



City of Hemet
Senior Citizen Minor Home Repair Program
445 E. Florida Ave, Hemet CA 92543

APPLICATION INFORMATION

The following information is required to process your application for the Senior Citizen Minor Home Repair Program.

Complete all sections of the application and return all information that applies to your application. The application cannot be processed if all information is not supplied with the application.

1. Proof of all sources of Income (Current Letters from Social Security or AFDC dated within the last 60 days will replace 3 month requirement, 3 months pay stubs, pension statements, State Disability & all other sources of income; Income tax returns for prior year, if needed). Any household member with no income must provide a UIB print out from the unemployment office.
2. Proof of all assets (3 months bank statements for all checking, savings, investment accounts, annuities, CD's;(ALL PAGES) Stocks/Bonds, Real Estate, Land, etc.
3. Clear Copy of Photo ID for all household members 18 years & older (Valid Driver's License or CA ID).
4. Clear copy of Social Security Cards for all household members.
5. Grant Deed or HCD Title/Registration.
6. If the Head of Household is not a Senior Citizen, but is disabled a letter from the doctor must be attached verifying disability.

If the application is incomplete or supporting documentation is not supplied, it will be returned with a letter requesting the missing information be returned within 10 days or the application will be withdrawn.

If you have any questions, I can be reached at 951-765-2380.

Thank you,
Kerri Davis

Senior Citizen Minor Home Repair Program

INSTRUCTIONS: The information requested is required to determine eligibility for the Senior Citizen Minor Home Repair Program. All pages must be completed. All members of the household who are 18 years of age and older must sign and date this form, certifying that the information is true, correct and complete.

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

Address: _____

City, State, Zip Code: _____

HOUSEHOLD MEMBERS: List yourself and ALL persons living/staying in your home. Attach a separate page if needed. Use the Correct Legal Name as it appears on the Social Security Card.

Legal Name	Relationship	Sex	Date of Birth	Social Security Number	Drivers License or ID Number	Does this person get any money? Yes or No
	Self					

Are there any disabled persons in your household? No Yes Is there any special accommodation necessary in order to apply for, or to receive the SCMHRP Grant? If yes, please explain: _____

HOUSEHOLD INCOME: List all amounts of money earned or received by **EVERYONE** living in your household (include adults & children). This includes money from employment (a job), self-employment, unemployment/disability/Workman's Compensation, Social Security/SSI, retirement/pension, welfare, food stamps, child support/ alimony, rental property income, dividends, interest and **ALL** other sources:

Family member receiving income	Source of income (if employment, please list name and address of employer below)	Amount of income	How often do you receive this income? (monthly/weekly, etc)

Name of employer	Address of employer	Phone number	Fax Number

Do you anticipate any changes in your income in the next 12 months (for example, do you have any application pending for SSA/SSI, Welfare or Food Stamps; a new job; etc.)? If yes, please explain:

Name	Expected change

ASSET INFORMATION: List any/all checking/savings accounts, certificates of deposit, stocks/bonds, notes/mortgages, trust funds, homes/land/real estate (other than the home you reside in) Yes __ No __

Name	Type of Asset	Current Value	Name and address of bank or financial institution	Account number

Are you the owner of the property that you live in? Yes ___ No ___

Owned or Mortgaged	Mortgage Company	Payment amount	Home or Mobile Home

EMERGENCY CONTACT: Please list one or two person(s) to contact in the event we are unable to reach you. List someone who does not live with you. You may list a family member, friend, or another contact (such as a Social Worker, Mental Health Worker or other professional). By providing this information, you are authorizing the City of Hemet to communicate with this person regarding any information you provided:

Name	Address	Phone	Relationship
		()	
		()	

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION YOU WANT TO SUPPLY:

CONSENT

I/We authorize and direct any Federal/State or local agency, organization, business, or individual to release to the Housing Authority of the City of Hemet any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Senior Citizen Minor Homer Repair Program and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I/We also consent for the City of Hemet to share information with other county agencies, law enforcement and code enforcement agencies.

INFORMATION COVERED

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

Identity and Marital Status, Employment, Income and Assets, Residents and Rental Activity, Medical or Child Care Allowances, Credit and Criminal Activity.

I/We 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 Senior Citizen Minor Home Repair Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

- Previous Landlords Past and Present Employers Veterans Administration Retirement
- Public Housing Agencies Welfare Agencies Support and Alimony Providers
- Systems
- Courts and Post Offices State Unemployment Agencies Banks/Financial Institutions
- Schools and Colleges Social Security Administration Credit Providers/Credit
- Bureaus
- Law Enforcement Agencies Medical and Childcare Providers Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT

I/We understand and agree that the City of Hemet may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of adverse information found and a chance to disprove incorrect information. The City of Hemet may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense, Office of Personnel Management; U.S. Postal Service; Social Security Agency; State Welfare and Food Stamp Agencies.

