



COMMUNITY DEVELOPMENT BLOCK GRANT HOME IMPROVEMENT PROGRAM APPLICATION

PLEASE BE ADVISED THAT THERE IS LIMITED FUNDING FOR HOME IMPROVEMENT GRANTS AND COMPLETING AN APPLICATION DOES NOT GUARANTEE FUNDING. PLEASE COMPLETE ALL PAGES AND SUBMIT SUPPORTING DOCUMENTATION. GRANT FUNDING WILL BE PROVIDED ON A FIRST COME, FIRST SERVED BASIS, UNTIL GRANT FUNDS ARE ALLOCATED. SUBSEQUENTLY, APPLICATIONS WILL BE PUT ON A WAITING LIST.

DOCUMENT CHECKLIST

This checklist is intended to assist you with preparing your documents to accompany your application. Please provide copies of each relevant document for each adult household member. Original documents will NOT be returned. If item is not applicable to your situation, please write N/A.

- _____ Completed Home Improvement Program Application
- _____ Signed Federal Lead-Based Paint Notice
- _____ Signed Household Size Affidavit Form
- _____ Signed Right of Entry Form
- _____ Copies of identification for EVERY person living in the home. Acceptable ID's include: California driver's license or state ID, and US passport.
- _____ Proof of Ownership of the home listed on application (Grant Deed or Registration or Certificate of Title)
- _____ Copy of most recent mortgage statement
- _____ Copy of most recent space lease rent statement – if mobile home
- _____ Copies of two current utility bills that show applicant name and property address
- _____ Copy of current Property Tax Statement
- _____ Current copy of Homeowner's insurance policy.
- _____ Verification of Income for all adults 18 years and older. All adults living in the home must submit copies of each of the following with the Application. Household members over the age of 18 not working are required to submit a letter explaining their situation. For each item that is not applicable, please provide an explanation on a separate piece of paper.
 - _____ Three most recent consecutive paycheck stubs, or most recent Social Security statement, and/or disability statements for all adults living in the household.
 - _____ Two years of self-employment Income (Schedule C) or 1040 form for all adults
 - _____ Copy of the most recent statement for Unemployment Compensation, Worker's Compensation, and/or SSI for all adults
 - _____ Copies of 3 recent consecutive months bank statements for all adults living in the household. Please include all pages.
 - _____ Most recent Federal tax return (1040) for all household members. ALL pages must be included.
 - _____ Copy of retirement account statements for all adults (401K, 403B, 457, CD, or IRA)
 - _____ Life Insurance Cash Value Statement
 - _____ Copy of child support (e.g. court ordered amount or notarized statement from parent)
 - _____ Other Investment Statement (e.g. Annuities, CD's, money market accts, stocks, bonds)
 - _____ Lump sum receipts, such as inheritances, lottery winnings, capital gains, etc.
 - _____ Other income (e.g. financial support from family member). Please list amount and explain:

INCOMPLETE APPLICATIONS AND SUPPORTING DOCUMENTATION WILL RESULT IN APPLICATION BEING RETURNED.

COMPLETED APPLICATION MUST BE SUBMITTED **IN PERSON** OR BY **MAIL** TO: CITY OF CHINO HILLS, COMMUNITY SERVICES DEPARTMENT, ATTN: HOME IMPROVEMENT GRANT PROGRAM, 14000 CITY CENTER DR., CHINO HILLS, CA 91709.

**CITY OF CHINO HILLS
HOME IMPROVEMENT PROGRAM APPLICATION**

1. Name of Homeowner(s) : _____

2. Property Address: _____
3. Phone: _____
4. Email: _____
5. Are you the Owner-Occupant of the property to be repaired? Yes No
6. What year did you buy the property? _____
7. How many years have you occupied the property? Less than 1 yr. 1 to 5 yrs. Over 5 yrs.
8. Do you own any other property or real estate holding? Yes No
9. Have you ever received a Home Improvement Grant from the City? Yes No
10. Total Number of Persons in Household _____

List the head of your household and all OTHER members who live in your home at the time of application, including applicant and co-applicant. Give the relationship of each family member to the head of household.

					Check each box that applies for each person	
Full Name	Relationship	Age	Gender		Disabled	Veteran
			M	F		
	Applicant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Marital Status: Married Divorced Legally Separated Widow Single
12. Is anyone else on the title with you that does not live with you? Yes No
13. The property is: Single-Family Home Mobile Home Other _____
14. What year was the house built? _____
15. I/We currently: Own my/our house free and clear Have a mortgage to pay off
16. How many bedrooms in the home? 1 2 3 4 5 or more

17. Total Monthly Gross Income \$ _____

<u>Income Source</u>	<u>Applicant</u>	<u>Co-Applicant</u>	<u>Other Household Member(s) 18 or older</u>
Employment Income	\$ _____	\$ _____	\$ _____
Social Security Income	\$ _____	\$ _____	\$ _____
Disability Income	\$ _____	\$ _____	\$ _____
Retirement/Pension (401K distributions)	\$ _____	\$ _____	\$ _____
Dividends/Interest	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____

18. Do you have any outstanding judgements against you? Yes No

19. Have declared bankruptcy within the past 7 years? Yes No

20. Are you party to a lawsuit? Yes No

21. Have you directly or indirectly been obligated on any loan that resulted in foreclosure, transfer or title in lieu of foreclosure or judgement? Yes No

22. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? Yes No

23. Briefly describe the repairs needed. Attach a separate sheet if more room is necessary.

APPLICATION AFFIDAVIT:

You are hereby signing this Application Affidavit under the False Claims Act, 31 U.S.C. 3729-3733, those who knowingly submit or cause another person or entity to submit, false claims for payment of government funds are liable for three times the government's damages plus civil penalties of \$5,500 to \$11,000 per false claim.

