



CITY OF CHINO HEALTHY HOMES® GRANT

A Home repair grant for qualified senior citizen homeowners and eligible homeowners with permanent disabilities.

Application

Submit completed application and all requested information to:

NPHS, Inc.
Redevelopment Department
ATTN: Deyanira Pelayo-Brito
9551 Pittsburgh Ave
Rancho Cucamonga, CA 91730

Or email to: deyanira@nphsinc.org

Phone: (909) 988-5979

Grant funds are available on a first-come, first-serve basis. Grant is contingent upon the availability of funds and not guaranteed.



Dear Homeowner(s):

NPHS in partnership with the City of Chino is providing a one-time grant for home improvements and or modifications which are designed to make the home safer; particularly to cure Health and Safety Code deficiencies or that improve the senior's quality of life. The grant is for senior citizens or permanently disabled individuals with mobility issues. The grant covers all costs associated with the repairs; including labor, supplies and materials.

- Chino: Grant is up to \$3,000, must live in Chino and be at least 62 years of age or be permanently disabled.

Applications are prioritized for funding purposes on a first-come, first-served basis. Therefore, you are required to complete and return the application within 30 days. If after three (3) contacts made to you, staff has not received your completed application, your file will be closed and your name will be placed at the bottom of the list. Delays can jeopardize the funding since, as stated above, funds are available on a first-come, first-served basis. Staff will go to the next household on the list.

Homeowners whose applications have been accepted for this Program will receive a ONE-TIME GRANT in an amount up to \$3,000 for eligible home repairs and in accordance with NPHS' housing rehabilitation standards as set forth in the Housing Code. The finished rehabilitation work must be free of any Health and Safety Code, Building Code, or other State and local code violations and must, at a minimum, meet Section 8 Housing Quality Standards (HQS).

Please submit your completed application and all requested information to:

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TO BE ELIGIBLE, YOU MUST:

1. Be an individual of 62 years of age or older or permanently disabled.
2. Be an owner occupant of a single-family home or mobile home in the City of Chino.
3. The home may not be for sale or sold for a period of one (1) year from the date funds are expended to the contractor.
4. Have a maximum total family income (including all adult members of the household and all sources of income) of no more than:

1 person household	\$40,250
2 person household	\$46,000
3 person household	\$51,750
4 person household	\$57,450
5 person household	\$62,050
6 person household	\$66,650
7 person household	\$71,250
8 person household	\$75,850

(2019 Income Guidelines for the Community Development Block Grant (CDBG) Program)

The Healthy Homes for seniors home repair grant requires the completion of the application in order to participate in the program. The following is a list of what information you will be required to provide in order to initially submit a completed application.

Checklist

PROOF OF HOUSEHOLD MAKE-UP

- ✓ Copy of **California Driver's license/identification card** of ALL homeowners
- ✓ Copy of the applicant's **Federal Income Tax return** to support the stated household size
- ✓ A completed and signed **Household Size Affidavit**

PROOF OF HOME OWNERSHIP

- ✓ If you own a *Single-family home*, please attach a **COPY** of the recorded **Grant Deed**, and a copy of the most recent **Property Tax Bill** for your property.
- ✓ If you own a *Mobile Home*, please attach a **COPY** of the **Certificate of Title** and a copy of the current **Housing and Community Development Registration Card** OR **Department of Motor Vehicle (DMV) Registration Certificate**.

PROOF OF RESIDENCY

- ✓ You must reside at the address named on the application. Attach a copy of two **(2) current, different utility bills** (i.e., water, gas, telephone, or electricity bill) to your application. If you live in a mobile home park and have several utilities billed on your rent, please provide your space rent bill and another bill such as a telephone bill.

PROOF OF INCOME ELIGIBILITY

- ✓ If you are currently *employed*, please provide copies of the last **two (2) paycheck stubs**;
- ✓ If applicant(s) is self-employed, copy of most recent **profit & loss statement, balance sheet, and cash flow statement**;
- ✓ If you are receiving *Social Security, annuities, insurance policy benefits, retirement funds, pensions, unemployment, disability or death benefits, worker's compensation, severance pay, alimony, child support, or Armed Forces income*, please attach a copy of the **entitlement letter or equivalent**;
- ✓ If the applicant(s) is receiving *AFDC, other public assistance, or welfare income* a copy of the **benefit statement** shall be required from the Department of Social Services or other agency that states the amount of benefits;
- ✓ Provide copies of two (2) most recent **monthly bank statements for each account**. If you have more than one bank account, please provide copies of the two (2) most recent bank statements for each account.
- ✓ Provide a copy of your most recent **income tax return or a letter from the Internal Revenue Service (IRS)** stating you were not obligated to file income taxes for the preceding calendar year, and
- ✓ Complete and sign the **Income Tax Affidavit** with the supporting documents (letter from the IRS). You may contact the IRS at 1-800-829-1040.

