



P.O. Box 3823  
Long Beach, CA 90803  
(562) 490-3802

## Long Beach

www.rebuildingtogetherlongbeach.org

### *Safe-Stay Home Modifications* Homeowner Application

#### APPLICANT INFORMATION

Name(s) \_\_\_\_\_ Age(s) \_\_\_\_\_ Gender \_\_\_\_\_  
\_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Alternate Name & Phone Number (family member, health care provider, etc.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

How many family members live in your home? \_\_\_\_\_

OPTIONAL: Are you or any member of your household disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the nature of the disability (OPTIONAL: Disclosing your disability is not required) \_\_\_\_\_

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Do you currently require caregiver assistance? Yes \_\_\_ No \_\_\_

Have you completed a Risk Assessment? Yes \_\_\_ No \_\_\_ If yes, please include a copy.

*Please indicate the type of home modifications you are interested in making:*

\_\_\_ Lighting/Electrical      \_\_\_ Smoke/CO2 Detectors      \_\_\_ Bathroom Safety

\_\_\_ Plumbing/Heating      \_\_\_ Assistive Fixtures      \_\_\_ Kitchen Safety

\_\_\_ Ramps/Accessibility      \_\_\_ Personal Security      \_\_\_ Entry way Safety

**INCOME INFORMATION** Please indicate your annual household income range.  
(This information is collected for statistical purposes only).

\_\_\_\_ Very Low

\_\_\_\_ Low

\_\_\_\_ Medium

\_\_\_\_ Medium-High

\_\_\_\_ High

**PROPERTY INFORMATION**

- Do you own (or are buying) this home? Yes\_\_\_\_ No\_\_\_\_
- Is this a mobile home? Yes\_\_\_\_ No\_\_\_\_
- Number of Years you've owned this home: \_\_\_\_\_ Year home was built \_\_\_\_\_
- How long do you plan to remain in this home? \_\_\_\_\_

• Name(s) on title: \_\_\_\_\_

• Do you have homeowner's insurance: Yes\_\_\_\_ No\_\_\_\_  
Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I/we certify, subject to disqualification, that the above information is true and correct to the best of my/our knowledge and also authorize you to check any references necessary to complete the processing of this application for the purpose of receiving home modifications through the Rebuilding Together Long Beach *Safe-Stay* program.

I/we also understand that any information provided on this application will be kept confidential and will be used strictly for the purpose of determining my/our eligibility for *Safe-Stay*.

I/we authorize Rebuilding Together Long Beach to photograph my/our home before, during and after *Safe-Stay* Home Modification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

Please send completed application to:

**Rebuilding Together Long Beach  
P.O. Box 3823  
Long Beach, CA 90803**

If you require any assistance completing this application, please call our office at (562) 490-3802.