

200 North H Street Lompoc, CA 93436 Hot-line: (805) 617-2897 FAX: (805) 964-6798

www.communifysb.org

Senior Home Repair Program A complete application requires the following:

1. Completed Senior Safe Application Form:

• Ensure all sections are fully filled out and signed as needed

2. Proof of Income for All Household Members with Income:

- If paid weekly: Provide the last 4 pay stubs
- If paid bi-weekly: Provide the last 2 pay stubs
- If receiving Social Security: Include the current Social Security award letter
- If receiving a pension: Include a pension letter dated within the last 30 days

3. **Proof of Ownership:**

• In most cases, we can verify through RealQuest. If ownership cannot be confirmed, the applicant will be contacted to provide documentation

4. For Renters Only:

 A completed Landlord Agreement form, signed by both the applicant and the property owner or authorized agent

Application Submission options:

Email Application: energyinfo@communifysb.org **Mail in Application:** 200 North H Street, Lompoc CA 93436 **Drop Off Application Locations:**

• Santa Maria: 201 W Chapel St.

• Lompoc: 200 N H St.

• Santa Barbara: 602 Anacapa St.

Semoi nome kedan imake comi			or Office: Jnique Participant ID:			
Please complete this form to the best of your ability. Items Marked with asterisk (*) are required.		В	Intake Date: GEN (G		eat Social Need) eatest Economic Need)	
		*T	ermination Date:Reason:	☐ Wait list ☐ Points Ass	signed	
First Name, Middle Initial:	L	_ast Name			*Date of Birth: *A	Age
Home Address:		С	ity:		*Zip Code: Decline to State	
Mailing Address: Same as Residential?	es	С	ity:	*Zip Code: Decline to State		
Home Phone: ()	En	mergency (Contact Name:			
Alternate Phone: ()	Ph	none: () Relationsh	ip:		
*Living Arrangement	*What is your a	approxima	te household income?	•	*Rural Area?	
# of household members	\$] month [] year [] Declined	to State	Yes No	
☐ Alone ☐ Not Alone ☐ Declined to State ☐ Missing	Receiving Soci				Declined to State	
Martial Status?	Female Head o	of Househo	old?		Homebound?	
☐ Married ☐ Widowed	□Yes □N	lo 🔲 De	cline to State Missing		☐ Yes	
Legally Separated Divorced					No	
☐ Single ☐ Missing	Medicare Eligib		alian ta Otata Minaina		Frail?	
Declined to state Spouses/Partners Name:	☐Yes ☐N	10 LDE	cline to State Missing		│	
opouses/i urtilers Nume.	Tribal Member	?			Referred Senior To:	
	□Yes □N		cline to State Missing		Wx211 Senior Nutrition0	Other
What is your gender? (Check only one)						
☐ Male ☐ Female ☐ Tra	nsgender Female		☐ Transgender Male to	Female		
☐ Genderqueer/Gender Non-binary ☐ Not	: Listed, please sp	pecify:			☐ Declined/not stated	
What was your sex at birth? (Check only or			scribe your sexual orientation			
Male Female		raight/Hete			ender Loving	
Declined/not stated		uestioning/ eclined/not		specity:		_
*Ethnicity (Check One)		eciiiieu/iiot	Language:			
Hispanic/Latino Decline to State]Non-Hispanic/La]Missing	atino	English speaking Non-English/Language:			
*Race(Check One) White	Black/African A	merican	American Indian/Alaska Nat	ive Asia	n Indian White H	ispanic
☐ Cambodian ☐ Korean ☐	Chinese		Laotian	🔲 Filipi		•
☐ Japanese ☐ Vietnamese ☐	Guamanian		☐ Hawaiian	☐ Sam		
Other Pacific Islander Other Race	Multiple Ra		Other Asian Declined to St		ing	
Abused? Neglected? Exploited? ☐Yes	□No		cline to State	Missing		
Disabled? Yes No)	Dec	cline to State	Missing		
US Citizen? Yes No		□De	cline to State	Missing		
Veteran? Yes No Decline		Missing	Veteran Dependent? Yes		ecline to State Missir	
Cognitive Impairment? None Mild	Cognitive Impairment? None Mild Moderate Early onset Dementia Severe UNK Decline to state Missing					
Employment Status? ☐ Full Time ☐ Part	Time Retire	ed No	one Unemployed U	NK Decl	ine to State Missin	ıg
Completed by			D	ate		_

