



City of Chino Hills
Community Services Department

QUALIFYING APPLICATION
Home Improvement Grant Program

PROPERTY OWNER INFORMATION:

- A. Applicant Name: _____
- B. Property Address: _____
 Chino Hills, CA 91709
- C. Phone Number: _____
- D. List names and ages of all household members and property owners.

Name	Age	Relationship

- E. Physical disability (if applicable)? Yes No
- F. Received Code Enforcement violation notice? Yes No
- G. Financial Information:
 List all sources of income from all household members and property owners over age of 18.

Household Member	Income Source	Income (gross monthly)
		\$
		\$
		\$
		\$
		\$

REQUIRED DOCUMENTATION: Please provide copies of all applicable documentation.

Required:

- ____ California Driver’s License or California Identification Card
- ____ Prior year complete Income Tax Return(s)
- ____ Bank Statements (2 months)

Proof of Income:

- ____ Recent paycheck stubs (1 month)
- ____ Verification of Pension
- ____ Social Security Statement
- ____ Verification of Aid to Families with Dependent Children (AFDC)
- ____ Other Sources of Income

Proof of Property Ownership:

- ____ Property Tax Statement
- ____ Property Deed
- ____ Current Mortgage Statement
- ____ Registration Mobile home

ESTIMATED PROJECT COST: _____

PROJECT DESCRIPTION: (Briefly describe work to be completed)

CERTIFICATIONS

I, _____(applicant), acknowledge that qualification for assistance funded under the Community Development Block Grant program is based upon having a qualifying household income and that the income levels I have certified to in this self certification may be subject to further verification by the City of Chino Hills and I authorized such verification and will provide supporting documents. _____ **(Initial)**

I certify that I am the owner and maintain permanent residence at the above subject property in the City of Chino Hills. _____ **(Initial)**

I understand that no improvements can begin until a Notice of Application Approval and a Notice to Proceed is issued. The City of Chino Hills shall be held harmless and not responsible for any work performed prior to the date of Notice to Proceed being issued. _____ **(Initial)**

I declare under the penalty of perjury that the above statements are true, and that I have disclosed all income information, and that the City of Chino Hills shall not be liable for damages that may arise out of or in connections with the home improvements described above. I further understand that all project expenditures are subject to approval by the City of Chino Hills.

Applicant Signature

Date



City of Chino Hills

2015/16 Community Development Block Grant Beneficiary Qualification Statement

This form provides information needed to qualify for the use of Federal Community Development Block Grant (CDBG) funds for the following projects. This **statement must be completed and signed by the person requesting to receive benefits from the Home Improvement Grant.**

Each of the following questions must be answered:

1. A household is a group of related or unrelated persons occupying the same house with at least one member being the head of household. renters, roomers, or borders cannot be included as household members.

How many persons are in your household? _____

2. Are you a Female Head of Household or belong to a Female Headed Household? Yes No
3. Please indicate what you identify yourself as, if you are Hispanic please mark the Hispanic box next to the appropriate race.

ACKNOWLEDGMENT AND DISCLAIMER

I Certify under penalty of perjury that income and household statements made on this form are true. The information you provide on this form is for CDBG program purposes only and will be kept confidential.

<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 and White <input type="checkbox"/> Amer. Indian/Alaskan Native & Black/African Amer. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic	<p>Please add up the <u>combined gross income</u> of the persons in your household from all sources of income. The 2016 low-income and low and moderate income categories are presented below.</p> <p>Qualifying Income Sources (please check all that apply)</p> <input type="radio"/> Primary employment: \$ _____ <input type="radio"/> SSI/SSDI: \$ _____ <input type="radio"/> Second employment: \$ _____ <input type="radio"/> Child-support: \$ _____ <input type="radio"/> Unemployment: \$ _____ <input type="radio"/> AFDC: \$ _____ <input type="radio"/> Food Stamps: \$ _____ <input type="radio"/> Other: _____ \$ _____						
# of persons	1 person Less than	2 persons Less than	3 persons Less than	4 persons Less than	5 persons Less than	6 persons Less than	7 persons Less than	8 persons Less Than
Low Income	<input type="radio"/> \$22,400	<input type="radio"/> \$25,600	<input type="radio"/> \$28,800	<input type="radio"/> \$31,950	<input type="radio"/> \$34,550	<input type="radio"/> \$37,100	<input type="radio"/> \$39,650	<input type="radio"/> \$42,200
Low/ Moderate Income (comb.)	<input type="radio"/> \$35,800	<input type="radio"/> \$40,900	<input type="radio"/> \$46,000	<input type="radio"/> \$51,100	<input type="radio"/> \$55,200	<input type="radio"/> \$59,300	<input type="radio"/> \$63,400	<input type="radio"/> \$67,500
Limited Clientele	<input type="radio"/> Abused child	<input type="radio"/> Battered spouse	<input type="radio"/> Elderly person	<input type="radio"/> Homeless person	<input type="radio"/> Disabled adult person	<input type="radio"/> Illiterate person	<input type="radio"/> Migrant farm worker	

Name: _____ Phone () _____

Address: _____ City _____ Zip _____

Signature: _____ Date: _____