

# City of Compton

Housing Rehabilitation Program  
Program Application

July 2025



## Application Process

Please review the General Qualifications and Conditions for Program Eligibility section of this application package and ensure that it is signed and that all sections of the program application are complete and accurate before your submittal. The application period will remain open until all funds have been awarded for the program year. Applicants that are not funded in the current year will be placed on a waiting list for the next year.

Alternatively, applicants may print, complete, and mail or hand-deliver the hard-copy application and supporting documentation to:

City of Compton  
C/O Grants Department  
205 S Willowbrook Av  
Compton, CA 90220

Submission of an application does not guarantee a grant award. Applications will be time-stamped and reviewed for completeness and compliance with program requirements on a first-come, first-qualified basis. Applicants may be required to submit additional documentation or details. Applicants will have 14 calendar days to submit supplemental materials, as requested by the City. The City has partnered with BluLynx Solutions, LLC., to assist in the implementation of the program. Upon submittal of the application, you will be contacted by City staff via mail and/or telephone to inform you as to the status of your application. Should you have any questions or need guidance regarding the application process, please contact Grants Department at (310) 605-5580, or via email [at t.woods@comptoncity.org](mailto:t.woods@comptoncity.org).

## Application Submittal Checklist

The checklist below assists applicants in ensuring that they are submitting a complete Housing Rehabilitation application package. Failure to submit the required documents will result in a delay in the review or result in the denial for participation in the program.

Application Submission Checklist	
1. The program Application Form, fully completed and signed where required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The signed General Qualifications and Conditions form included in the packet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Copy of three (3) months of income documentation for all adults over the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Copy of most recent Federal & State Income Tax return for all adults over the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Copy of latest quarter statement for accounts in Asset Accounts section of application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Copy of three (3) months of the most recent savings and checking account statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Copy of the Grant Deed or Deed of Trust for the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Copy of the current property insurance declaration page?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Copy of the most recent Property Tax bill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Copy of a recent utility bill that is not a trash or water bill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Copy of a recent mortgage statement for the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Completed the Verification of Employment form of the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Signed copy of confirmation of receipt – lead based paint brochure	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Copy of photo identification of all persons who are on title to the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No



## GENERAL QUALIFICATIONS AND CONDITIONS FOR PROGRAM ELIGIBILITY

1. The intent of the Housing Rehabilitation Program (HRP) is to provide financial assistance to low- and moderate-income owner-occupants of single-family detached homes for the preservation of decent, safe, and sanitary housing; to correct hazardous structural conditions; to make improvements considered necessary to eliminate blight; and, to correct building and health code violations by awarding grants or loans. All property to be repaired must be eligible residential property located within the city limits of the City of Compton. Grants under the HRP programs are available to assist eligible households meeting 80% of Area Median Income (AMI) adjusted for household size as promulgated by HUD.

Housing Repair Program (HRP) provides a grant of up to \$30,000 with the exception that applicants that are senior citizens (62+), veterans, or disabled, are eligible for an additional \$5,000 in grant funds, for a total of \$35,000.

CDBG funds will be used to pay for actual construction costs and eligible project soft costs. All CDBG funded grants are limited and subject to the availability of the program funds on an annual basis as provided by HUD and as budgeted by the City as part of the adopted Annual Action Plan.

2. In order to participate, GROSS household income may not exceed those listed in Table A below. Household GROSS income includes all income from all household members living in the property to be repair

TABLE A: 2025 Income Limits Table		
Household Size	50% of Area Median Income	80% of Area Median Income
1	\$53,000	\$84,850
2	\$60,600	\$96,950
3	\$68,150	\$109,050
4	\$75,750	\$121,150
5	\$81,800	\$130,850
6	\$87,850	\$140,550
7	\$93,900	\$150,250
8	\$100,000	\$159,950

*Limits Effective April 1, 2025*

Based on the 2025 Median Family Income for Los Angeles-Long Beach-Glendale Metropolitan Area

