



**HOUSING IMPROVEMENT PROGRAM**  
**CalHome Program**  
**FISCAL YEAR 2015-2016**  
**APPLICATION FORM**

Personal Information Worksheet

| Approved by: | Date |
|--------------|------|
|              |      |
|              |      |
|              |      |

**INFORMATION ABOUT YOURSELF:**

Date: \_\_\_\_\_

APPLICANT(s): (Head of Household) Name: \_\_\_\_\_

Spouse (If deceased please provide the date of death): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Applicant's Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Date Structure was built: \_\_\_\_\_

Currently Employed? \_\_\_ Yes \_\_\_ No.

If yes, where: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ hourly \$ \_\_\_\_\_ weekly \$ \_\_\_\_\_ monthly.

Number of hours work each week: \_\_\_\_\_.

Does your spouse have a job? \_\_\_ Yes \_\_\_ No.

If yes, where: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ hourly \$ \_\_\_\_\_ weekly \$ \_\_\_\_\_ monthly.

Number of hours work each week: \_\_\_\_\_

Are you a student? \_\_\_ Yes \_\_\_ No.

If yes, where: \_\_\_\_\_

Is your spouse a student? \_\_\_ Yes \_\_\_ No.

If yes, where: \_\_\_\_\_

If you are not employed, do you collect unemployment insurance?

\_\_\_Yes      No. If yes, how much each month?\_\_\_\_\_.

Date you stated collecting unemployment insurance:\_\_\_\_\_.

Date unemployment insurance expires:\_\_\_\_\_.

Does your spouse collect unemployment insurance?

\_\_\_Yes      No. If yes, how much each month?\_\_\_\_\_.

Date you stated collecting unemployment insurance:\_\_\_\_\_.

Date unemployment insurance expires:\_\_\_\_\_.

Are you physically or mentally handicapped? \_\_\_Yes \_\_\_No.

Is your spouse physically or mentally handicapped?\_\_\_Yes \_\_\_No.

Are you or your spouse a US Military Veteran?\_\_\_Yes \_\_\_No.

If yes, what branch:\_\_\_\_\_

What is your racial/ethnic background?

White \_\_\_ Hispanic \_\_\_ Black \_\_\_ Asian \_\_\_ Other \_\_\_\_\_  
Pacific Islander\_\_\_ American Indian or Alaskan Native \_\_\_\_\_

How many persons live with you?

Adult persons (18 years or older) \_\_\_\_\_

Children (less than 18 years) \_\_\_\_\_ TOTAL:\_\_\_\_\_.

Is anyone who resides with you physically or mentally handicapped?

\_\_\_Yes \_\_\_No. Name(s)\_\_\_\_\_Age(s)\_\_\_\_\_.

**INFORMATION ABOUT OTHER FAMILY MEMBERS:**

Give us the names, ages and relationship of **all** other members who live with you:

1. Name\_\_\_\_\_Age \_\_\_\_\_ Relationship\_\_\_\_\_.

2. Name\_\_\_\_\_Age \_\_\_\_\_ Relationship\_\_\_\_\_.

3. Name\_\_\_\_\_Age \_\_\_\_\_ Relationship\_\_\_\_\_.

4. Name\_\_\_\_\_Age \_\_\_\_\_ Relationship\_\_\_\_\_.

5. Name\_\_\_\_\_Age \_\_\_\_\_ Relationship\_\_\_\_\_.

6. Name\_\_\_\_\_Age \_\_\_\_\_ Relationship\_\_\_\_\_.

Besides you and your spouse, how many other adult persons (over 18 years old) living with you have a job? \_\_\_\_\_. List these people in the space below.

1. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_.

Salary \$ \_\_\_\_\_ Number of hours work each week? \_\_\_\_\_.

2. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_.

Salary \$ \_\_\_\_\_ Number of hours work each week? \_\_\_\_\_.

3. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_.

Salary \$ \_\_\_\_\_ Number of hours work each week? \_\_\_\_\_.

4. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_.

Salary \$ \_\_\_\_\_ Number of hours work each week? \_\_\_\_\_.

**YOUR GROSS HOUSEHOLD INCOME**  
**(Combined income for ALL members of the household)**

|                  |               |                  |                        |
|------------------|---------------|------------------|------------------------|
| Child Support:   | You: \$ _____ | Spouse: \$ _____ | Other Member: \$ _____ |
| Social Security: | You: \$ _____ | Spouse: \$ _____ | Other Member: \$ _____ |
| AFDC:            | You: \$ _____ | Spouse: \$ _____ | Other Member: \$ _____ |
| Interest:        | You: \$ _____ | Spouse: \$ _____ | Other Member: \$ _____ |
| Dividend(s)      | You: \$ _____ | Spouse: \$ _____ | Other Member: \$ _____ |
| Disability:      | You: \$ _____ | Spouse: \$ _____ | Other Member: \$ _____ |
| Pension:         | You: \$ _____ | Spouse: \$ _____ | Other Member: \$ _____ |
| Trust(s):        | You: \$ _____ | Spouse: \$ _____ | Other Member: \$ _____ |
| Savings:         | You: \$ _____ | Spouse: \$ _____ | Other Member: \$ _____ |
| Rent received:   | You: \$ _____ | Spouse: \$ _____ | Other Member: \$ _____ |
| Unemployment:    | You: \$ _____ | Spouse: \$ _____ | Other Member: \$ _____ |
| Other Income:    | You: \$ _____ | Spouse: \$ _____ | Other Member: \$ _____ |

**YOU MUST PROVIDE US COPIES OF THE VARIOUS PROOF OF INCOME DOCUMENTS LISTED BELOW FOR YOURSELF, YOUR SPOUSE AND FOR EACH ADULT PERSON (OVER 18 YEARS OF AGE) WHO LIVES WITH YOU.**

- W-2 Forms for last year.
- Social Security check or letter (if on Social Security).
- Federal Income Tax Form for last year.
  
