

CITY OF SAN LEANDRO HOUSING REHABILITATION PROGRAM GRANT APPLICATION - Form 1.01(a)

Instructions:

1. Fill this application out completely and send it to:

City of San Leandro Housing Rehabilitation Program
c/o P.O. Box 3512
Walnut Creek, CA 94598

2. Please look on page 4 of this application and decide which grant you are seeking and check the appropriate box below (you may select more than one):

MINOR HOME REPAIR <input type="checkbox"/>	MOBILE HOME REPAIR <input type="checkbox"/>	ACCESSIBILITY <input type="checkbox"/>
EXTERIOR CLEAN UP <input type="checkbox"/>	EXTERIOR PAINT <input type="checkbox"/>	SEISMIC STRENGTHENING <input type="checkbox"/>

Notes: *The City contracts with Neighborhood Solutions to administer the Housing Rehabilitation Program.
Maximum amount of grant is \$5,000.00/household.*

SECTION ONE: APPLICANT/OWNER INFORMATION.

Applicant/Owner Name: _____ Co-Applicant: _____

Address: _____

Telephone: _____ E-Mail: _____

Social Security # Applicant: _____ Co-Applicant: _____

Date of Birth: Applicant: _____ Co-Applicant: _____

Have you received a grant or loan from the City (or the County) in the past? _____ When? _____

HOUSEHOLD INFORMATION:

of people in household: _____ Years you have owned and occupied this house: _____

SECTION TWO: INCOME INFORMATION.

Please list the type and amount of gross monthly income your household receives (i.e. salaries, wages, pension, interest, etc.) and the total amount for each applicant.

Type	Applicant	Co-Applicant
Salary/Wages	\$	\$
Overtime	\$	\$
Pension	\$	\$
Social Security	\$	\$
Interest Income	\$	\$
Other	\$	\$
TOTAL	\$	\$

SECTION THREE: REQUIRED ATTACHMENTS (RETURN WITH APPLICATION).

1. Three months of verification of sources of household income (copies of current paystubs, SSI letter stating eligibility, retirement income).
2. Please provide a copy of latest IRS tax statement(s) for household for our records.
3. Bank account(s): Provide three months of current bank statements. (Checking and Savings) including certificates of deposit. Verify type of accounts.
4. Please provide a copy of current homeowner's insurance policy *statement* (not policy).
5. If applicable, please provide copy of current Mobile Home Registration or Title.

SECTION FOUR.

1. Please briefly describe the rehabilitation work you would like (see list of typical repairs eligible under the "Grant Summary" on page 4 of this application): _____

2. Do you have estimates or a contractor in mind?
If you already have estimates, please attach a copy with this application. If you have a particular contractor(s) in mind please give us their names and numbers:

Name: _____ Phone: _____
Name: _____ Phone: _____

AUTHORIZATION AND VERIFICATION

I/WE GIVE THE CITY AND THE PROGRAM ADMINISTRATOR PERMISSION TO VERIFY MY ELIGIBILITY TO RECEIVE A GRANT UNDER THE CITY OF SAN LEANDRO HOUSING REHABILITATION PROGRAM. I/WE DECLARE UNDER PERJURY THAT THE INFORMATION PROVIDED AND INCLUDED WITH THIS APPLICATION IS TRUE AND CORRECT.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

See page 4 for grant summary and current income limits.

Questions? Contact Victoria Johnson at Neighborhood Solutions at 510 577-6008 or at housingrehab@sbcglobal.net.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of grants and loans related to a dwelling in order to monitor the City of San Leandro's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that the City of San Leandro may not discriminate on the basis of this information, whether you choose to furnish it or not. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations the City of San Leandro is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (The City of San Leandro must review the above material to assure that the disclosures will satisfy all requirements to which the City is subject under applicable state law for the particular type of grant or loan applied for.)

Borrower:

I do not wish to furnish this information

Co-Borrower

I do not wish to furnish this information

ETHNICITY

- Hispanic or Latino
- Not Hispanic or Latino

ETHNICITY

- Hispanic or Latino
- Not Hispanic or Latino

RACE:

<input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Asian & White
<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Other Multi-Racial
<input type="checkbox"/> DON'T KNOW

RACE:

<input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Asian and White
<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Other Multi-Racial
<input type="checkbox"/> DON'T KNOW

Sex:

<input type="checkbox"/> Female
<input type="checkbox"/> Male

<input type="checkbox"/> Female
<input type="checkbox"/> Male

City of San Leandro Housing Rehabilitation Program: GRANT SUMMARY

Grants may not be awarded more often than every five (5) years. Available to owner-occupants of single-family units.

Grant	Description	Typical Repairs
Minor Home Repair	Assistance with repairs to correct immediate threats to the health and safety of homeowners and for minor repairs	Water heaters, minor plumbing, door locks, smoke detectors, grab bars, other repairs.
Mobile Home Repair	Assistance with repairs to correct immediate threats to the health and safety of homeowner and for minor repairs.	Water heaters, minor plumbing, door locks, smoke detectors, grab bars
Accessibility Grant	Assistance with accessibility improvements for disabled and elderly persons. Applicants may only receive one accessibility grant per property.	Installation of wheelchair ramps, showers, accessible grab bars.
Exterior Clean-Up	Assistance with yard clean up and other property clean-up relating to the Neighborhood Preservation Ordinance.	Yard clean up, removal of debris, old appliances and inoperative vehicles.
Exterior Paint Grant	Assistance with exterior painting of owner-occupied units where paint surfaces are worn or deteriorated. Available to owner-occupants of one-to-four single-family units or to owner occupied mobile home.	Exterior painting and preparation of surfaces for painting, pursuant to program standards.
Seismic Strengthening	Assistance with improvements to reduce possible earthquake damage. Available to owner-occupants of one-to-four single-family and to owner occupied mobile home or manufactured housing units. Applicants may only receive one grant during the lifetime of the home.	Installation of foundation bolts, strapping, and cripple walls.

FY2015-2016 INCOME LIMITS *(effective March 28, 2016)*

Household Size	Low Annual Income Limit (60% Area Median Income)
1 person	\$40,980
2 people	\$46,800
3 people	\$52,680
4 people	\$58,500
5 people	\$63,180
6 people	\$67,860