3. The City, as part of its role as construction lender, will prepare the description of work to be completed and will provide all necessary documentation to the homeowner to assist them in the procurement and contracting process to retain a qualified construction contractor to complete the required repairs. Contracts shall be awarded to the lowest of the bids from qualified contractors that are obtained by the Grants Department (minimum of three bids required).
4. Subsequent to all required program approvals and the execution of a grants Acceptance Agreement or an Improvement Agreement and other grants documents as applicable, the homeowner will be authorized to contract through the City's prepared agreements with appropriately licensed (usually a general contractor [also referred to herein as a "B-licensed" contractor]) contractors who maintain a current license in good standing with the Contractors State License Board, may not be disbarred and must be registered with the System for Award Management (SAM), who have the required general liability and workmen's compensation insurance coverage, and who will obtain or already have a City business license.
5. Rehabilitation work may not commence until all permits are issued and a Notice to Proceed is issued by the City of Compton.
6. The City of Compton will not be responsible for any personal funds advanced to the Contractor or any expenses incurred on your own. **Side agreements entered into with the Contractor are prohibited.**
7. All funds are disbursed through the City upon receipt of an invoice and proper documentation from the contractor, inspection, as well as written consent from the homeowner and the City. All funds disbursed are payable to the contractor for work performed, with a 5% retention amount withheld.
8. Program grants proceeds may only be used for the costs of services and materials necessary to carry out the repair work. No direct payments shall be made to the homeowner.
9. Previously contracted or commenced work or materials purchased are not eligible for reimbursement or for the continuation of work underway. Do not sign any contractor provided agreements or contracts to perform work.
10. Eligible repairs may include work to be performed on the main residential unit and accessory structures (if allowed) on the property. Although the owner has the opportunity to request specific repairs in the program application, the City will establish the priority of repairs included in the grant-funded work scope as determined by the
11. The City will file a property lien in the form of a Deed to Secure Debt. If the homeowner does not sell or transfer the property within the affordability period five (5) years, the City loan is forgiven. However, if one of those items listed above is triggered, homeowner would be required to pay City back in full of loan amount.

regulatory requirements of the funding source and the Program Guidelines. Eligible items include but are not limited to the following:

- Repairs that remedy existing nonconforming uses such as garage conversions, additions, etc. (Includes code related and most Red-tag items by public utility companies in order to bring the property to compliance and/or original state. Please note, work on properties that don't address illegal conversions that exist on a property as part of the rehabilitation will not be allowed under the HRP.)
- Fumigation and treatment of termites and pest control. In addition, repair/replacement of damaged wood will be eligible.
- Exterior work to help preserve or protect structures such as painting, roofing, siding, grading of site to control flooding, repair/replacement of screens/windows, doors and door locks, structural and/or foundation damage, as well as repair of walkways and driveway(s) concrete replacement. Driveway repair/replacement shall be permitted ONLY after all structural improvements and all Health and Safety requirements have been addressed provided the availability of project funds (landscaping improvements are not permitted under the HRP).
- Interior work to make a structure more livable and repair/replace/restore important parts such as cabinets, counters, plumbing, damaged flooring, faulty or inadequate heating/cooling systems, inoperable built-in appliances, damaged ceilings, water heaters, electrical wiring and service.
- Weatherization and energy conservation items such as insulation, caulking, and weather-stripping.
- Modifications which aid the mobility of the elderly and physically disabled such as shower units with seats, faucet lever hardware, retrofitting toilets to achieve adequate height, moving power points and light switches, grab bars, handrails, ramping, reconstructing doorways and the lowering of sinks in kitchen and bathrooms.
- Exterior and interior including testing and abatement of lead-based paint hazards, please note testing costs are considered soft costs.
- Exterior and interior testing and abatement/remediation of asbestos (note that testing costs are considered soft costs).
- **Note: Rehabilitation with luxury items (such as hot tubs, barbeque pits, etc.) are not permitted or qualified for this program.**

12. Applicants must provide proof of ownership of the property to be repaired.

13. Applicants shall permit City of Compton staff or its agents to conduct necessary property and repair work inspections. The applicant is advised that all portions of the property must be made accessible at the time of inspection, and that the owner must be present.

