be an original, typed letter on company letterhead.
- Documentation of disability status (if applicable)
 - Social Security, SSI, or VA award letter indicating disability status
 - A letter from a medical professional certifying eligible disability status
- **Submit applications by March 29, 2019**

Senior Home Improvements Program

Application

Applicant's Name _____

Current Address _____

Vacaville CA _____
City State Zip Phone

How long have you lived at this address? _____

Homeowner

Renter (if renter, please complete below):

Owner/Landlord name: _____ Phone: _____

Address: _____

Financial Information

List **all** sources of income for all adult household members (this includes self-employment earnings).

Name of Household Member	Name, address and phone number of employer or other source of income	Gross monthly income (before taxes)
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This data is for statistical purposes only. You are not required to furnish this information, but are encouraged to do so.

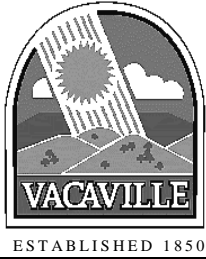
APPLICANT	CO-APPLICANT
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
ETHNICITY: select one	ETHNICITY: select one
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
RACE CATEGORIES: select all that apply	RACE CATEGORIES: select all that apply
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> Other	<input type="checkbox"/> Other
SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male
DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No

I/We hereby apply for assistance under the City of Vacaville’s Home Improvements Program. I/We understand that submission of an application does not guarantee services will be received by my/our household. I/We authorize the City of Vacaville and authorize my/our landlord to disclose the information requested to determine eligibility. I/We also understand that the City of Vacaville has sole discretion in approving this application and the City’s decision is final.

ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. ANY MISINFORMATION GIVEN BY APPLICANT(S) MAY BE GROUNDS FOR DENIAL TO PARTICIPATE IN THE HOME IMPROVEMENTS PROGRAM.

APPLICANT: _____ **DATE:** _____

APPLICANT: _____ **DATE:** _____



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Agreement to Participate
(this form only necessary for renters)

The City of Vacaville offers a Home Improvements Program for seniors and persons with disabilities to assist them in making modifications which support a safe in-home environment. These modifications include items such as: Hand held shower heads; Light toggle switches (including illuminated for bedroom, kitchen & bath); Lever door handles; Smoke/Carbon detectors; Toilet modifiers; Tub/Shower benches; Tub safety mats; Throw rug tapes; Motion activated night lights; and Grab Bars.

The participant must have the landlord/owner's approval to participate in this program. If you agree to allow these modifications, if the household is approved for Home Improvements Program participation, the City of Vacaville will send you a confirmation of which items will be added or changed in the unit.

By signing below, you agree to allow the City's Home Improvements Program to make modifications to your rental unit. If you have any questions, please call Mary Decker at the Housing Services Department at 707-449-5672.

I, _____ hereby certify that I am the owner or authorized landlord of the property located at _____ and I agree to allow the City of Vacaville's Home Improvements Program to make modifications to unit # _____ on behalf of the _____ household if determined eligible.

Name

Signature

Address

Contact Phone Number

Date

**RIGHT OF ENTRY, RELEASE AND WAIVER OF LIABILITY AGREEMENT -
SENIOR HOME IMPROVEMENT PROGRAM**

The undersigned, on my own behalf, and on behalf of my personal representatives, heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, successors, trustees and assigns, acknowledges and agrees to the following:

1. I/We grant permission to representatives of the City of Vacaville ("City"), Plumbers & Steamfitters Local 343, Carpenters Union Local 180, International Brotherhood of Electrical Workers Local 180 ("Local Trade Unions"), and We Love Our City to enter the real property located at _____, Vacaville, CA, _____, on April 27, 2019, for the purpose of providing home improvements to the interior and/or exterior of the real property, which includes one or more of the following: **door lever replacement, switch and outlet replacement, installation of grab bars, handheld shower heads, toilet modifier, smoke detector, throw rug tape, and shower safety mat, and any other minor repairs requested by me/us ("Work").**

2. In consideration for the Work performed, I/we hereby release, waive, discharge, and covenant not to sue, the City and the Local Trade Unions and each of them, their officers, officials, contractors, agents, employees, and volunteers (collectively, the "Released Parties") from any and all liability to the undersigned, for any and all loss or damage, and for any and all claims or demands for injury to person (including, but not limited to bodily injury or death) or damage to any property (whether real or personal) of the undersigned, whether caused by the negligence or other legal fault of the Released Parties, arising out of the performance of the Work, including all rights or benefits which I/we may have or in the future may have under California Civil Code Section 1542, which section reads as follows:

"1542. A general release does not extend to claims which the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

3. I/We further expressly agree and acknowledge that this Agreement is intended to be as broad and inclusive as is permitted by law and that if any portion of this Agreement is held to be invalid, the balance shall continue in full force and effect. I/We further warrants that I/we am/are fully authorized and competent to enter into this Agreement in the capacity indicated by my/our signature and agree to be bound by this Agreement.

4. The Right of Entry shall remain in effect through completion of the Work unless revoked in writing prior to completion of the Work.

I/WE HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I/WE AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A BINDING CONTRACT. I/WE VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS AGREEMENT OF MY OWN FREE WILL. I/WE FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THIS AGREEMENT HAVE BEEN MADE.

DATE: _____

SIGNATURE OF PROPERTY OWNER(S):

TELEPHONE NO.: _____