



CITY *of* RANCHO PALOS VERDES

HOME IMPROVEMENT PROGRAM

General Qualifications and Conditions for Grant and Loan Eligibility

1. The intent of the Home Improvement Program is to provide grants and loans to eligible owner-occupants of single family detached dwellings for the preservation of decent, safe and sanitary housing; to correct hazardous conditions; to make improvements considered necessary to eliminate blight and improve handicapped access; and to correct building and health code violations through the awarding of grants and loans. All properties to be repaired must be a single family residential property and located within the City limits of the City of Rancho Palos Verdes.
2. Home Improvement grants are to a maximum of \$7,000 per household. Deferred loans are to a maximum of \$13,000, with a minimum of \$5,000 per household. Loan terms are as follows: Loan payments will be deferred until the property is sold, transferred or refinanced with an interest rate of zero percent (0%).
3. In order to participate, gross family income may not exceed those listed in Table "A". Gross family income includes all income from all family members living in the household to be repaired.
4. All loans are secured by a Promissory Note and a Deed of Trust.
5. The City will contract only with B-1 licensed contractors who maintain a current license in good standing with the Contractors State License Board, and who also maintain the required liability and workmen's compensation insurance coverage.
6. Rehabilitation work must not commence until all permits are issued and a Proceed Order is issued by the City of Rancho Palos Verdes.
7. Do not advance any personal funds to the Contractor. Do not incur any expenses on your own. The City of Rancho Palos Verdes will not be responsible for funds advanced. Do not enter into side agreements with the contractor.
8. All funds disbursed are payable to both the owner(s) and contractor for repair work performed.
9. Grant and loan proceeds may only be used for the costs of services and materials necessary to carry out City approved repair work. Equity loans are not allowed.
10. Previously contracted or commenced work or materials purchased are not eligible for reimbursement or for continuation of work underway.
11. Eligible repairs may only include work to be performed on the main residential unit and garage on the property. Eligible items include but are not limited to the following:
 - Correction of code violations;
 - Removal of barriers to the disabled;
 - Install new deadbolt locks;
 - Repair/Replace doors/windows/screens;
 - Repair/Replace electrical system;
 - Cost effective energy conservation measures;
 - Repair/Replace garage doors;
 - Rear or Side-yard Slope Landscaping (as a soil erosion mitigation measure)
 - Trimming/Removal of Overgrown/Dead Vegetation (when causing structural damage)
 - Exterior painting;
 - Termite/Pest Control;

- Repair Plaster, Siding and Stucco;
- Repair/Replacement of plumbing/sewer pipes/fixtures;
- Property clean-up (only to remove hazardous conditions)
- Repair/Replace Roofing;
- Installation of Smoke Detectors
- Installation of Ground-Fault Circuit Interrupters
- Repair/Replace HVAC systems;
- Rear or Side-yard Slope Landscaping (as a soil erosion mitigation measure)
- Structural Repairs/Modifications (only to correct existing structural code deficiencies or to provide accessibility to disabled persons).
- Testing and treatment/removal of lead-based paint/asbestos hazards;
- Any items determined eligible by screening committee; and
- The elimination of specific conditions detrimental to public health and safety, which have been identified by Program Inspector.

12. Applicants must be able to provide proof of ownership of the property to be repaired.
13. Applicants shall be eligible for only one (1) grant and one (1) loan every five (5) year period (subject to additional conditions). Applicants can re-apply for a grant and loan after the five (5) year period.
14. Applicants will permit City of Rancho Palos Verdes staff or its agents to conduct necessary property and repair work inspections.
15. The City of Rancho Palos Verdes reserves the right to deny requests in specific instances where the repairs to be completed and/or the application does not conform to these or other program requirements.
16. The City of Rancho Palos Verdes determines the eligibility of the applicant to the program.

I/WE have read and understand the foregoing general qualifications and conditions for program eligibility. I/WE further understand that any misstatements, omissions, misrepresentations, deletions, falsifications, or other actions which result in MY/OUR not conforming to the requirements listed above or in other contract documentation will subject MY/OUR application to immediate cancellation and cause any disbursed funds to become immediately due and payable and may cause further legal action if warranted.