14. Applicants are advised that any illegal or non-complying conditions present on the property, including but not limited to: construction that lacks permits (such as illegal add-ons or accessory structures, garage conversions, patios, un-permitted interior alterations, window replacements, etc.) and conditions that lack compliance with planning requirements (such as over-height fencing, elimination of required yard areas, property maintenance concerns, etc.) will be reported to City Code Enforcement staff. Repair of these conditions with owner funds may be required prior to the provision of the any City assistance.

15. The City of Compton reserves the right to deny requests in specific instances where the repairs to be completed do not conform to these or other program guidelines.

16. The City of Compton determines the eligibility of the applicant to the program.

17. Lead-Based Paint. Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Prior to disturbance, remodeling or demolition activities, these materials should be properly sampled and/or abated by a certified, licensed Lead Professional.

18. Asbestos. Buildings constructed prior to 1980 are likely to contain Asbestos. Confirming that a material is an asbestos-containing requires sampling of the material by certified asbestos professionals, then analysis by a licensed asbestos analytical laboratory to determine if the samples are asbestos-containing. Any material that is "presumed" to contain asbestos must be treated as "asbestos-containing" and therefore, if considered an asbestos hazard must be properly abated by an asbestos abatement contractor prior to any building renovation or demolition activities.
19. The undersigned acknowledges that for those projects in which Federal funds are used to perform housing rehabilitation repairs, the City may be required to have the subject property inspected and tested for the presence of lead-based paint and/or asbestos hazards. The costs associated with the lead or asbestos testing typically range between \$300-\$1,000, depending on the severity (or lack thereof) of the presence of lead or asbestos. Should a lead or asbestos hazard be discovered, abatement or mitigation of the hazard will take priority over all other housing repairs. Please keep in mind that abatement or mitigation measures may be costly. Therefore, depending on the severity of the presence of lead and/or asbestos, if any, you may not be able to perform all the housing repairs indicated in your scope of work. Please note that all costs associated with the testing and/or abatement services will be included as part of the overall funding award for each project. No out-of-pocket expenses will be incurred.
20. After a property is inspected for the presence of lead-based paint, a report is prepared that describes any lead hazards in the home. Federal Law (24 CFR part 35 and 40 CFR part 745) mandates that any report related to the presence of lead-based paint in your home must be provided to new lessees (tenants) and purchasers of your property before they become obligated under a lease or sales contract. In other words, make sure that you keep a copy of any lead reports that you may obtain through this program and be sure to provide a copy to any potential renter or buyer in the future.

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 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.

\_\_\_\_\_

Owner's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Owner's Signature

\_\_\_\_\_

Date

PROGRAM APPLICATION - PART I

INSTRUCTIONS

All applicants must complete Part I of the application document (pages 6-9).

Please provide information for all owner(s)/occupant(s) of the property listed on title:

Address of Property		
Phone Number (Day)	Phone Number (Day)	email address:

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

Please provide the following demographic information for both ethnic and racial background. This information which will be strictly confidential and is requested for statistical reporting purposes only. Select the most appropriate category:

Ethnic Background:  Hispanic  Non-Hispanic

Racial Background:

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

Head of household:  Male  Female

Are any members of your household disabled?  YES  NO

Is this a single-female headed household?  YES  NO

Please answer the following questions:

Do you own the above listed property?  YES  NO

How long have you owned the 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 collateral?  YES  NO

Are there any current or pending liens against the above-listed property?  YES  NO

Have you previously received Housing Rehabilitation Program financial assistance from the City?  YES  NO

If yes, please describe the assistance received and the date of receipt: \_\_\_\_\_

\_\_\_\_\_

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

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) _____	\$

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

REPAIRS REQUESTED (add additional pages if necessary)

Program for which I am applying:

- I am applying for a grant of \$30,000 (seniors, veterans, and disabled persons eligible for up to \$35,000) through the Housing Repair Program (HRP)

Acknowledgement of Receipt of Lead-Based Paint Pamphlet:

- I have received a copy of the pamphlet, "*The Lead-Safe Certified Guide to Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools*" informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before work began.