Data Collection Form

 □ Services requested/Servicios Solic □ Utility Assistance/Asistencia de Ut □ Weatherization/Climatazión □ Senior Home Repair/ Reparación 	tilidad	Mayor	
Monthly Income HOH	Applicant H	OH/Solicitante	
1. Telephone: 2.	Social Security Number: Número de Seguro Social:	3. HOH	Name: Sombre:
4. Address: Domicilio:	City: Cuidad:		Zip: Código Postal:
5. Date of Birth: Fecha de Nacimiento:		Total number of people l <i>Número de Personas q</i>	
7. Education: Educación:	8. Disabled? ¿Deshabilitado?	□Yes □ No 9.	Veteran/Active Military? ¿Veterano/Militar? ☐Yes ☐ No
10. *Race: ☐W ☐B ☐O ☐H ☐A [*W= White/Blanco, B=African American/Afroa	\square N 11. Grupo	Etnico:	□Non-Hispanic ative American, Indio Nativo Americano
12. Landlords Name: Nombre del Dueño:		Number: el Dueño:	Email:Correo Electrónico:
13. Health Insurance: Seguro Médico: □No □ Yes: □	Direct Pay Pago directo Direct Pay Pago directo Direct Pay Por emple Tousehold Members		5
1. Name: Nombre:		E 1 1 N	te of Birth: acimiento:
Sex: DM DF Education: Educación:	Disa ¿Deshabilii	bled? ☐Yes ☐ No	Veteran/Active Military? ☐Yes ☐ No ¿Veterano/Militar?
*Race: Raza: W B O H A N	Ethnicity: ☐Hispa Grupo Étnico: ☐Hispa	anic Non-Hispanic	**Disconnected Youth: Jóvenes Desconectados: ** Youth 14-21 unemployed or not in school. 14 a 21 años desempleados o no en la escuela.
	Direct Pay Pago directo Employment Por empleo	based Medicaid	Medicare DCHIP
Monthly Income:		Miambaa dal l	Magan.
	Iousehold Members		
2. Name: Nombre:		Da Fecha de N	te of Birth: acimiento:
Sex: M F Education: Educación:	Disa ¿Deshabilii		Veteran/Active Military? ☐Yes ☐ No ¿Veterano/Militar?
*Race: W B O H AN	Ethnicity: Hispa	anic Non-Hispanic	**Disconnected Youth: Jóvenes Desconectados: ** Youth 14-21 unemployed or not in school.
	Direct Pay Pago directo Employment Por empleo		14 a 21 años desempleados o no en la escuela. do Medicare Seguro médico del estado CHIP
Monthly Income:			

Data Collection Form

Household Members/Miembros del Hogar

	Name: Nombre:		Date of Birth: Fecha de Nacimiento:
Sex: Sexo:	□M □F	Education: Educación:	Disabled?
*Race: Raza:		□О □Н □А □М	** Youth 14-21 unemployed or not in school.
	th Insurance: guro Médico:	□No □ Yes: □	Jóvenes de 14 a 21 años desempleados o no en la escuela. Direct Pay Pago directo Direct Pay Pa
Mont	hly Income:		Household Members/Miembros del Hogar
4.	Name: Nombre:		Date of Birth: Fecha de Nacimiento:
Sex: Sexo:	□M □F	Education: Educación:	Disabled?
*Race:		□0 □H □A □N	** Youth 14-21 unemployed or not in school.
	th Insurance: guro Médico:	□No □ Yes: □	Jóvenes de 14 a 21 años desempleados o no en la escuela. Direct Pay Pago directo Direct Pay Pago directo Direct Pay Por empleo Medicaid Médico del estado Medicare Seguro médico del estado CHIP
Month	nly Income: _		Household Members/Miembros del Hogar
5.	Name:		Date of Birth:
	Nombre:		Fecha de Nacimiento:
Sex: Sexo:	Nombre:	Education: Educación:	Fecha de Nacimiento: Disabled? ¿Deshabilitado? □Yes □ No Veteran/Active Military? □Yes □ No ¿Veterano/Militar? □Yes □ No
Sex:		Education:	Disabled? ¿Deshabilitado?
Sex: Sexo: *Race: Raza:		Education: Educación:	Disabled? ¿Deshabilitado?
Sex: Sexo: *Race: *Raza: Healt Seg	☐M ☐F ☐W ☐B	Education: Educación: O H A	Disabled? ¿Deshabilitado? Weteran/Active Military? ¿Veterano/Militar? Wes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Sex: Sexo: *Race: Raza: Healt Seg Month	MFWB th Insurance: guro Médico:	Education: Educación: O H A	Disabled? ¿Deshabilitado?
Sex: Sexo: *Race: Raza: Healt Seg Month	☐M ☐F ☐W ☐B th Insurance: guro Médico: nly Income: Name:	Education: Educación: O H A	Disabled? ¿Deshabilitado?
Sex: Sexo: *Race: Raza: Healt Seg Month 6.	M ☐F W ☐B th Insurance: guro Médico: nly Income: Name: Nombre: ☐M ☐F	Education: Educación: O H A N No Yes: Education: Educación:	Disabled? Yes No Veteran/Active Military? Yes No Veterano/Militar? Yes No Veterano/Militar? Yes No Veterano/Militar? Yes No Veterano/Etnico: Wes No Youth 14-21 unemployed or not in school. Jóvenes de 14 a 21 años desempleados o no en la escuela. Direct Pay Pago directo Employment based Medicaid Médico del estado Medicare Seguro médico del estado CHIP Por empleo Disabled? Date of Birth: Fecha de Nacimiento: Yes No Veterano/Militar? Yes No Veterano/Militar? Yes No No Veterano/Militar? Yes No No Veterano/Militar? Yes No No Yeterano/Militar? Yes No No Yeterano/Militar? Yes No Yeterano/Militar? Ye

