



Home Preservation Program Request for Service

Dear Applicant:

Thank you for your interest in our Home Preservation Program! To receive more information and a full application form please fill out the attached Request for Service.

Instructions:

1. Fill out the attached interest 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 us at via phone at (510) 803-3388 or via email at homerepair@habitatebsv.org.
3. Please return the completed form by email, mail, or fax to:

Habitat for Humanity EBSV
Attn: Home Preservation Program
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. **This is not considered a full application.**
2. Once we have received this form, someone from Habitat will contact you within 10 business days to confirm receipt. This will be followed up by a letter outlining 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:

2023 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	\$78,550	\$89,750	\$100,950	\$112,150	\$121,150	\$130,100	\$139,100	\$148,050

Please retain this page for your records.



If English is your second language and you need translation services, if you need a sign language interpreter, or if you require any other type of assistance please call our staff at 510-803-3388. We require at least three days' notice to set up translation services and provide reasonable accommodations. We use an over-the-phone translation service for live translation.

如果英语不是您的母语并且您需要翻译服务，如果需要手语翻译或需要任何其他类型的协助，请致电 510-803-3388 与我们的工作人员联系。您需要至少提前三天通知我们，以便我们安排翻译服务并提供合理的膳宿。我们通过电话口译服务进行现场翻译。若英語是您的第二語言且您需要翻譯服務、若您需要手語翻譯，或者需要任何其他類型的協助，請聯絡我們的職員，電話是 510-803-3388. 我們需要至少提前三天收到通知，以聯繫翻譯服務並提供適當的安排。我們使用電話翻譯服務來提供即時翻譯。

अगर अंग्रेज़ी आपकी दूसरी भाषा है और आपको अनुवाद संबंधी सेवाओं की ज़रूरत है, अगर आपको संकेत भाषा दुभाषिया की ज़रूरत है, या आपको किसी भी अन्य सहायता की ज़रूरत है, तो कृपया 510-803-3388 पर हमारे स्टाफ़ से संपर्क करें. अनुवाद सेवाओं को स्थापित करने और उचित आवास प्रदान करने के लिए हमें कम से कम तीन दिनों के नोटिस की आवश्यकता होती है. लाइव अनुवाद करने के लिए हम फ़ोन-पर-अनुवाद करने का इस्तेमाल करते हैं.

Si habla inglés como segunda lengua y precisa un servicio de traducción, si necesita un intérprete de lenguaje de señas, o si necesita cualquier otro tipo de asistencia, comuníquese con nuestro personal a través del 510-803-3388. Requerimos que nos avise con, al menos, tres días de anticipación para ofrecerle el servicio de traducción y proporcionar los ajustes razonables. Usamos un servicio de traducción en vivo por teléfono.

Kung pangalawang wika mo ang Ingles at kailangan mo ng serbisyo ng tagapagsalin, kung kailangan mo ng sign language interpreter, o kung kailangan mo ng iba pang tulong, pakisuyong tumawag sa aming staff sa numerong 510-803-3388. Kailangan namin ng kahit tatlong araw na abiso bago makapag-set up ng serbisyo ng tagapagsalin at makapagbigay ng mga angkop na tulong. Gumagamit kami ng serbisyon ng tagapagsalin sa pamamagitan ng telepono para sa live na pagsasalin.

Nếu tiếng Anh là ngôn ngữ thứ hai của bạn và bạn cần dịch vụ dịch thuật, nếu bạn cần người phiên dịch ngôn ngữ ký hiệu hoặc nếu bạn cần bất kỳ loại hỗ trợ nào khác, vui lòng gọi cho nhân viên của chúng tôi theo số 510-803-3388. Chúng tôi yêu cầu thông báo trước ít nhất ba ngày để bố trí dịch vụ dịch thuật và cung cấp các phương thức hỗ trợ hợp lý. Chúng tôi sử dụng dịch vụ dịch thuật qua điện thoại đối với trường hợp dịch thuật trực tiếp.

Please retain this page for your records.



