



HOME SAFETY SERVICES

Rebuilding Together Valley of the Sun believes safe homes are key to healthy living and successful families. Working at the critical intersection of health and housing, we provide free safety modifications for low-income seniors, veterans and disabled individuals. Our work preserves healthy, safe, and affordable housing, facilitates comfortable aging-in-place, and enhances quality of life.

To apply for services, please submit the following:

- **3-Page Application**
- **Gross Income Verification Documents for **each** household member (include as attachments)**

Required income verification documents are:

1. Copies of previous three months' bank statements
2. Copy of previous year's income tax return

-AND- one of the following:

Copy of social security or disability award/determination letter, or

Copy of three most recent payroll check stubs

Please black out social security numbers and account numbers.

Three sources of income verification MUST be included with your application.

INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED

Return applications via mail, fax or email to
Rebuilding Together Valley of the Sun
1826 W. Broadway Rd., Ste. 16
Mesa, AZ 85202
Phone: 480-774-0237
info@rtvos.org
www.rtvos.org



Date Received: _____

Eligibility: SFP ARP CR PNT

Accept/Decline: _____

Date Verified: _____

For office use only

HOME SAFETY/FALL PREVENTION APPLICATION

Please check one: Mr. Mrs. Ms. Today's date: _____

First Name: _____ Last Name: _____

Address: _____ City: _____

Zip Code: _____ Date of Birth: ____/____/____ Home phone: (____) _____

Cell Phone (if avail.): (____) _____ Email: _____

Referred by: Name: _____ Phone: (____) _____

Organization: _____

Are you a Veteran? _____ Widow of a Veteran? _____

Please list everyone who lives in the house (use additional sheets if necessary):

Name	Age	Relationship	Employed?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In case of an emergency - or to assist us in contacting you, please list two (2) personal contacts:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

PROPERTY INFORMATION

Do you own this home? Yes No If "Yes," what YEAR did you purchase the home? _____

In what YEAR was this home built? _____ Is this a mobile home? Yes No

Do you have a renter(s)? Yes No If "Yes," what do you receive in rent? \$ _____/month?

If "Yes," what is your renter's income? \$ _____/month?

RACE Please **CIRCLE** one

- White
- Asian
- Native Hawaiian/Other Pacific Islander
- Asian and White
- Am. Indian/Alaskan Native and Black
- Other Multi-Racial
- Black/African American
- American Indian/Alaskan Native
- American Indian/Alaskan Native & White
- Black/African American and White
- Black/African American
- Prefer not to answer

Ethnicity Please **CIRCLE** one

- Hispanic/Latino
- Non-Hispanic/Latino
- Prefer not to answer

Rebuilding Together will not deny any services to people on the grounds of ethnicity, color, religion, national origin, gender or personal lifestyle.

INCOME How many people live in your home? _____ Adults _____ Children

Include income from all Adults living in the home.

<u>Amount of Gross Income</u>	<u>Source of Income (for example, SSI, pension, wages, etc.)</u>
\$ _____ /year	_____
\$ _____ /year	_____
\$ _____ /year	_____

Total Gross Income \$ _____ /year

PLEASE NOTE: Submission of application does not guarantee service. Service fees may apply to those with incomes above 50% of the median. Program waitlist ranges from 4 weeks to 36 months, depending on program.

I/We certify that the above information is true and correct to the best of my/our knowledge. I/We realize that failure to provide all information requested could result in our application being invalid. I/We authorize RTVOS to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation through Rebuilding Together Valley of the Sun. I/We also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for this program.

Signature(s) of Homeowner(s)

_____ Date
 _____ Date

NEEDS ASSESSMENT

Safety/Accessibility/Disabilities:

YES

NO

Do you use a wheelchair?		
Do you use a walker?		
Can you get in and out of the tub/shower with ease?		
Can you navigate steps easily?		
Can you get on and off the toilet with ease?		
Do you have a mat in the bath/shower?		
Can you rise from a sitting position easily?		

Do you have any disabilities we should be aware of? Please list: _____

How much do you spend on medicine each month? _____

How many times have you fallen at home in the last 6 months? 0 ___ 1-3 ___ More than 3 ___

Are you confident you can live independently in your home? Yes ___ No ___

Are you able to maintain your home? Yes ___ No ___ Does anyone in the home have asthma? Yes ___ No ___

In the last three weeks, how many times did you leave your home? 0-2 ___ 3-6 ___ 7-10 ___ More than 10 ___

How many smoke/fire detectors are there in your home? _____

How many carbon monoxide detectors are there in your home? _____

SAFETY MODIFICATION LIST – check what is desired

- Bathroom grab bars
- Bathtub clamping bar
- Hand-held shower sprayer
- Anti-skid safety mat
- Toilet assistance (seat or handles)
- Raised toilet seat
- Toilet side handles
- Bathing seat
- Ramp into home needed (priority given to people who can no longer easily get in/out of home)
(NOTE: We are unable to provide ramps inside homes or into sunken rooms.)

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Did you remember to include:

- Application (3 Pages)
- Income Verification Documents
- Copy of Discharge Papers (for veteran applicants only)

We will contact you by telephone within 4-8 weeks after we review your application.