

SENIORS HELPING SENIORS HOME REPAIR APPLICATION

The City of Folsom Seniors Helping Seniors Program provides **Minor Repair Grants** (up to \$3,500.00 per year) and a **Major Repair Grants** (up to \$10,000.00 once every five years) to repair a limited number of serious health and safety hazards in **owner-occupied** senior housing units. Both types of grants are available to households earning no more than 50 percent of the area median income; however, the Minor Repair Grant is also available to households earning no more than 80 percent of the area median income as shown in the table below:

In order to be eligible, the applicant must be at least 65 years of age (or 55 years of age if proof of a verified disability is produced) and have their income level certified by the City.

<i>FY YEAR 2023 Income Limits of Folsom</i>						
HOUSEHOLD SIZE	2023	1 Person	2 Person	3 Person	4 Person	5 Person
Major Repair Grant 50% AMI (Very Low Income)		\$35,500	\$40,550	\$45,600	\$50,650	\$54,750
Minor Repair Grant 80% AMI (Low Income)		\$56,750	\$64,850	\$72,950	\$81,050	\$87,550

Please mail or deliver the completed application along with all required documentation to:

Karen Sanabria
Seniors Helping Seniors Program
Community Development Department
50 Natoma Street
Folsom, CA 95630

When funds are available, the City Seniors Helping Seniors Program Specialist will contact all eligible applicants to schedule a site visit to determine the cost and extent of necessary repairs. Further questions about the process or eligibility criteria of the Program may be directed to **Karen Sanabria at (916) 461-6203 or ksanabria@folsom.ca.us**. Please note that applicants must be on the title or deed of the property to be eligible for the program.

Application Checklist

Please include **photocopies** of the following financial information for **each member** of your household. The City may request additional documentation of your income after reviewing the form.

- ☐ Copy of Driver's License or State Issued ID Card
- ☐ Last 2 years federal income tax (1040) forms, including W-2 forms.
- ☐ Recent pay stubs, Social Security Award letters, etc. (two months)
- ☐ Checking and savings account statements (last 3 months)
- ☐ Account statements from other investments (3 months)
- ☐ Photocopy of Social Security Disability Letter (if applicable)
- ☐ Deed or title to property
- ☐ Mobile home registration card
- ☐ Annual tax bill
- ☐ Homeowner hazard insurance policy (declarations page)

If you are missing any of these items, please contact us and we will work with you to obtain them or determine appropriate substitutes.



CITY OF
FOLSOM
DISTINCTIVE BY NATURE

CLIENT # _____

SENIORS HELPING SENIORS HOME REPAIR APPLICATION

APPLICATION INFORMATION						
Applicant Name:			Birth Date:	Place of Birth:		
Co-Applclicant Name:			Birth Date:	Place of Birth:		
Property Address:						
Home Phone:		Cell Phone:		Email:		
HOUSEHOLD COMPOSITION (list head of your household & all members who live in your home; use additional sheets if necessary)						
Name:	Relationship:	Gender:	Disabled	Employed?		
	Head of Household			<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does anyone who is not listed above live with you now or will live with you in the future? Yes No			If "Yes", give name and relationship:			
APPLICANT RACE - Check One						
Caucasian/White		African American/Black		Asian/Pacific Islander		Native American Other:
Applicant ethnicity - Check One			Hispanic/Latino		Non-Hispanic/Latino	
CO-APPLICANT RACE - Check One						
Caucasian/White		African American/Black		Asian/Pacific Islander		Native American Other:
CO-APPLICANT ETHNICITY - Check One			Hispanic/Latino		Non-Hispanic/Latino	
Seniors Helping Seniors Home Repair Program will not deny any services on the grounds of race, ethnicity, color, religion, national origin, gender, or personal lifestyle.						
PROPERTY INFORMATION						
Do you own this home? Yes No			Mobile Home: Yes No			
Year Built:		Year Purchased:		Years in Mobile Home Park:		
Rent: \$		Electricity/Gas:\$		Water/Sewer:\$		Garbage:\$
INCOME INFORMATION (use additional sheets if necessary)						
	Wages, Salaries	Social Security, Retirement Funds	Workers Compensation	Child Support	Welfare Payments	Other
Applicant	\$	\$	\$	\$	\$	\$
Co-Applclicant	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$



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Monthly Total	\$	\$	\$	\$	\$	\$
Annual Total	\$	\$	\$	\$	\$	\$
ASSET INFORMATION (use additional sheets if necessary)						
Type	Cash Value	Annual Income from Assets	Bank Name	Accounts No.		
Checking Accounts	\$	\$				
	\$	\$				
Savings Accounts	\$	\$				
	\$	\$				
Stocks	\$	\$				
Investment Real Estate	\$	\$				
Other	\$	\$				
REPAIR REQUEST: Please Describe the Repairs You Need						

The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification. I'm/We're aware that additional documents may be requested at a later time and that income re-certification will take place annually.

Print Applicant Name

Applicant Signature

Date

Print Co-Applicant Name

Co-Applicant Signature

Date