Applicant Signature: _____

Date: _____

Co-applicant Signature: _____

Date: _____

DEMOGRAPHIC INFORMATION FOR GRANT REPORTING PURPOSES

Race	Hispanic Ethnicity	
	Yes	No
<input type="checkbox"/> White	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asian and White	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Black/African American and White	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

NOTICE

FEDERAL LEAD BASED PAINT

Both the State of California and the federal government have adopted regulations designed to reduce or eliminate the risk of lead-based paint hazards in homes. Some homes built before 1978 may contain lead-based paint that may be harmful to anyone living or working within the home, especially pregnant women and children. Such hazards may occur as a result of exposure to contaminated lead paint dust and paint chips. It is important that you understand these requirements when applying for a home improvement grant from the City of Chino Hills.

Federal regulations (24 CFR Part 35) require any home built prior to 1978 that receives federal assistance for rehabilitation be assessed for the presence of lead-based paint hazards. To comply with this requirement, the City will fund the cost of the assessment by a licensed and certified contractor, after a completed application for the Home Improvement Grant Program has been filed but before the grant is approved. The results of the assessment will become public record and filed with the State Department. You will be personally obligated to disclose the results of the testing to any potential buyer and/or the subsequent occupants of the property.

As a participant in the City of Chino Hills Home Improvement Grant Program, I understand that I will be required to use safe work practices when stabilizing any lead paint that may be found on the property. I also understand that some methods used to control the hazards may not be permanent in nature and may need to be readdressed in future years.

By signing this Notice, I hereby certify that:

1. I have received a copy of this Notice.
2. I have read and understand the lead hazard requirements contained in this Notice.
3. I accept these requirements and the related personal disclosure obligations as a condition of my application for the City of Chino Hills Home Improvement Grant Program.

Property Address: _____

Signature of Applicant : _____

Signature of Co-Applicant: _____

Applicant Name _____ Property Address _____

HOUSEHOLD SIZE AFFIDAVIT

I (we) the undersigned state the following: (Please check all that apply)

_____ 1. I (we) hereby certify that my (our) household size is _____ and income limits do not exceed the established limits for household size indicated in the Home Improvement Grant Program Requirements.

Check and complete number 2 only if you share ownership of property with someone not residing in the property

_____ 2. I (we) hereby certify that I (we) share title of ownership with someone other than those residing in my (our) household on the Home Improvement Grant Application. I (we) hereby certify that the information submitted to the City of Chino Hills is in accordance and consistent with the tax documentation which I (we) submitted. I agree that I will provide the City of Chino Hills with a copy of my tax filing documents or proof of non-filing, which will be used to determine household size.

CERTIFICATION OF ALL APPLICANTS

By my (our) signature below, I (we) certify that the above information is true. I (we) understand that the City of Chino Hills can revoke any funds granted upon discovery of an Applicant's material misstatement, whether negligent or fraudulent.

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

Applicant Name _____ Property Address _____

RIGHT OF ENTRY

I/We the undersigned hereby consent to allow authorized representatives of the City of Chino Hills to enter my/our place of residence for the purpose of evaluating the housing repairs needed described herein. The undersigned and the representatives of the City of Chino Hills will perform this evaluation jointly.

I/We understand the City of Chino Hills shall receive all repair estimates within 30 calendar days following the receipt of a Project Cost Estimate/Bid that is prepared by an authorized representative of the City of Chino Hills. Failure to do so will result in no further processing of my/our application and transferring committed funds to another eligible project.

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

Applicant Name _____ Property Address _____

INCOME TAX AFFIDAVIT

I (we) the undersigned, being first duly sworn, state the following: (please check all that apply)

Check and complete Number 1 & 2 if you were not required by law to file a Federal Income Tax Return. Form 4056-T "Request for Transcript of Tax Return" must be submitted to the IRS for verification of non-filing status.

____ 1. I (we) hereby certify that I (we) was (were) not required to file a Federal Income Tax Return for the following year(s) _____ for the reason(s) below:

____ 2. I (we) agree that I (we) will provide a transcript of a tax return by completing Form 4506-T

Check and complete Number 3 if you are providing the City with acceptable tax documentation other than copies of tax filings.

____ 3. I (we) certify that I (we) filed Form 1040EZ/1040A/1040 for Tax Year(s) _____. I am providing this certification in addition to a tax account summary provided by the IRS since I cannot produce a copy of the tax filing.

Check and complete Number 4 only if the Home Improvement Grant Application is submitted between January 1 and April 15 and you have not yet filed a Federal Income Tax Return for the previous year but intend to file.

____ 4. I (we) hereby certify that (we) have not yet filed a Federal Income Tax Return for the previous tax year. I hereby certify that the information submitted to the City of Chino Hills is in accordance and consistent with the tax documentation which I (we) intend to submit for the previous tax year. I (we) agree that I will provide the City of Chino Hills with a copy of my tax filing documents no later than April 16 of this year.

CERTIFICATION OF ALL APPLICANTS

By my (our) signature below, I (we) certify that the above information is true. I (we) understand that the City of Chino Hills can revoke any funds granted upon discovery of an Applicant's material misstatement, whether negligent or fraudulent.

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____