Date _____

Owner Signature

Spouse/Co-applicant Signature

2012 ELIGIBILITY INCOME LIMITS FOR CDBG FUNDED PROJECTS

Effective December 1, 2011

Household Size	Low Income 80% of Area Median
1	\$47,250
2	\$54,000
3	\$60,750
4	\$67,450
5	\$72,850
6	\$78,250
7	\$83,650
8	\$89,050

Based on 2012 Median Family Income for the Los Angeles – Long Beach Metropolitan Area of \$64,800

ITEMS 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:

- 1. 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.
- 2. COPY OF A RECENT UTILITY BILL**
This document is needed to verify residency. Submission must reflect owner name and address.
- 3. COPY OF INSURANCE DOCUMENTATION**
Please provide photocopies of your current property insurance documentation.
- 4. GENERAL QUALIFICATIONS AND CONDITIONS FORM**
Included in this packet. Please read, sign, and return this document.
- 5. PROGRAM APPLICATION**
Included in this packet. Please fill out all information requested.
- 6. COPY OF INCOME TAX FORMS FOR 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.
- 7. COPY OF RECENT PROPERTY TAX BILL**
- 8. 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.
- 9. COPY OF ASSET VERIFICATION DOCUMENTATION**
This includes the most recent statements for all bank accounts, investment accounts, or other asset holdings for all members of the household.
- 10. SIGNED COPY OF CONFIRMATION OF RECEIPT**
Included in this packet. Please complete, sign, and return.
- 11. 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.

When submitting documentation - DO NOT SEND ORIGINALS - please provide photocopies.



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PROGRAM APPLICATION

Please complete the following so that we can determine the assistance program(s) for which you may qualify.

Applicant(s) Name(s)	
Address of Property	Phone Number (Day)

APPLICANT		SPOUSE/CO-APPLICANT	
Name		Name	
SSN	Date of Birth	SSN	Date of Birth

Please supply a detailed list of all repairs you are seeking to have completed under this program.

REPAIRS REQUESTED (add additional pages if necessary)

EMPLOYMENT AND INCOME

APPLICANT		SPOUSE/CO-APPLICANT	
Current Employer		Current Employer	
Employer Address		Employer Address	
Business Phone		Business Phone	
Position		Position	
Length of Time Currently Employed	Current Annual Gross Income	Length of Time Currently Employed	Current Annual Gross Income
List and Explain any Additional Sources of Income within the Household			

HOUSEHOLD INCOME INFORMATION

Complete the following for all persons residing at the address of the property to be repaired (attach additional sheets if necessary).

Applicant Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Annual Income
Enter Household Size: _____ persons		Enter Total Annual Household Income: \$ _____		

Please list All Applicable Savings and Checking Account Information for Each Account Held

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Current Account Balance:	

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Current Account Balance:	

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Current Account Balance:	

Please list All Other Asset Accounts and their respective values

Account Category	Current Cash Value
Stocks/Bond/Other Investment Accounts	\$
Life Insurance Net Cash Value	\$
Net Worth of Business	\$
Other Assets (list) _____	\$
Other Assets (list) _____	\$

Property Information

I am applying for a: Grant Loan

Do you own the above listed property? Yes No

How long have you owned this property? _____ years

Are you a permanent full-time resident of this property? Yes No

Are the property taxes current on the above listed property? Yes No

Are all financial obligations current for which the property is used as collateral? Yes No

If property is currently used as loan collateral, please list the outstanding balance of all loans \$ _____

How many loans do you currently have outstanding against the property? _____

Are there any outstanding or pending liens against the above listed property? Yes No

Please indicate the names of all persons listed on title to this property:

Please complete the following demographic information. Demographic information will be strictly confidential and is requested by the Department of Housing and Urban Development (HUD).

HEAD OF HOUSEHOLD
Female Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No

RACIAL BACKGROUND (Check One)	
SINGLE CATEGORIES	DOUBLE CATEGORIES
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other – For individuals that do not identify with any of the above	<input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American and White <input type="checkbox"/> American Indian or Alaska Native and Black or African American

ETHNIC BACKGROUND
<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino Ethnicity <ul style="list-style-type: none"> <input type="checkbox"/> Mexican-American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic/Latino _____

I hereby certify that the aforementioned statements are true. If at any time this information is found to be false or incorrect, and it is then determined that I do not qualify for the Home Improvement Program, I understand that I am liable for all costs incurred through the program. All persons who are on title must sign application.

_____ Applicant's Signature

_____ Date

_____ Spouse's/Co-applicant's Signature

_____ Date

PLEASE REMEMBER TO ATTACH PHOTOCOPIES OF ALL INFORMATION REQUESTED IN THE GENERAL QUALIFICATIONS SHEET. DO NOT SEND ORIGINALS.