Data Collection Form

Household Members/Miembros del Hogar

7. Name: Nombre:			Da Fecha de N	te of Birth: lacimiento:
Sex: M F	Education: Educación:	Disabled? ¿Deshabilitado?	□Yes □ No	Veteran/Active Military? ¿Veterano/Militar? ☐Yes ☐ No
*Race: W B		Ethnicity: o Étnico: ☐Hispanic ☐]Non-Hispanic	**Disconnected Youth: Jóvenes Desconectados: ** Youth 14-21 unemployed or not in school.
Health Insurance: Seguro Médico:	No Yes: Direct Pay Pago directo	Employment based Por empleo	Jóvenes de Medicaid Médico del esta	14 a 21 años desempleados o no en la escuela. Medicare
Monthly Income: _		ald March ang/Mi	ambuaa dal	II o o o o
	Housen	old Members/Mi	embros aei 1	Hogar
8. Name: Nombre:			Da Fecha de N	te of Birth: [acimiento:
Sex: M F	Education: Educación:	Disabled? ¿Deshabilitado?	□Yes □ No	Veteran/Active Military? ¿Veterano/Militar? ☐Yes ☐ No
*Race: W B		Ethnicity: Hispanic C]Non-Hispanic	**Disconnected Youth: Jóvenes Desconectados: ** Youth 14-21 unemployed or not in school.
Health Insurance: Seguro Médico:	No Yes: Direct Pay Pago directo	Employment based Por empleo	Jóvenes de Medicaid Médico del esta	14 a 21 años desempleados o no en la escuela. Medicare
Monthly Income: _	Househ	old Members/Mi	embros del l	Hogar
9. Name: Nombre:				te of Birth: lacimiento:
Sex: M F	Education: Educación:	Disabled? ¿Deshabilitado?	□Yes □ No	Veteran/Active Military? ¿Veterano/Militar? ☐Yes ☐ No
*Race: W B		Ethnicity: Hispanic C]Non-Hispanic	**Disconnected Youth: Jóvenes Desconectados: ** Youth 14-21 unemployed or not in school.
Health Insurance: Seguro Médico:	No Yes: Direct Pay Pago directo	Employment based Por empleo	Jóvenes de Medicaid Médico del esta	14 a 21 años desempleados o no en la escuela. Medicare Seguro médico del estado CHIP
Monthly Income:	 Househ	old Members/Mi	embros del l	Hogar
Name: Nombre:			Da Fecha de N	te of Birth:
Sex: M F	Education: Educación:	Disabled? ¿Deshabilitado?	□Yes □ No	Veteran/Active Military? ¿Veterano/Militar? ☐Yes ☐ No
*Race: W B	1 I() 1 IH 1 IA 1 IN	Ethnicity: Hispanic O Étnico:]Non-Hispanic	**Disconnected Youth: Jóvenes Desconectados: ** Youth 14-21 unemployed or not in school.
Health Insurance: Seguro Médico:	□No □ Yes: □ Direct Pay Pago directo	Employment based Por empleo	Jóvenes de Medicaid Médico del esta	14 a 21 años desempleados o no en la escuela. Medicare
Monthly Income:				

Home Repair Landlord Agreement

COMMUNIFY

CommUnify (Contractor) agrees to install certain Home Repairs and/or Energy conservation measures at no cost to owner to the following dwelling units:

NAME	ADDRESS	UNIT #	^t City	RESIDENT SIGNATURE

By signing above, the unit resident grants Contractor permission to enter and install Home Repair measures to the above described unit which resident occupies.

Dwelling unit owner or owner's agent agrees to the following:

- A. Shall provide permission to Contractor to enter and install Home Repair measures to the above described unit(s).
- B. Shall not raise unit rent or evict unit resident because of the increased value of unit due solely to assistance provided by Contractor.
- C. Shall retain all applied measures in the residence in which installed.

D. Work requested:			

Contractor agrees to the following:

- A. Shall be responsible for the services performed, is insured and shall be responsible for damage to unit premises, furnishings, and resident(s) arising from the repair activity performed by Contractor.
- B. Shall schedule repairs at the convenience of unit resident.
- C. Shall provide repair services to unit resident(s) who are eligible for program benefits under the Area Agency on Aging Title III B Grant or the Community Development Block Grant Home Repair Programs.
- D. Shall perform repair services free of charge to owner and to the above listed eligible resident(s).

Name of owner or authorized agent (please print or type)			CONTRACTOR:		
			CommUnify		
Address City State Zip		Name (please print or type)			
			Kemba Lawrence Comr	nunity Services Director	
Signature		Date	Address City	State Zip	
			5638 Hollister Ave Ste	230 Goleta, Ca 93117	
Phone			Signature	Date	
FAX			Phone	FAX	
			(805)964-8857	(805)964-6798	