



SENIORS HELPING SENIORS HOME REPAIR APPLICATION  
(New Program Applicants)

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 2024 Income Limits of Folsom</i>						
HOUSEHOLD SIZE	2024	1 Person	2 Person	3 Person	4 Person	5 Person
<b>Major Repair Grant</b> 50% AMI (Very Low Income)		\$41,300	\$47,150	\$53,050	<b>\$58,950</b>	\$63,650
<b>Minor Repair Grant</b> 80% AMI (Low Income)		\$66,050	\$75,450	\$84,900	<b>\$94,300</b>	\$101,850

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**  
(New Program Applicants)

APPLICATION INFORMATION						
Applicant Name:			Birth Date:	Place of Birth:		
Co-Applicant 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	
<i>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.</i>						
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
<b>Applicant</b>	\$	\$	\$	\$	\$	\$
<b>Co-Applicant</b>	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$



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## SENIORS HELPING SENIORS HOME REPAIR APPLICATION (New Program Applicants)

<b>Monthly Total</b>	\$	\$	\$	\$	\$	\$
<b>Annual Total</b>	\$	\$	\$	\$	\$	\$

**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 the purpose 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