I hereby certify that the aforementioned statements are true and correct. 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 Housing Rehabilitation Program, I understand that I am liable for all costs incurred through the program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant's Signature

\_\_\_\_\_  
Date



## The Housing Financial Discrimination Act Of 1977 - Fair Lending Notice

It is illegal to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
2. Race, color, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, national origin, ancestry, familial status, source of income, disability, veteran or military status, or genetic information.

It is illegal to consider the racial, ethnic, religious or national origin, composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one-to-four-unit family residences occupied by the owner and for the purpose of the home improvement of any one-to-four-unit family residence.

If you have questions about your rights, or if you wish to file a complaint, contact the management of this financial institution or The Department of Financial Protection and Innovation at the following location:

California Department of Financial Protection and Innovation Consumer Services Office  
2101 Arena Boulevard, Sacramento, CA 95834  
(866) 275-2677 or (916) 327-7585

## Equal Credit Opportunity Act (ECOA) Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derive from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. In addition to your rights under federal law, you may also have other rights afforded under state law. The federal agency that administers compliance with this law concerning this lender is the:

Equal Credit Opportunity  
Federal Trade Commission  
600 Pennsylvania Avenue, NW  
Washington, DC 20580.



## Acknowledgment of Receipt

I/We have received a copy of the California Fair Lending Notice and the Equal Credit Opportunity Notice.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**RELEASE OF INFORMATION**

I/we, \_\_\_\_\_, the undersigned hereby authorize  
\_\_\_\_\_

to release without liability to the City of Compton or its agents, any and all information they may request.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include, but are not limited to:

- |                                 |                                |
|---------------------------------|--------------------------------|
| Identity and Marital Status     | Employment, Income, and Assets |
| Medical or Child Care Allowance | Credit and Criminal Activity   |
| Residences and Rental Activity  |                                |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in the Housing Rehabilitation Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information (depending on program requirements) include, but are not limited to:

- |                               |  |
|-------------------------------|--|
| Previous Landlords            | Welfare Agencies                       |
| Courts and Post Offices       | State Unemployment Agencies            |
| Schools and Colleges          | Social Security Administration         |
| Law Enforcement Agencies      | Medical and Child Care Providers       |
| Support and Alimony Providers | Banks and other Financial Institutions |
| Veterans Administration       | Retirement Systems                     |
| Utility Companies             | Credit Providers and Credit Bureaus    |
| Credit Rating Agencies        | Real Estate Appraisers                 |
| Home Inspection Report        | Internal Revenue Service               |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization will be retained by the Agency and remain in effect for one year from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

_____ Signature (Applicant)	_____ (Print Name)	_____ Date
_____ Signature (Co-Applicant)	_____ (Print Name)	_____ Date

# REQUEST FOR VERIFICATION OF EMPLOYMENT

LENDER: Complete items 1 through 7. Have the applicant complete item 8 and sign. Forward the completed form directly to the employer named in item 1. Have applicant or borrower complete item 8 and sign. Forward the completed form directly to the lender office identified in item 2. EMPLOYER/PROVIDER: Complete either parts II and IV or parts III and IV. Return form directly to the office identified in item 2 of Part 1.

## PART I - REQUEST

1. TO: (Name and Address of Employer)	2. FROM: (Name and Address of Lender) <i>This item must be completed before sending to employer</i>  City of Compton c/o Grants Department 205 S Willowbrook Ave Compton, CA 90220	
3. I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.  _____ (Signature of lender)	4. TITLE OF LENDER OFFICIAL  City of Compton	5. DATE  <hr/> 6. PROGRAM Housing Rehabilitation Program
7. NAME AND ADDRESS OF APPLICANT	I have applied for a locally funded loan for an affordable housing property, and stated that I am or was employed by you. My signature in the block below authorizes verification of my employment information.  8. TAXPAYER IDENTIFICATION NO. OR SOCIAL SECURITY NO.  _____ SIGNATURE OF APPLICANT	