- Several recent paycheck stubs (if working).
- Annual Dividend Statement(s).
- Annual Interest Statements.
  
- Proof of unemployment (if collecting)
- Student class schedule(s) [if student(s)]

**ALSO**, you must provide:

- Three recent utility bills for the house where you live.
- A recent telephone bill for the house where you live.
- Three most recent bank statements.
  
- A copy of the deed to your property.
- A copy of your latest property tax bill.

***I HEREBY CERTIFY THAT THE ABOVE STATED FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE INFORMATION I PROVIDE IN REGARD TO THIS APPLICATION WILL BE USED TO DETERMINE MY ELIGIBILITY TO RECEIVE FINANCIAL ASSISTANCE UNDER THE HOUSING IMPROVEMENT PROGRAM ADMINISTERED BY THE CITY OF SOUTH EL MONTE.***

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Signature of Homeowner

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Date

**WORK REQUEST**

**Please check the work item that need repair/improvement.**

- Roofing
- Plumbing
- Electrical
- Termite fumigation or termite damage repairs
- Water heater
- Furnace
- Exterior Home Painting
- Replace Broken Windows
- Other (Please describe below)

Please describe:

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Comments/City Official:

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# CITY OF SOUTH EL MONTE HOUSING IMPROVEMENT PROGRAM

## HOMEOWNER AFFIDAVIT

Date: \_\_\_\_\_

Applicant(s): \_\_\_\_\_

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**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THERE ARE IMPORTANT LEGAL CONSEQUENCES TO THIS AFFIDAVIT.**

I (We) the undersigned, as part of my (our) application for a grant from the Housing Improvement Program from the City of South El Monte (hereinafter "City"), state the following:

1. I (We) understand that the City desires to assist persons of extremely low, very low, and lower income levels, adjusted for family size, to increase, improve and preserve low and lower-income housing within the jurisdiction of the City.
2. I (We) certify that I (We) would not be able to rehabilitate my (our) residence without such assistance. I (We) desire to obtain a Housing Improvement grant of \$\_\_\_\_\_ in order to rehabilitate my (our) residence commonly referred to by the street address of \_\_\_\_\_, South El Monte, California (hereinafter "Property"). I further understand that the grant proceeds must be used to repair my residence as described in the Housing Improvement Program Policies and Procedures Manual.
3. I (We) certify that my (our) household income is equal to or less than the lower-income level, adjusted for family size.
4. I (We) certify that I (We) occupy and use the Property as my (our) principal residence. I (We) certify that I (we) will notify the City in writing if the residence ceases to be my (our) principal residence for the duration of the silent loan term after the completion of the rehabilitation work.
5. I (We) certify that I (We) shall maintain the improvements and landscaping on the Property in a manner consistent with the community standards and in a manner that will uphold the value of the Property, and shall keep the Property free from any accumulation of debris and waste materials.
6. I (We) further certify that I (We) shall comply with any and all covenants and agreements established by any applicable homeowner's association or other applicable regulatory entity and comply with all applicable City, State, and Federal laws.

7. (We) acknowledge that a material misstatement fraudulently or negligently made in this affidavit or in the application, or in any other statement made by me (us) in connection with an application for the Housing Improvement Program may constitute a criminal violation and may result in the denial of my (our) application, and that discovery of a false statement after acceptance into the Housing Improvement Program shall require immediate repayment of the grant in addition to any criminal penalty imposed by law.

Dated: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(Please Print)

Signature of Applicant: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(Please Print)

**Note:** This form must be completed and signed by all owners of the Property.



# CONSENT TO ENTER AND GENERAL RELEASE

## TO THE CITY OF SOUTH EL MONTE:

I am (we are) the sole owner(s) of that certain property located at \_\_\_\_\_, South El Monte, California. I (we) hereby consent to the entry of said property by agents, employees, contractors, and assigns of the City, along with all necessary equipment and materials, as needed, to perform inspections of the property and inspections of repair work. I intend to engage a contractor to perform the repair work on the property. I (we) hereby agree that the City of South El Monte, its officers, employees, agents, and assigns, shall not be liable for, and I hereby release them from, any and all liabilities arising from said entries, inspections and repair work and any approvals of the work and from all claims, known or unknown that have arisen or may arise from such entries, inspections, repair work or approvals. In executing this consent to enter and release, I (we) additionally bind my (our) spouse(s), heir(s), legal representative(s), assigns, and anyone else claiming through or under me (us). I (we) have not assigned any claim arising from the transaction described above to another party. In addition to the City of South El Monte, its officers, employees, agents, and assigns, this release extends to each of their heirs, successors, insurers and personal representatives.

The permission for the right to enter, which is granted herein, shall expire when the work described above and the final inspections thereof have been completed.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, at South El Monte, California, County of Los Angeles, State of California.

### PROPERTY OWNER(S)

|                       |                     |               |
|-----------------------|---------------------|---------------|
| _____<br>Signature(s) | _____<br>Print Name | _____<br>Date |
| _____<br>Signature(s) | _____<br>Print Name | _____<br>Date |
| _____<br>Signature(s) | _____<br>Print Name | _____<br>Date |