Home Preservation Program Request for Service

SECTION 1. HOMEOWNER INFORMATION

APPLICANT 1	
Name (First Middle Last) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other	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 <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other	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: _____

If English is not your preferred language, is there an English speaker who can help with the application process as needed (e.g. family member, friend, neighbor)? Yes No (please list English speaker as the primary contact above.)

By default, our phone calls are in English. If instead you prefer, we use a live phone translation service, which language would you like to receive calls in?

Spanish Cantonese Mandarin Tagalog Vietnamese Hindu Other _____

How did you hear about the Program? _____

SECTION 3: HOMEOWNER PRIORITIES

What are your top 4 priorities for repair?

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

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please read this statement before completing the boxes below: The following information is requested by the Federal Government for loans related to the purchase of homes in order to monitor the Lender’s compliance with the equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant 1	Applicant 2
<p>Race/National Origin: <input type="checkbox"/> I do not wish to furnish this information</p> <p><input type="checkbox"/> American Indian or Alaskan Native (Please Specify):_____</p> <p><input type="checkbox"/> Asian</p> <p> <input type="checkbox"/> Chinese</p> <p> <input type="checkbox"/> Filipino</p> <p> <input type="checkbox"/> Asian Indian</p> <p> <input type="checkbox"/> Vietnamese</p> <p> <input type="checkbox"/> Korean</p> <p> <input type="checkbox"/> Japanese</p> <p> <input type="checkbox"/> Other Asian (e.g., Pakistani, Cambodian, Hmong, etc.) (Please Specify):_____</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p> <input type="checkbox"/> Native Hawaiian</p> <p> <input type="checkbox"/> Samoan</p> <p> <input type="checkbox"/> Chamorro</p> <p> <input type="checkbox"/> Other Native Hawaiian/Pacific Islander (Please Specify):_____</p> <p><input type="checkbox"/> American Indian or Alaska Native & White</p> <p><input type="checkbox"/> Asian & White</p> <p><input type="checkbox"/> Black or African American & White</p> <p><input type="checkbox"/> American Indian/Alaska Native & Black/African American</p> <p><input type="checkbox"/> Other Multi-Racial (please specify) _____</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p> <input type="checkbox"/> Mexican</p> <p> <input type="checkbox"/> Puerto Rican</p> <p> <input type="checkbox"/> Cuban</p> <p> <input type="checkbox"/> Other Hispanic (Please Specify):_____</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other</p> <p>Other: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled</p>	<p>Race/National Origin: <input type="checkbox"/> I do not wish to furnish this information</p> <p><input type="checkbox"/> American Indian or Alaskan Native (Please Specify):_____</p> <p><input type="checkbox"/> Asian</p> <p> <input type="checkbox"/> Chinese</p> <p> <input type="checkbox"/> Filipino</p> <p> <input type="checkbox"/> Asian Indian</p> <p> <input type="checkbox"/> Vietnamese</p> <p> <input type="checkbox"/> Korean</p> <p> <input type="checkbox"/> Japanese</p> <p> <input type="checkbox"/> Other Asian (e.g., Pakistani, Cambodian, Hmong, etc.) (Please Specify):_____</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p> <input type="checkbox"/> Native Hawaiian</p> <p> <input type="checkbox"/> Samoan</p> <p> <input type="checkbox"/> Chamorro</p> <p> <input type="checkbox"/> Other Native Hawaiian/Pacific Islander (Please Specify):_____</p> <p><input type="checkbox"/> American Indian or Alaska Native & White</p> <p><input type="checkbox"/> Asian & White</p> <p><input type="checkbox"/> Black or African American & White</p> <p><input type="checkbox"/> American Indian/Alaska Native & Black/African American</p> <p><input type="checkbox"/> Other Multi-Racial (please specify) _____</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p> <input type="checkbox"/> Mexican</p> <p> <input type="checkbox"/> Puerto Rican</p> <p> <input type="checkbox"/> Cuban</p> <p> <input type="checkbox"/> Other Hispanic (Please Specify):_____</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other</p> <p>Other: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled</p>

Do any of the following apply to **any member of your household?**

- Disabled Senior Under 18 Veteran