

**CITY OF SAN MARINO
HOUSING REHABILITATION APPLICATION**

Instructions

The instructions below refer to the number of items on the application. All items must be completed and all documentation received before your application will be reviewed for eligibility. If you do not understand any item, please contact Lucy Garcia at 626-403-2201.

- Items 1-3: Self-explanatory
- Item 4: Head of household is the individual who is contributing more than 50% of the total household support.
- Item 5-6: List the names of all individuals, family and non-family, who reside in the home, include the gross household income.
- Item 7: Include with your application legible copies of all income sources; and any other income, taxable and non-taxable, that you receive or any member of your household contributes. All income must be documented before approval can be given. With all documentation, please provide the most recent documents. **IMPORTANT: Please provide a copy of the Grant Deed to your property, current tax statement and current mortgage statement.**
- Item 8: Self explanatory
- Item 9: Check only those improvements you intend to complete under this program. Improvements listed on the application are eligible under the program and are confined to health and safety repairs and installation. Cosmetic and recreation improvements are not eligible. Check the Home Rehabilitation Program Guidelines for more details.

All participating contractors must have a State Contractor's License, a City Business license, Proof of Liability and Worker's Compensation (if applicable).

Income Limitations

Income limits are determined by federal guidelines set by the Department Housing and Urban Development (HUD). As of February 23, 2005, total gross income may not exceed:

FAMILY SIZE	MAXIMUM INCOME
1	\$36,700
2	\$41,900
3	\$47,150
4	\$52,400
5	\$56,600
6	\$60,800
7	\$65,000
8	\$69,150

The City withholds the right to deny an application at any time during the project period if false information is found on this application and the applicant shall be responsible for all costs incurred with the project. If the property is sold within 12 months of the close of the project, the City shall be reimbursed for the grant. See the guidelines for details.

**CITY OF SAN MARINO
HOUSING REHABILITATION PROGRAM
GRANT APPLICATION**

1. Name: _____
2. Property Address: _____
3. Telephone: _____
4. Age (Head of Household) _____ Male _____ Female _____

If the beneficiary is a female and is also the Head of Household, check the line below:

- _____ A female heads the household
_____ A male heads the household

5. Size of Household (List names and ages of all persons living in the household)
- | <u>Name</u> | <u>Age</u> | <u>Name</u> | <u>Age</u> |
|-------------|------------|-------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

6. Total GROSS household Income: \$ _____
7. For verification of income and property ownership, please provide the following documentation that is applicable to you and any member of your household. Check (X) those documents submitted with this application. All income documentation must be no older than six months from the date of this application.

PROVIDE ALL DOCUMENTS APPLICABLE TO YOU

INCOME DOCUMENT

- Prior year 1040 Tax Return(s)
 Verification of Pension
 Social Security Verification
 Social Security Check
 Rental or Interest Income
 Other Sources of Income
 Verification of Aid to Families with Dependent Children (AFDC)

OWNERSHIP DOCUMENTATION

- Current Property Title Deed
 Property Tax Statement
 Current Mortgage Statement

SALARY VERIFICATION

(provide two of the following, if applicable)

- Copies of 3 most recent paycheck stubs or other recent income verification
 Bank statement verifying direct deposit of income
 W2 Form

8. Have you participated in this program before? If yes, please indicate:

_____ Grant

_____ Date case was closed

9. Proposed Home Improvements: Please check (X) applicable items. A more comprehensive list is in the Guidelines for Housing Rehabilitation.

- | | |
|--|---|
| <input type="checkbox"/> Plumbing/Bathroom/Kitchen | <input type="checkbox"/> Vinyl Flooring |
| <input type="checkbox"/> Interior/Exterior Paint | <input type="checkbox"/> Heating/Air conditioning (exist.) |
| <input type="checkbox"/> Replace Window/Door Screens | <input type="checkbox"/> Re-roof |
| <input type="checkbox"/> Garage Door | <input type="checkbox"/> Electric Repair/ Upgrade |
| <input type="checkbox"/> Correct Code Violations | <input type="checkbox"/> Structural repairs (flooring, walls) |
| <input type="checkbox"/> Smoke Alarm(s) | <input type="checkbox"/> Attic insulation |
| <input type="checkbox"/> Fumigation | <input type="checkbox"/> Strap Water Heater |
| <input type="checkbox"/> Other (please specify)_____ | |

IMPORTANT: DO NOT BEGIN IMPROVEMENTS UNTIL NOTICE OF APPLICATION APPROVAL AND NOTICE TO PROCEED IS ISSUED.

I declare under the penalty of perjury that the above statements are true, and certify that I am the owner of the property at the above address, that I have disclosed all income information, and that the City of san Marino shall not be liable for damage that may arise out of or in connection with the home improvements described above. I further understand that all project expenditures are subject to approval by the City of San Marino.

Head of Household Signature

Date

This is a federally funded program. For reporting purposes only, please provide the following demographic information.

Racial Background: Mark only one X next to the category that best describes your origin.

Single Categories

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

Double Categories

- American Indian or Alaska Native AND White
- Asian AND White
- Black or African American AND White
- American Indian or Alaskan Native AND Black or African American
- Other – for individuals not identified above.

Ethnic Background: Mark only one X next to the category that best describes your origin.

- Yes, Hispanic/Latino
- No, not Hispanic/Latino

For more information contact the City Manager's office at 626-300-0700

Office Use Only

Income Calculation:

Gross Annual Income \$_____

Maximum Income Allowed \$_____

Application Approval _____ Date _____

EXHIBIT “A”
ANNUAL GROSS INCOME DEFINITION
FOR CITY OF SAN MARINO
HOUSING REHABILITATION PROGRAM

Annual Gross Income is the total income of the person from all sources, including net income derived from assets, anticipated to be received in the 12 month period following the effective date of the income certification, exclusive of the type of income identified below. Annual income includes:

- **Wages and salaries**, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services (before payroll deductions);
- **Net income** from the operation of a business or profession;
- **Interest, dividends**, and other net income of any kind from real or personal property where the person has net assets in excess of \$5,000, annual income shall include the greater of the actual income derived from net assets or a percentage of the values of such assets based on the current passbook savings rate as determined by HUD;
- **Periodic payments** from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and similar periodic receipts;
- **Payments in lieu of earnings**, such as unemployment, worker’s compensation and severance pay;
- **Welfare assistance**;
- **Periodic allowances**, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling;
- **Any earned income tax credit** to the extent it exceeds income tax liability; and
- **Replacement housing payments** from prior displacements.

Income Exclusions. Annual income does not include:

- Income from employment of children under the age of 18;
- Payment for the care of foster children;
- Lump-sum additions to assets, such as inheritances, insurance payments;
- Reimbursement of medical expenses;
- Income of a live-in aide;
- Educational scholarships;
- Amounts received under training programs funded by HUD;
- Amounts received by a disabled person that are disregarded for a limited time for purposes of Supplemental Security Income (SSI) eligibility;
- Amounts received by a participant in other publicly assisted programs which cover certain out-of-pocket expenses;
- Temporary, nonrecurring or sporadic income (including gifts); or
- Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility