

**CITY OF HUNTINGTON PARK
HOME REPAIR PROGRAM APPLICATION**



SECTION A: APPLICANT INFORMATION

Have you ever received funds from the Home Repair Program in the past three (3) years? [] Yes [] No

How many times? _____ Please give dates and type of work performed: _____

APPLICANT INFORMATION

[] Female [] Male

HEAD OF HOUSEHOLD

[] Female, Single-Parent [] Senior Citizen (age 65+)

[] Disabled [] None of the Above

RACE/ETHNICITY OF HEAD OF HOUSEHOLD: [] White, Caucasian [] Black, African-American [] Hispanic, Latino

[] Asian [] American Indian [] Other: _____

RESIDENCE VERIFICATION

Street Address

Phone

OWNERSHIP VERIFICATION

Please include a copy of your Grant Deed. List the names of the property owners on Grant Deed:

First Name

Middle Name

Last Name

First Name

Middle Name

Last Name

SECTION B: HOUSEHOLD INCOME VERIFICATION

List all household members. All income must be verified for persons over 18 years of age or must prove they are a full-time student (if applicable).

Verification of income must be provided. This includes the three most recent consecutive payroll stubs, social security checks, SSI checks, AFDC checks, pension and retirement checks, alimony and child support payments, or other income documentation from all other income sources, for all members of the household.

FULL NAME	AGE	EMPLOYED	SOURCE OF INCOME	GROSS MONTHLY INCOME
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

TOTAL GROSS MONTHLY HOUSEHOLD INCOME: _____

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

SECTION C: PUBLIC ASSISTANCE VERIFICATION

PUBLIC ASSISTANCE	Number in Family: _____	Other Assistance (type): _____	\$ _____
Aid to families with Dependent Children	\$ _____	Other income (source):	\$ _____
General Assistance	\$ _____	Maximum allowance for rent and utilities (as-paid states)	\$ _____
Does this amount include court awarded support payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of public assistance received during past 12 months	\$ _____
Amount Specifically designated for Shelter and utilities	\$ _____		

AUTHORIZATION: Federal Regulations require us to verify Public Assistance Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

SECTION D: HOUSEHOLD ASSET VERIFICATION

NAME:				
ACCOUNT TYPE	YES / NO	ACCOUNT NUMBER	BALANCE	INTEREST RATE
Checking	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Savings	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other (indicate type)	<input type="checkbox"/> YES <input type="checkbox"/> NO			

NAME:				
ACCOUNT TYPE	YES / NO	ACCOUNT NUMBER	BALANCE	INTEREST RATE
Checking	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Savings	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other (indicate type)	<input type="checkbox"/> YES <input type="checkbox"/> NO			

AUTHORIZATION: Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

SECTION E: PRIMARY RESIDENCE CERTIFICATION

I CERTIFY under penalty of perjury that I/WE occupy the primary residence described above as my/our principal place of residence to the best of my knowledge. I further understand that any misrepresentation, omission, or falsification will result in my/our disqualification from the program and may result in further legal action against me/us.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government

RELEASE: I hereby authorize the release of the requested information

SIGNATURE

DATE

SECTION F: VERIFICATION OF MORTGAGE OR DEED OF TRUST

The applicant identified below has applied for a housing rehabilitation assistance from the City of Huntington Park. The applicant has authorized this Agency in writing to obtain verification of the status of existing mortgages on the property from any source named in the application. The requested information in this verification of mortgage is for the confidential use of this Agency and the U.S. Department of Housing and Urban Development.

APPLICANT INFORMATION (To be completed by applicant)

Name of Applicant

Address of Applicant

Mortgage Account Number

Address of Mortgaged Property

APPLICANT INFORMATION (To be completed by applicant)

Name of Lender

Address of Lender

MORTGAGE INFORMATION (To be completed by LENDER)

Date of Mortgage

Date of Maturity

Original Principal Amount

Current Principal Balance

Monthly Payment

Principal and Interest

\$

Mortgage insurance

\$

Real Estate Tax Escrow

\$

Hazard insurance Escrow

\$

Other:

\$

Total Monthly Payment

\$

Termination fee

\$

or prepayment fee

Type of Mortgage

- Conventional
- FHA
- VA
- Other: _____

Lien Position

- 1st Mortgage
- 2nd Mortgage
- Other: _____

Are Payments Current?

