

HOME REHABILITATION PROGRAM

Application



**1325 Spruce Street, Suite 400
Riverside, CA 92507
800-945-6171**

ALL SECTIONS OF THIS APPLICATION, INCLUDING ATTACHMENTS AND EXHIBITS MUST BE COMPLETE AND ACCURATE TO BE CONSIDERED FOR FUNDING. REVIEW YOUR APPLICATION AND ATTACHMENTS/EXHIBITS FOR COMPLETENESS. INCOMPLETE PACKAGES WILL NOT BE CONSIDERED.

Revised February 5, 2009



**ECONOMIC DEVELOPMENT AGENCY
HOME REHABILITATION PROGRAM
APPLICATION FOR ASSISTANCE**

PLEASE PRINT CLEARLY

Applicant	Last Name	First Name	Home Phone	Work Phone	Cell Phone
Co-Applicant Or Spouse	Last Name	First Name	Home Phone	Work Phone	Cell Phone
Alternate Contact	Last Name	First Name	Home Phone	Work Phone	Cell Phone
Address	Street Address	City	State	Zip	
Mailing Address	Street Address/P.O. Box	City	State	Zip	
Social Security Number	Applicant Number		Co-Applicant Number		
Place of Employment	Applicant		Co-Applicant		
Yearly Gross Income	\$ _____	Include income from all sources			
Do you have grant or retirement income?	<input type="checkbox"/> Social Security	<input type="checkbox"/> Disability	<input type="checkbox"/> TANF	<input type="checkbox"/> Wages	
	<input type="checkbox"/> Pension	<input type="checkbox"/> SSI	<input type="checkbox"/> Other _____		
Are you the owner and occupant of the property?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Is the home a mobile or a house?	<input type="checkbox"/> Mobile		<input type="checkbox"/> House		
Do you own the land or pay space rent?	<input type="checkbox"/> Own Land		<input type="checkbox"/> Space Rent		

How many people in the house? _____ How many adults? _____ How many children? _____

List the names of all household occupants, relationship, date of birth, source and amount of income:

Name	Relationship	Date of Birth	Source of Income	Amount of Income

Ethnicity of Head of Household:

Hispanic Non-Hispanic

Race of Head of Household:

Asian White Black
 Asian & White Black & White AIAN & Black
 American Indian or Alaskan Native (AIAN) AIAN & White
 Native Hawaiian/Pacific Islander Other Multi-racial

Is the head of household female?

Yes No

Property Description - Place a check next to the box if your house has:

Living Room Dining Room Family or Rec Room
 Den Laundry Room Central Heating & Air
 Bathrooms Garage Bedrooms
 How many? _____ How many? _____

What year was the house Built? _____

Square footage? _____

Has Code Enforcement cited your property?

Yes No

Please list the repairs that are needed:

How did you learn about the program?

RIVERSIDE COUNTY ECONOMIC DEVELOPMENT AGENCY REQUIRES THAT THE HOMEOWNER/APPLICANT AND CO-APPLICANT SIGN AN AGREEMENT ENTITLED “AGREEMENT CONTAINING COVENANTS AFFECTING REAL PROPERTY” AS A CONDITION TO RECEIVING ASSISTANCE FROM THIS PROGRAM. THIS AGREEMENT DOES LIMIT AND AFFECT THE PROPERTY AND INCLUDES THE FOLLOWING RESTRICTIONS AND REQUIREMENTS:

- 1) THE COVENANT AGREEMENT WILL BE RECORDED AGAINST THE PROPERTY WITH THE COUNTY RECORDER’S OFFICE. THE AGREEMENT, WHEN RECORDED, IS NOT A LIEN AGAINST THE PROPERTY BUT DOES CREATE CONDITIONS UNDER WHICH THE PROPERTY MUST BE MAINTAINED OR SOLD.**
- 2) THE COVENANT AGREEMENT HAS A LIFE OF TEN (10) YEARS.**
- 3) THE COVENANT AGREEMENT IS BINDING ON ALL PERSONS WHO OWN THE PROPERTY DURING THE TEN (10) YEAR PERIOD.**
- 4) THE COVENANT AGREEMENT REQUIRES THAT A LOW INCOME FAMILY OCCUPY THE PROPERTY.**
- 5) THE COVENANT AGREEMENT REQUIRES THAT AT LEAST ONE OWNER OF THE PROPERTY MUST BE LOW INCOME AND OCCUPY THE HOME.**
- 6) THE COVENANT AGREEMENT REQUIRES THAT THE COMPLETE INTERIOR AND EXTERIOR OF THE PROPERTY BE MAINTAINED.**
- 7) THE COVENANT AGREEMENT REQUIRES THAT ALL LANDSCAPING BE MAINTAINED AND TRASH IS PROPERLY DISPOSED AND CONTAINED.**
- 8) THE COVENANT AGREEMENT REQUIRES THAT ALL GRAFFITI BE REMOVED.**
- 9) IF YOU FAIL TO PERFORM REASONABLE, PERIODIC MAINTENANCE ON YOUR PROPERTY, RIVERSIDE COUNTY WILL RESOLVE THE PROBLEM AREA AND YOU WILL BE BILLED FOR THE WORK COMPLETED. IF YOU FAIL TO REIMBURSE THE COUNTY FOR REPAIRS AND MAINTENANCE, A LIEN WILL BE PLACED AGAINST YOUR PROPERTY.**

I HAVE READ AND UNDERSTAND THE ABOVE NINE (9) REQUIREMENTS. I ACCEPT THESE REQUIREMENTS AND VOLUNTARILY APPLY TO THIS PROGRAM.

