

City of Huntington Park



Minor Home Repair Program Application

6550 Miles Avenue
Huntington Park, California 90255
(323) 584-6213
www.hpca.gov



City of Huntington Park



Minor Home Repair Program (MHRP) HUD Income Limits

Household Size:	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Very Low (50%) Income Limits	\$36,550	\$41,800	\$47,000	\$52,200	\$56,400	\$60,600	\$64,750	\$68,950
Extremely Low (30%) Income Limits	\$21,950	\$25,050	\$28,200	\$31,300	\$33,850	\$36,350	\$39,010	\$43,430
Low (80%) Income Limits	\$58,450	\$66,800	\$75,150	\$83,500	\$90,200	\$96,900	\$103,550	\$110,250

FY 2019 Income Limit Categories Los Angeles County MFI: \$73,100

**Effective June 2019 per the US Department of Housing and Urban Development (HUD)*
<https://www.hudexchange.info/resource/5334/cdbg-income-limits>

The City of Huntington Park does not discriminate based on ancestry, race, color, religion, sex, disability, familial status, national origin or other protected class.

City of Huntington Park



MINOR HOME REPAIR PROGRAM APPLICATION

Please provide us with the following information:

Applicant:

Last Name(s): _____ First Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Work/Cell): _____

E-mail address: _____

Date of Birth: _____ Age: _____ Sex: _____ Disabled: _____ Yes _____ No _____

SSN: _____ Job Title: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Co-Applicant #1:

Last Name(s): _____ First Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Work/Cell): _____

E-mail address: _____

Date of Birth: _____ Age: _____ Sex: _____ Disabled: _____ Yes _____ No _____

SSN: _____ Job Title: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Co-Applicant #2:

Last Name(s): _____ First Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Work/Cell): _____

E-mail address: _____

Date of Birth: _____ Age: _____ Sex: _____ Disabled: Yes No

SSN: _____ Job Title: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

HOUSEHOLD INFORMATION

Total number of people who live in the household (including yourself): _____

#	Name	Relationship	Gender	SS#	Income	Age
1						
2						
3						
4						
5						
6						

7						
8						

INCOME INFORMATION

Household Income - List all members who will occupy the purchased home that are adult wage earners.

Source of Income (Before Taxes)		Applicant		Co-Applicant # 1		Co-Applicant # 2
Wages	\$		\$		\$	
Social Security	\$		\$		\$	
Retirement/Pension	\$		\$		\$	
AFDC	\$		\$		\$	
Child Support	\$		\$		\$	
Other	\$		\$		\$	
Total Monthly	\$		\$		\$	
Total Annual	\$		\$		\$	
Total Combined Annual Income						\$

Notice: Completion of this form does not constitute automatic qualification for the MHRP.

OTHER INFORMATION

Have you had any repairs done in past three years? Yes _____ No _____
 Do you plan on selling your home after repairs are complete? Yes _____ No _____
 Do you have any money saved for additional work? Yes _____ No _____
 Are you a United States Citizen? Yes _____ No _____
 If not, do you have a Resident Alien Card? Yes _____ No _____

The following information on this sheet will be **CONFIDENTIAL** and is only used for government reporting purposes to monitor compliance with equal opportunity laws.

RACE

- American Indian/Alaskan Native
- Am. Indian/Alaskan Native & Black/African Am
- American Indian/Alaskan Native & White
- Asian
- Asian & White
- Black/African American
- Black/African American & White
- Native Hawaiian/Other Pacific Islander
- White
- Other Multi-racial

ETHNICITY

- Hispanic
- Non-Hispanic

The Applicant certifies that all information in this application is true and complete to the best of the applicant's knowledge. The applicant also consents to verification of any information needed to obtain the grant.

Applicant

Date

Co-Applicant

Date

Office Use Only

Accepted: _____ Denied: _____ Reason: _____

Reviewed by: _____ Date: _____

City of Huntington Park



CONFLICT OF INTEREST DISCLOSURE

As a prospective applicant of the Minor Home Repair Program in the City of Huntington Park, I understand that I must disclose my relationship with other persons who I may be associated within the City of Huntington Park. I, therefore, attest to the following: **Check all that apply**

_____ I **am not** a current City of Huntington Park official, employee, board member, Commissioner, Council member, agent and/or other representative of the City.

_____ I **am** a current City of Huntington Park official, employee, board member, Commissioner, Council member, agent and/or other representative of the City.

Position/Title _____

_____ I **am** a former City of Huntington Park official, employee, board member, Commissioner, Council member, agent and/or other representative of the City.

Position/Title _____

Date Employment/Term Ended _____

_____ I **am not**, to the best of my knowledge, aware of any current City of Huntington Park official, employee, board member, commissioner, Council member, agent and/or other representative of the City who is related to me or with whom I am a business associate.

_____ I **am** related to or have a business relationship with a current City of Huntington Park official, employee, board member, commissioner, Council member, agent and/or other representative.