NOTE: Applications without the required proof of HOUSEHOLD, OWNERSHIP, RESIDENCY, HOMEOWNERS INSURANCE and INCOME as described above will be considered incomplete. All incomplete applications **will not** be processed.

Staff reviews the Healthy Homes for seniors home repair Grant Application:

Staff will review your completed application to determine whether you are eligible for assistance. At this time, please **DO NOT** request bids or hire a contractor. If you are deemed eligible to participate in the program you will be notified.

APPLICATION

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(1) **Applicant Name** Mr. Mrs. Ms. **Social Security No.** **Home Phone**

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(2) **Co-Applicant Name** **Social Security No.** **Home Phone**

(3) **Property Address** *Street* *City* *State* *Zip Code*

(4) **Mailing Address (If different from above)** *Street* *City* *State* *Zip Code*

(5) **Total Number of Persons in household:** _____

List all **OTHER** members who live in your home at the time of application.

<u>Full Name</u>	<u>Age</u>	<u>Relation to Owner(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(6) **Total Monthly Gross Income** \$ _____

Source of Income: (Please indicate amount)

<input type="checkbox"/> Social Security Income (SSI) \$ _____	<input type="checkbox"/> Disability Income (SSI) \$ _____
<input type="checkbox"/> Workers Compensation \$ _____	<input type="checkbox"/> Pension (SSI) \$ _____
<input type="checkbox"/> Alimony/Child Support \$ _____	<input type="checkbox"/> Investment \$ _____
<input type="checkbox"/> Employment Income \$ _____	<input type="checkbox"/> Self Employment Income \$ _____
<input type="checkbox"/> Other Income: \$ _____	

(7) **What is the age of the head of household?**
(Please check only one)

<input type="checkbox"/> Under 18 years	<input type="checkbox"/> 18 to 24 years
<input type="checkbox"/> 25 to 44 years	<input type="checkbox"/> 45 to 59 years
<input type="checkbox"/> 60 to 64 years	<input type="checkbox"/> 62 years or older

(8) **Marital Status**

<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated
<input type="checkbox"/> Widower/Widow	<input type="checkbox"/> Single	

(9) **What is the gender of the head of household?**
 Male Female

(10) **Is the applicant or co-applicant handicapped?**
 Yes No

(11) **Is the applicant or co-applicant permanently disabled?** Yes No

Neighborhood Partnership Housing Services Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. **Section 504 (24 CFR, part 8 dated June 2, 1988).**

(12) **I/We currently:**

<input type="checkbox"/> Own my/our house free and clear
<input type="checkbox"/> Have a mortgage to pay off
<input type="checkbox"/> Lease with an option to buy
<input type="checkbox"/> Other: _____

(13) **Are you a Veteran of the U.S Armed Forces?**
 Yes No

(14) **Are you the OWNER-OCCUPANT of the property to be repaired?** Yes No

(15) **How many years have you occupied the home?**

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 to 5 yrs	<input type="checkbox"/> Over 5 yrs
<input type="checkbox"/> Not an Occupant		

<p>(16) My/Our residence is a: <input type="checkbox"/> Single-Family Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Unit in a Co-Op or Condominium <input type="checkbox"/> Other:</p>	<p>(17) How many bedrooms in your home? <input type="checkbox"/> 1 bedrooms <input type="checkbox"/> 2 bedrooms <input type="checkbox"/> 3 bedrooms <input type="checkbox"/> 4 bedrooms <input type="checkbox"/> 5 or more bedrooms</p>
<p>(18) What year was the house built? _____</p>	<p>(19) What year did you buy the house/mobile home? _____</p>
<p>(20) How did you first hear about this Program? <input type="checkbox"/> Referral from Public Housing Waiting List <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Community Bulletin Board/Flyers <input type="checkbox"/> Referral from another Department/Agency <input type="checkbox"/> Other:</p>	
<p>(21) Have you had this service before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____</p>	

(22) **Briefly describe the repairs needed. Attach a separate sheet if more room is necessary.**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

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: _____

Co-applicant Signature: _____

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.)