Applicant’s Signature

Date

Co-Applicant’s Signature

Date

PARTICIPATION IN OUR PROGRAMS IS DEPENDENT UPON MEETING ELIGIBILITY REQUIREMENTS. THE AMOUNT OF THE GRANT WILL BE DEPENDENT UPON THE WORK APPROVED BY OUR AGENCY. THE GRANT WILL BE SECURED BY A COVENANT AGREEMENT AGAINST THE REAL PROPERTY.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED, SO IT IS IMPORTANT THAT ALL ITEMS REQUESTED BE SUBMITTED WITH YOUR APPLICATION (SEE ATTACHED LIST OF ELIGIBILITY REQUIREMENTS).

THIS APPLICATION WILL REMAIN ON FILE UNTIL ELIGIBILITY IS DETERMINED, BUT NO MORE THAN ONE (1) YEAR.

THIS IS NOT AN ENTITLEMENT PROGRAM AND IS SUBJECT TO AVAILABILITY OF FUNDS. GUIDELINES AND ELIGIBILITY REQUIREMENTS ARE SUBJECT TO CHANGE AT ANY TIME.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 28, SECTION 1001, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES... OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT AND THAT I AND THE CO-APPLICANT FULLY UNDERSTAND THE COVENANT AGREEMENT CONDITIONS STATED ABOVE AS ITEMS 1 THROUGH 9.

Applicant's Signature

Date

Co-Applicant's Signature

Date

***FOR FURTHER INFORMATION, PLEASE (800) 945-6171
MAIL COMPLETED APPLICATION TO:
Home Rehabilitation Program
1325 Spruce Street, Suite #400
Riverside, CA 92507***

FOR OFFICE USE ONLY:	
PER STATE INCOME GUIDELINES - 80% MEDIAN INCOME NOT TO EXCEED: \$ _____	
VERY LOW: \$ _____	LOW: \$ _____ MODERATE: \$ _____
FEMALE HEAD OF HOUSEHOLD: YES _____	NO _____
FOCUS OR RDA AREA: _____	
PROGRAM: _____	
APPROVED BY: _____	Date: _____
DATE OF PROPERTY INSPECTION: _____	
DATE OF RECORDED COVENANTS: _____	

EXHIBIT A

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

The undersigned applicant authorizes and directs any Federal, State or local agency, organization, business, or individual to release to the County of Riverside Economic Development Agency (EDA) any information or materials needed to complete and verify an application for participation and assistance.

The undersigned applicant understands and agrees that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and California State Department of Housing and Community Development (HCD) in administering and enforcing program rules and policies.

The undersigned applicant also consents to allow EDA to conduct a credit inquiry and to release information from my file to HUD, HCD, credit bureaus, collection agencies, or future investors. This includes records on my payment history and violations of leases or agreements.

COMPUTER MATCHING NOTICE AND CONSENT

The undersigned applicant understands and agrees that HUD or EDA may conduct computer-matching programs to verify the information supplied for my application. If a computer match is done, the undersigned applicant understands that it has the right to receive notification of adverse information found and a chance to disprove incorrect information. HUD or EDA may in the course of its duties exchange such automated information with other Federal, State, or local agencies.

CONDITIONS

The undersigned applicant agrees that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with EDA and will stay in effect for one year and one month from the date signed. The undersigned applicant understands that they have a right to review their file and correct any information that can be proven is incorrect.

PLEASE COMPLETE AND SIGN:

PERSONAL CREDIT INFORMATION

_____ Applicant's Full Name	_____ Applicant's Social Security Number	_____ Applicant's Date of Birth
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PERSONAL RESIDENCE

_____ Street Address	_____ City	_____ State	_____ Zip
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BUSINESS CREDIT INFORMATION

_____ Full Company Name	_____ Full Name of Chief Executive Officer
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BUSINESS HEADQUARTERS

_____ Street Address	_____ City	_____ State	_____ Zip
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I hereby authorize the release of any and all information required in the processing of my application. I further authorize EDA to release such information to any entity as required in the processing of my application.

Signature: _____ **Date:** _____

HOME REHABILITATION PROGRAM

PARTICIPATION IN OUR PROGRAMS REQUIRES PROOF THAT YOU MEET THE ELIGIBILITY GUIDELINES. PLEASE SUBMIT THE FOLLOWING APPLICABLE DOCUMENTS WITH YOUR APPLICATION:

PROOF OF INCOME

- Federal Tax Returns** requires copies of the last two years Federal Tax Returns (all schedules) and W2 forms, signed and dated, or statement that you are not required to file.
- Employment Income** requires copies of the last pay check stub for all employed household members showing year-to-date income totals.
- Rental Income** requires copies of Rental Agreements and schedules identifying rental income.
- Social Security income** requires copies of award letters and/or copies of the Social Security income checks for each household member receiving benefits.
- Retirement income** requires copies of award letters and/or copies of Retirement income checks for each household member receiving benefits.
- Alimony/Child Support** requires Divorce Decree and evidence that payments are received regularly as verified by canceled checks or bank statements.
- Self Employment Income** requires the most recent year-to-date profit and loss statement, and a balance sheet prepared and signed by an accountant.

PROOF OF OWNERSHIP

- Provide a copy of the **GRANT DEED**.
- Provide a copy of the registration of title for a Mobile Home and State of California – Department of Housing and Community Development (HCD) Decal number.

ADDITIONAL DOCUMENTS REQUIRED

- Enclose a copy of your homeowners insurance cover page showing your agents name, address, phone number, the amount of coverage for the current year.
- Enclose a copy of your most recent property tax bill.
- Enclose a copy of your California Driver's License or Identification Card.

To ensure that we have an accurate list of the items that are included please mark the appropriate boxes of the items that are enclosed.