



Advocates for housing that  
Preserves Calistoga's identity

# “REBUILDING CALISTOGA”

## Homeowner Application

**Please Complete and Return by: February 15, 2017**

**To: Calistoga Affordable Housing, Inc.**

1332 Lincoln Avenue  
Calistoga, CA 94515  
(707) 942-5920

**This program is for the ELDERLY and/or DISABLED, and/or MILITARY VETERANS and/or their SPOUSES.**

**Application must be completed in full.** Calistoga Affordable Housing, Inc. reserves the right to reject incomplete applications. Please print. (Information provided is kept confidential)

<b>SECTION 1 Homeowner and Property Information</b>
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**Name and Age of all homeowner(s) on title:**

\_\_\_\_\_ **Age:** \_\_\_\_\_  
\_\_\_\_\_ **Age:** \_\_\_\_\_

Property Address: \_\_\_\_\_

Property APN#: \_\_\_\_\_

Homeowner Phone: (     ) \_\_\_\_\_

**OFFICE USE ONLY**

<b><u>GFI SWITCH</u></b>	<b><u>LANDSCAPING</u></b>	<b><u>PEST</u></b>	<b><u>PROJECT</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no phone, please give a Name & Phone # of a friend/neighbor to serve as a primary contact for Homeowner:

\_\_\_\_\_ (    ) \_\_\_\_\_

**In case of emergency, Calistoga Affordable Housing, Inc. office should call:**

**Name:** \_\_\_\_\_ **Phone:(    )** \_\_\_\_\_

**Relationship to Homeowner:** \_\_\_\_\_

Does homeowner own any other homes? Yes / No (circle one)

Is homeowner employed? Yes / No (circle one)

If Yes, Name of Employer: \_\_\_\_\_

Annual income from all sources: \_\_\_\_\_

Approximate Year home was built: \_\_\_\_\_

Approximate Market Value: \$ \_\_\_\_\_

Number of Years homeowner has resided at this address: \_\_\_\_\_

Please circle all that apply in describing this house:

One story/ One and a half story/ Two story/ Brick/ Wood frame  
Sidings/ Basement/ Flat roof/ Pitched shingled roof

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Please list all people living at this address. (Attach a separate sheet if more space is needed).

Please give name, Age, Relationship to Homeowner, and Disabilities for each: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SECTION 2: Special Needs**

Is the homeowner disabled: Yes / No (circle one)

Is anyone else in the home disabled? Yes / No (circle one)

If yes to either of the above, please circle below all that apply:

Hearing impaired    Sight Impaired    Wheelchair Bound

Mentally Challenged    Uses a Walker ,

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any health concerns that anyone living in the house has of which we should be aware for planning repairs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is head of household a single parent? Yes / No      (circle one)

Number of homeowner's children living in or around Napa County: \_\_\_\_\_

Please list two references (including at least one neighbor). Provide names and phone numbers

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

Does the occupant own this home? Yes / No      (circle one)

Please provide some type of documentation or verification of ownership. (Copy of tax bill, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why does homeowner feel he/she should be selected for the rebuilding Calistoga program and how will it help him/her?

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**SECTION 3: Income and Home Expenses**

Please circle the approximate combined yearly income from all sources for all occupants of this home:

Under \$15,000      \$15,000 to \$30,000      Over \$30,000

Is this home insured under a homeowner's policy? Yes / No (circle one)

Are real estate taxes paid, and up to date? Yes / No (circle one)

After paying monthly bills (gas, electric, insurance, food, phone, medicine, etc.) approximately \$ \_\_\_\_\_ is left over to spend on house repairs. (Include income of ALL people living in the house)

Are there plans to sell this home in the next 18 months? Yes / No (circle one)

**SECTION 4: Type of Work to be Done**

Should this home be approved for this program, what are the four most important repairs needed? Rebuilding Calistoga is a rehabilitation program to help with health and safety issues. Most projects are completed in 1-2 days. Please keep this in mind when considering the work that can be accomplished at this home. Describe the work needed and be as specific as possible. The final decision on what work can be done with our time and resources will be made by Rebuilding Calistoga's Community Steering Committee. All repairs started will be completed.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**STOPFALLS SAFETY ASSESSMENT REQUEST: (Recommended)**

CAH has partnered with **Napa Valley StopFalls**, a non-profit agency that will conduct a free in home safety assessment and make recommendations to CAH regarding free home modification services and products for seniors. If you are interested in having a free safety assessment made in your home, please check the following box regarding your interest in a home safety assessment.

Yes, I am interested in having StopFalls do a free safety assessment in my home.

No, I am not interested in having StopFalls do a free safety assessment of my home.

**ADDITIONAL SERVICES:**

CAH will also be assisting with anyone who specifically needs **OUTSIDE ONLY** electrical issues (GFI switch etc.), pest/ rodent issues, or landscaping issues. If you are interested in either of these services please check the box below and indicate which specific one you need assistance with.

Yes, I am interested in additional assistance with (fill in blank) \_\_\_\_\_

No, I am not interested in electrical issues, pest control, or landscaping.

**SECTION 5: Military and spouses information**

Are you applying as a Military Veteran? Yes / No (circle one)  
If yes, please provide brief evidence of military service. (Date of service, rank, military ID information, etc. Any information to verify military service)

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**SECTION 6 Media and Publicity**

The person to contact in regard to this application is (circle one):

Homeowner / Other

If Other, please indicate Name, Relationship to homeowner and a Daytime (home or work) phone number:

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If Rebuilding Calistoga selects this home to be repaired, homeowner gives permission to Rebuilding Calistoga\*Calistoga Affordable Housing, Inc., or its financial backers to use project photos and project information for promotional and marketing (PR) purposes, including a photo of homeowner.

Please initial acceptance of consent to use of Homeowner's identity, likeness and property for promotional and marketing purposes. \_\_\_\_\_ (Important, as no home will be accepted for inclusion in the program without Homeowner's acceptance of this provision.

Please provide exact, detailed, road directions (and landmarks) to this home:

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## **SECTION 7: Homeowner Agreement**

If this home is selected, are there neighbors, friends, or relatives that could assist with the project. If yes, please indicate who could help with phone number.

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_

(if more names can be provided, please note on the back of this sheet)

**Homeowner certifies that the above information is true and correct to the best of homeowners' knowledge. Homeowner realizes that failure to provide all information requested could result in this application being invalid. Homeowners authorize Calistoga Affordable Housing, Inc. to check any references necessary to complete the processing of this application for the purpose of receiving housing repairs through Calistoga Affordable Housing, Inc. Homeowner also understands that any information received will be kept confidential, and will be used strictly for determining homeowners' eligibility for the program. Homeowner has read the information provided by Calistoga Affordable Housing, Inc. and has a basic understanding of the program and its limitations. Homeowner gives Calistoga Affordable Housing, Inc. permission to inspect this home for the purposes of house selection. Homeowner understands that their home and address will be used for promotional purposes including "before and after" photos, photos of homeowner, and homeowner name and address may also be used for reporting to the newspapers and other media outlets. Homeowner also understand that any required building permits needed for repairs will be obtained in the name of the owner with Rebuilding Calistoga paying for the permit.**

**Homeowner(s) Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The following is to be completed by individual (s) assisting the homeowner in completing this application ( homeowner must be aware of this application) : Yes / No (circle one)

Assistant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Homeowner:  
\_\_\_\_\_