- Yes
- No
- If No, amount in arrears \$ _____
- If No, period of arrears _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

COMPLETED BY (To be completed by LENDER)

Name

Title

Phone

Email

Signature

Date

SECTION G: REQUIRED DOCUMENTATION

PLEASE EMAIL THE APPLICATION AND ALL SUPPORTING DOCUMENTATION TO: [HOMEREPAIR@HPCA.GOV](mailto:homerepair@hpcagov)

Please check off the required documentation:

- GENERAL QUALIFICATIONS AND CONDITIONS FORM**
 - *Included in this packet. Please read, sign, and return this document.*
- PROGRAM APPLICATION**
 - *Included in this packet. Please fill out all the information requested.*
- SIGNED INCOME/EMPLOYMENT STATUS CERTIFICATION AND CONFIRMATION OF RECEIPT**
 - *Included in this packet. Please complete, sign, and return.*
- COPY OF GRANT DEED OR DEED OF TRUST**
 - *This document will verify that you are the owner of the property and confirm how the title is held.*
- COPY OF A RECENT UTILITY BILL**
 - *This document is needed to verify residency. The submission must reflect the owner's name and address.*
- COPY OF INSURANCE DOCUMENTATION**
 - *Please provide photocopies of your current property insurance documentation.*
- COPY OF INCOME TAX FORMS FOR THE PRIOR YEAR**
 - *Submit a complete copy, inclusive of all attachments, forms, and schedules of the most recent federal income tax return for all income-producing household members. Please ensure that the submission is signed by all taxpayers.*
- COPY OF RECENT PROPERTY TAX BILL**
 - *Please provide photocopies of your most recent property tax bill and proof of payment*
- COPY OF INCOME VERIFICATION DOCUMENTATION**
 - *This includes the three most recent consecutive payroll stubs, social security checks, SSI checks, AFDC checks, pension and retirement checks, alimony and child support payments, or other income documentation from all other income sources, for all members of the household.*
- COPY OF PHOTO IDENTIFICATION**
 - *Provide photo identification (i.e., driver's license or CA I.D.) for every person in the household*
- COPY OF THREE MOST RECENT BANK STATEMENTS**
 - *Provide last three month's bank statements, please include all pages*
- COPY OF SOCIAL SECURITY CARDS**
 - *Provide photo copies of Social Security cards for each member of the household to verify citizenship or permanent residency.*
- COPY OF MORTGAGE LENDER'S MOST RECENT YEAR-END STATEMENT**
 - *Photo copies of most recent year-end mortgage statement to verify mortgage information*
- COPY OF CREDIT REPORT**
 - *Provide copies of credit report for applicant(s)*

Please submit your original signed application with all the exhibits & photocopies of required documents. The City of Huntington Park will not be responsible for returning or safeguarding original personal documents.

The City of Huntington Park reserves the right to modify, change, enforce, waive, accept, and approve individual case files based upon practice and procedure within the US Department of Housing and Urban Development with the sole authority of the City Manager or his/her designee. The City of Huntington Park may revise these guidelines from time to time and will give notice of significant program changes.

SECTION H: CERTIFICATION

Applicant certifies that all the information in this document is true and correct to the best of their knowledge. The applicant(s) also understands that all information and documentation provided with this application are collected solely for the purpose of the Home Repair Program.

SIGNATURE

DATE

SIGNATURE

DATE

CITY OF HUNTINGTON PARK HOME REPAIR PROGRAM APPLICATION



INCOME / EMPLOYMENT STATUS CERTIFICATION

PROPERTY ADDRESS: _____

Under penalty of perjury I hereby certify the following:

- I am currently employed
- I am currently unemployed and not receiving state benefits
- I am currently unemployed and receiving state benefits
- I am under the age of 18
- I am a full-time student (also submit current enrollment verification)
- I am unemployed and my gross income was less than the amount required to file
- I am employed but my gross income was less than the amount required to file
- I am unemployed/retired and filing Federal Income Taxes.
- Other: _____

I certify that the information provided, to the best of my knowledge, is true and correct. I further understand that any misrepresentation, omission, or falsification will result in my/our disqualification from the program and may result in further legal action against me/us.

NAME

SIGNATURE

DATE

NAME

SIGNATURE

DATE

CONFIRMATION OF RECEIPT – HAZARDOUS MATERIAL PAMPHLETS

I have received a copy of the following informational pamphlets:

1. Protect Your Family from Lead in Your Home, informing me of the potential risk of lead hazard exposure from renovation activity to be performed in my dwelling unit.
2. The Lead-Safe Certified Guide to Renovate Right EPA Pamphlet
3. Asbestos in Your Home EPA Pamphlet

I received these pamphlets before work began at my home

NAME

SIGNATURE

DATE