## PART II - VERIFICATION OF PRESENT EMPLOYMENT/INCOME

EMPLOYMENT DATA	PAY DATA			
9. APPLICANT'S DATE OF EMPLOYMENT	12A. BASE PAY (Current) OR OTHER INCOME		<b>For Military Personnel Only</b>	
	\$ _____ <input type="checkbox"/> Annual    \$ _____ <input type="checkbox"/> Hourly		Type	Monthly Amount
10. PRESENT POSITION	\$ _____ <input type="checkbox"/> Monthly    \$ _____ Weekly		BASE PAY	\$
	\$ _____ <input type="checkbox"/> Other (Specify)		RATIONS	\$
11. PROBABILITY OF CONTINUED EMPLOYMENT	12B. EARNINGS		FLIGHT OR HAZARD	\$
	Type	Year to Date as Of _____	Past Year	
	BASE PAY	\$	\$	CLOTHING
13. IF OVERTIME OR BONUS IS APPLICABLE, IS ITS CONTINUANCE LIKELY? OVERTIME <input type="checkbox"/> Yes <input type="checkbox"/> No BONUS <input type="checkbox"/> Yes <input type="checkbox"/> No	OVERTIME	\$	\$	QUARTERS
	COMMISSIONS	\$	\$	PRO PAY
	BONUS	\$	\$	OVERSEAS OR COMBAT
14. REMARKS (If paid hourly, please indicate average hours worked each week during current and past year)				
a. Number of hours worked per week	b. Anticipated increase or decrease in salary in next twelve months	c. Anticipated overtime hours to be worked in the next 12 months	d. If seasonal employment, anticipated number of weeks in the next 12 months	
e. Anticipated bonus in next twelve months    \$				

## PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATES OF EMPLOYMENT	16. SALARY/WAGE AT TERMINATION PER <input type="checkbox"/> YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK			
	BASE PAY	OVERTIME	COMMISSIONS	BONUS
	\$	\$	\$	\$
17. REASONS FOR LEAVING	18. POSITION HELD			

## PART IV

**Federal statutes provide severe civil and criminal penalties for any person who knowingly makes false or fraudulent statements or representations to a government agency or officer with the intention of influencing any action by such agency or officer.**

19. SIGNATURE	Printed Name	Phone Number
20. TITLE OF EMPLOYER REPRESENTATIVE	21. DATE	

## APPLICATION SUBMITTAL CHECKLIST

*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 and may NOT be a water or trash bill. Submission must reflect owner name and address.*
- 3. COPY OF INSURANCE DOCUMENTATION**  
*Please provide photocopies of your current Property Insurance Declaration page.*
- 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 and state income tax returns for all income producing household members. Please ensure that the submission is signed by all taxpayers. If self-employed, please provide the last two years of your complete federal tax returns. If any members of your household were exempt or did not file their income tax return, please complete and submit the IRS Form 4506-T.*
- 7. COPY OF RECENT PROPERTY TAX BILL**
- 8. COPY OF RECENT MORTGAGE STATEMENT AND LOAN MODIFICATION (if applicable)**
- 9. COPY OF INCOME VERIFICATION DOCUMENTATION**  
*This includes the most recent three (3) months consecutive payroll stubs, social security and/or SSI award letter, AFDC checks, pension and retirement award letter and checks, alimony and child support payments, or other income documentation from all other income sources, for all members of the household.*
- 10. COPY OF ASSET VERIFICATION DOCUMENTATION**  
*This includes the most recent three (3) months of statements for all bank accounts, investment accounts, or other asset holdings for all members of the household.*
- 11. A VERIFICATION OF EMPLOYMENT FORM**  
*Complete only the following: entry number "1" with the name and address of the employer, and enter the social security number and sign in entry number "8", leave all other portions of the form blank. Complete and provide one form for each working household member.*
- 12. SIGNED COPY OF CONFIRMATION OF RECEIPT – LEAD BASED PAINT BROCHURE**  
*Included in this packet. Please complete, sign, and return.*
- 13. 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.