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with The City of Hemet Housing Department and will stay in effect for one year and one month from the date signed. I/We understand I/We have a right to review my file and correct any information that I/We can prove is incorrect.

ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER MUST COMPLETE AND SIGN:

Signature of Head of Household	Printed Name	Social Security Number	Date
Signature of Other Adult	Printed Name	Social Security Number	Date

THINGS YOU NEED TO KNOW

1. Not all work that homeowner's want and/or need, can be done under the program. The City of Hemet, Housing Department representative will prioritize repairs with needs for Health & Safety first.
2. This program has a lifetime maximum limit of \$3000.00 retroactive to July 1, 2004. Repairs may be made annually, not to exceed the annual limit of \$800.00 for labor & materials. If the repair exceeds either of the limits the homeowner is responsible to pay for the difference.
3. Work will be done on a first come first serve basis, with the exception of emergencies. All emergencies and urgent requests are done first.

WAIVER FOR OWNER - OCCUPIED PROPERTY

As a participant in the Senior Citizen Minor Home Repair Program (SCMHRP), I understand that the City of Hemet will choose a repair person who has a current City of Hemet business license (& if applicable to the repairs a California State Contractors License) to perform home repair work authorized under the program and is on the current approved list of contractors. I also understand that there are certain risks to persons and property inherent in the home repair work authorized under the program. I further understand that the repair person selected to perform the repairs on my home is not in any way affiliated with the City of Hemet and that any personal injury or damages caused by the repair person or real property, or any defects in repair work are the sole responsibility of the repair person. Given my understanding of the above, I agree not to file any claim, demand or lawsuit against the City of Hemet, its elected or appointed officials, employees or agents arising from or related in anyway whatsoever to the actions of any repair person performing work on my home in connection with the SCMHRP.

BY SIGNING BELOW I AM CERTIFYING THAT I HAVE READ & UNDERSTAND THE STATEMENTS LISTED ABOVE.

ALL HOUSEHOLD MEMBERS 18 YEARS AND OLDER MUST SIGN BELOW:

Date _____

Signature _____

Signature _____

CITY OF HEMET

BENEFICIARY QUALIFICATIONS STATEMENT

This statement must be completed and signed by each person or head of household (legal guardian) receiving benefits from the described project/activity. **Please answer each of the following questions.**

1. How many persons are in your household?

For this question, a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members.

Note that a list of the 2006 VERY LOW income category is presented below. Please calculate the combined gross annual of all persons in your household from all sources of income.

2. Circle your combined gross annual income.

CIRCLE THE NUMBER OF PERSONS AND YOUR COMBINED ANNUAL INCOME								
Number of Persons in Your Household	1	2	3	4	5	6	7	8
VERY LOW INCOME 50% and Below (NOT TO EXCEED)	\$20,700	\$23,700	\$26,650	\$29,600	\$31,950	\$34,350	\$36,700	\$39,050

3. (Per HUD regulations effective FY 2004) Do you identify yourself as: You may identify both a Race and a Hispanic Ethnicity. This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

RACE:

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

HISPANIC/LATINO ETHNICITY? Yes No

- | | | |
|---|--|--|
| <input type="checkbox"/> Yes, Mexican/Chicano | <input type="checkbox"/> Yes, Cuban | |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Other Hispanic/Latino: _____ | |

4. AGE: 55 to 59 60 to 69 70 to 79 Over 80

5. Is FEMALE THE HEAD OF HOUSEHOLD: Yes No

6. Are you DISABLED? Yes No

Request for Service

Name: _____ Address: _____

The following items are **Eligible** for repair under the Senior Home Repair Program.

Water Heater Repair/Replacement

Heating/Air Conditioning/Swamp Cooler Repair/Replacement

Hand Rails & Step Repairs

Smoke Detectors

Items needed for the disabled (grab bars, handicap toilets etc...)

Door & Window Locks

Window Repairs

Appliance Repairs (only those necessary for Health & Safety)

Plumbing & Electrical Repairs to be determined by the Housing Department (faucets, toilets, garbage disposal, leaking pipes)

Items requested for repair:

1. _____
2. _____
3. _____
4. _____
5. _____

Office Use Only:

Repairs Authorized by Housing Department:

1. _____
2. _____
3. _____
4. _____
5. _____