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

Form 4506-T "Request for Transcript of Tax Return" must be submitted to the IRS for verification of non-filing status.

___ 2. I (we) certify that I (we) cannot produce a copy of a signed federal tax return. I (we) agree that I (we) will provide NPHS with the following:

___ A Transcript of Tax Return by completing Form 4506T

(Check and Complete Number 3 if you are providing the City with acceptable tax documentation other than copies of tax fillings.)

___ 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 Healthy Homes for Seniors Home Repair 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 I (we) have not yet filed a Federal Income Tax Return for the previous tax year. I hereby certify that the information submitted to NPHS 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 NPHS 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 NPHS 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 _____

HOUSEHOLD SIZE AFFIDAVIT

I (we) the undersigned, being first duly sworn, 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 Healthy Homes for Seniors Home Repair Grant application.

(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 Healthy Homes for seniors home repair Grant application. I (we) hereby certify that the information submitted to NPHS is in accordance and consistent with the tax documentation which I (we) submitted. I agree that I will provide NPHS 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 NPHS 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 _____

RIGHT OF ENTRY

Right of Entry:

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

I/We understand NPHS shall receive all repair estimates within 15 calendar days following the receipt of a Project Cost Estimate/Bid that is prepared by an authorized representative of NPHS. Failure to do so will result in no further processing of my/our application and transferring committed funds to another eligible project.

Please initial here _____/_____.

Applicant Signature

Date

Co-Applicant Signature

Date

2018-19 Community Development Block Grant Beneficiary Qualification Statement



This form has the purpose of providing information needed to qualify the use of Federal Community Development Block Grant (CDBG) funds for the following projects. This statement must be completed and signed by the person (legal guardian) requesting to receive benefits from the following activities before services will be provided.

Agency/Program

City Project Program/Service: _____ Other Agency Program/Service: _____

Each of the following questions must be answered:

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.

- 1) **How many persons are in your household?** _____
- 2) **Are you a Female Head of Household or reside in a Female Headed Household?** Yes No
- 3) **Please indicate how you identify yourself by checking only one (1) of the following choices.** Note: If you are part Hispanic, please mark the Hispanic box next to the appropriate ethnic category; all others check Non-Hispanic:
- 4) **Homeless:** Yes No **Disabled:** Yes No

	Hispanic	Non-Hispanic		Hispanic	Non-Hispanic
White	<input type="checkbox"/>	<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>	American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>	American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

5) **Please add up the combined gross income of all persons in your household from all sources of income** (For this question a list of 2017 low-income and low-and moderate income categories are presented below – See **limited presumed qualifying clientele categories**. The amounts represent the 2017/18 HUD income limits for County of San Bernardino).

Qualifying Income Sources (please check all that apply).

- Primary employment: \$ _____ SSI/SSDI: \$ _____
- Secondary employment: \$ _____ Child-support: \$ _____
- Unemployment: \$ _____ TANF: \$ _____ Food Stamps \$ _____
- 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
Extremely low	<input type="radio"/> \$13,550	<input type="radio"/> \$16,240	<input type="radio"/> \$20,420	<input type="radio"/> \$24,600	<input type="radio"/> \$28,780	<input type="radio"/> \$32,960	<input type="radio"/> \$37,140	<input type="radio"/> \$41,320
Very Low Income	<input type="radio"/> \$22,600	<input type="radio"/> \$25,800	<input type="radio"/> \$29,050	<input type="radio"/> \$32,250	<input type="radio"/> \$34,850	<input type="radio"/> \$37,450	<input type="radio"/> \$40,000	<input type="radio"/> \$42,600
Low Income	<input type="radio"/> \$36,150	<input type="radio"/> \$41,300	<input type="radio"/> \$46,450	<input type="radio"/> \$51,600	<input type="radio"/> \$55,750	<input type="radio"/> \$59,900	<input type="radio"/> \$64,000	<input type="radio"/> \$68,150
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	

ACKNOWLEDGEMENT 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.

Client: _____ Phone: () _____
 Address: _____ City: _____ Zip: _____
 Signature: _____ Date: _____