His/her name is _____

This person is Associated with the City in the capacity as: _____

The relationship of the person is as follows: ___ Parent ___ Spouse ___ Immediate Family ___ Business Associate Other _____

Applicant's Name (Print)

Applicant's Signature

Date

Applicant's Mailing Address

PLEASE CHECK ALL BOXES THAT APPLY TO THE REPAIRS YOU ARE REQUESTING

Interior

- Painting
- New Flooring
- Upgrade/repair doors and windows
- New cabinetry for kitchen and bathroom
- Upgrade fixtures for kitchen and bathroom (water efficiency)

Repair

- Electrical and Plumbing
- Roof replacement or repair
- Structural damage caused by natural disaster
- Structural damage caused to patios, decks, and porches

Comfort Upgrades

- New or improved heating, ventilation and air conditioning (HVAC)
- Upgrade bathrooms and/or kitchen

Safety

- Fire alarms and other fire safety appliances
- Home upgrades such as burglar alarms, security doors and security windows

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Section 1001, provides: "Whoever in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false fictitious or fraudulent statement of representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both."

City of Huntington Park



October 21, 2019

Dear Applicant,

Thank you for your interest in the City of Huntington Park's Minor Home Repair (MHR) Program. The purpose of the MHR program is to provide minor home repair services to low-moderate and moderate-income owner occupied properties in the City of Huntington Park. Program assistance is provided in the form of a direct grant on a first-come, first-served basis, **the maximum grant available is up to \$7,500 per unit (maximum 1-4 units).**

By completing and submitting the attached application form along with the required documentation to a staff member in our Federal Funding & Grants Division, your eligibility will be determined to participate in the MHR Program.

If you have any questions regarding either the program or the completion of the application, please contact the Federal Funding & Grants Division at (323) 584-6213.

Sincerely,

A handwritten signature in blue ink, appearing to read "RICARDO REYES", is written over a blue horizontal line.

RICARDO REYES
City Manager

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

12 / 31 / 2018	12 / 31 / 2017	12 / 31 / 2016	/ /
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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an

individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AJSC Austin, TX 73301	855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888	855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999	855-821-0094

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409	855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999	855-821-0094

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

DOCUMENTS REQUIRED FOR SUBMISSION TO DETERMINE ELIGIBILITY

In order to evaluate your application for eligibility in our program, our office requires the submission of the following documents:

APPLICATION/ PROOF OF ADDRESS

- COMPLETE PROGRAM APPLICATION WITH SIGNATURES**
Included in this packet. Please fill out all information requested.
- COPY OF PHOTO IDENTIFICATION**
Provide photo identification (i.e., driver's license or CA I.D.) for every person who is on title to the property.
- COPY OF SOCIAL SECURITY CARD**
Provide copy of Social Security Card for every person who is on title to the property.
- COPY OF MOST RECENT UTILITY BILLS**
Submit three (3) most recent utility bills. This document is needed to verify residency. Submission must reflect owner name and address.

INCOME DOCUMENTATION

- COPY OF INCOME VERIFICATION DOCUMENTATION**
This includes the three months 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 18 years or older.
- COPY OF FEDERAL TAX FORMS**
*Submit a complete copy, inclusive of all attachments, forms and schedules of the **three (3) most recent** federal income tax return for all income producing household members. Please ensure that the submission is signed by all taxpayers.*
- COPY OF FEDERAL TAX FORMS IF SELF-EMPLOYED**
*Submit a complete copy, inclusive of all attachments, forms and schedules of the **three (3) most recent** federal income tax return for all income producing household members. Please ensure that the submission is signed by all taxpayers.*
- SELF-EMPLOYED SPREADSHEET**
*Recent Year –To – Date Spreadsheet, Profit and Loss Statement, and Balance Sheet prepared and signed by your accountant (if **self-employed**)*
- COPY OF REQUEST FOR TRANSCRIPT OF TAX RETURN**
Copy of 4506 T Form
- COPY OF AFFIDAVIT OF NON-FILING OF TAX RETURNS (NOTARIZE)**
- COPY OF AFFIDAVIT OF NO INCOME (NOTARIZE)**

FINANCIAL ASSETS

- COPY OF INCOME BANK STATEMENT**
This includes the three (3) most recent consecutive bank statements for all household members 18 years or older.
- DIVORCE DECREE**
Include copy if divorced
- COPY OF INTEREST INCOME**
Interest income from bank accounts, stocks, bonds and mutual funds

COPY OF STATEMENT OF RETIREMENT ACCOUNT

This includes the most recent (even if withdrawal would result in a penalty), i.e., 401K, 401A, Deferred Compensation Plans, Retirement Accounts, Pension Funds, etc.

COPY OF STATEMENT OF RETIREMENT OR PENSION AWARD LETTERS

RENTAL INCOME DOCUMENTATION

Provide copies of the executed rental agreement and three (3) most recent rent receipts

PROPERTY AND MORTGAGE

COPY OF GRANT DEED OR DEED OF TRUST

This document will verify that you are the owner of the property and confirm how title is held.

HOMEOWNER INSURANCE POLICY

A signed copy of your homeowner's insurance policy

COPY OF RECENT PROPERTY TAX BILL

PROPERTY ASSET DECLARATION FORM

If income property is owned, signed/dated copies of last three (3) years of federal tax returns - (all schedules)

**WHEN SUBMITTING DOCUMENTATION - DO NOT SEND ORIGINALS
PLEASE PROVIDE PHOTOCOPIES ONLY**