

**Development Services Department
Housing Division
Senior Mobile Home Program
Emergency Repairs
(CDBG funded)**



Program Information 2015-2016

The **Senior Mobile Home Repair Program** assists eligible seniors (65 years or older) who reside in eligible mobile home parks within the City of Rialto with **emergency repairs** at a maximum amount of **up to \$5,000.00** per mobile home. The repairs must correct an immediate threat on the property, which is creating a health and or safety/hazardous situation. Funding is limited to two applicants per Mobile Home Park.

Homeowners must meet certain income guidelines to qualify for emergency funds. Each application will be reviewed individually according to the seriousness of the emergency repair, which exists on the property.

Program Guidelines

- Applicant Mobile Home must be within the City of Rialto.
- Applicant must own and reside in the mobile home requesting the repairs for at least one year.
- Existing property taxes, Utility Bills and homeowners Insurance must be current.
- One application per household.
- Applicants must fall within the established income guidelines.

**Number of Persons in the Family
(Annual limits on Gross Income Per Household)**

1	2	3	4	5	6	7	8
\$21,750	\$24,850	\$27,950	\$31,050	\$33,550	\$36,050	\$38,550	\$41,000

Eligible Repairs

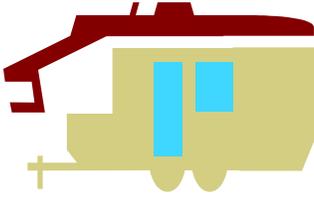
Eligible repairs include serious health and safety issues as defined in Section 17920.3 of the California Health & Safety Code and the City of Rialto Municipal Code section 18.72. Evaluation of repairs requested will need to be first completed by Department staff to determine serious code violations/deficiencies prior to approval of application.

Some of the items eligible for the Emergency Mobile Home Repair Program are:

- **Accessibility issues**
- **Unsanitary Plumbing Conditions**
- **Hazardous Electrical Systems**
- **Roof replacements**
- **Inoperative HVAC systems**

Program Instructions

- Pick up an Emergency Mobile Home Repair Application at the Development Services Department 150 S. Palm Avenue.
- Homeowner may be required to provide proof of filing a claim with their homeowner's insurance company.
- Return your completed application, along with pictures of the emergency repair(s) to the Housing Division at 150 S. Palm Avenue, Rialto 92376.



**City of Rialto
Redevelopment Agency
Housing Division
Emergency Mobile Home Repair Program**



APPLICATION 2015-2016

Please fill out this form completely and accurately. Any incomplete form will delay the processing of your application. All application materials are kept confidential from the general public.

Applicant/Owner (Please Print)

Name: _____

Address: _____

Phone (home): _____

(work): _____

Marital Status: Married Single Divorce Legally Separated Separated Widowed

Current Employer: _____ Work Phone: _____

Occupation: _____ Address: _____

Number of persons in household? ____ Adults (over 18) ____ Children (under 18)

Are you the legal property owner? Yes No Do you currently reside at the property? Yes No

Is the Head of Household Disabled? Yes No

Co-Owner (Please Print)

Name: _____

Address: _____

Current Employer _____ Address: _____

Occupation: _____ Work Phone: _____

Please answer the following questions:

Do you have Homeowner's Insurance? Yes No Is this policy current and up-to-date? Yes No

Have your mortgage payments been current within last 3 months? Yes No

Are the Property Taxes current? Yes No

Have you received assistance from the City in the past? Yes No *If you answered yes*, please indicate the type of assistance ____Emergency Mobile Home Repair ____Weatherization

TYPE OF EMERGENCY ISSUES TO BE REPAIRED:

Total Household

(Annual limits on Gross Income Per Household)

1	2	3	4	5	6	7	8
\$21,750	\$24,850	\$27,950	\$31,050	\$33,550	\$36,050	\$38,550	\$41,000

Total Number of Persons in Household: Adult(s): _____ **Children:** _____

Total Annual Gross Income of Household: _____

HOUSEHOLD COMPOSITION

Name	Social Security Number	Birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____

(IF ADDITIONAL SPACE IS NEEDED USED THE BACK OF THIS FORM)

Household's INCOME:	Monthly Gross:	Yearly Gross Income:	Source of Income Name and Address
Occupant	\$	\$	
Co-Occupant	\$	\$	
Other	\$	\$	
Sub-total	\$	\$	
Total	\$	\$	

Sources of Income: Employment Stubs, Social Security, AFDC, Disability, Retirement, Spouse/Child Support, Foster Child Payments, Rental Income, Etc.

By signing this application, the applicant understands and agrees that eligible repairs that may be made under the Senior Emergency Mobile Home Repair Program must be related to Health and Safety Code provisions as stipulated in the program description.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Owner Signature: _____ **Date:** _____

Co-Owner Signature: _____ **Date:** _____

Penalty for false or fraudulent statement U.S.C. Title 28, Section 1001, provides:
 "Whoever in any Department or Agency of the United States knowingly and willingly falsifies...or make any false, fictitious or fraudulent statement or entry, shall be fined up to \$10,000 or imprisoned up to 5 years or both".

Return Completed Application To:
 City of Rialto-Development Services Department-Housing Division
 150 South Palm Avenue, Rialto, CA 92376 Office (909) 820-8013 Fax (909) 421-7289

DOCUMENTATION REQUIRED

COPY OF PHOTO IDENTIFICATION

FINANCIAL DOCUMENTATION:

- COPY OF (3) CONSECUTIVE PAYROLL CHECK STUBS
- COPY OF (3) MONTHLY SSI STATEMENTS AND OR PENSION STATEMENTS.
- COPY OF (3) CONSECUTIVE BANK STATEMENTS ALL PAGES.
- FEDERAL INCOME TAX FORMS / NON-FILING AFFIDAVIT
- OTHER APPROVED FINANCIAL DOCUMENTATION.

PROPERTY DOCUMENTATION:

- GRANT DEED (PROPERTY TITLE/REGISTRATION)
- ANNUAL PROPERTY TAX STATEMENT
- UTILITY BILL (SCE – CABLE – GAS)
- COPY OF CURRENT PROPERTY INSURANCE

The above listed documents must be submitted with the application for you to be considered for the program.

Any questions please call my office at (909) 820-8013. Office hours are Monday-Thursday 7:00 am until 6:00 pm. The office is closed on Fridays.

MONITORING INFORMATION

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the City's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a City may not discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, the City will note race and sex on the basis of visual observation or surname. If you do not wish to furnish to above information, please check the box below.

APPLICANT

I do not wish to furnish this information

CO-APPLICANT

I do not wish to furnish this information

APPLICANT	CO-APPLICANT
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Black, not of Hispanic Origin	<input type="checkbox"/> Black, not of Hispanic Origin
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hispanic
<input type="checkbox"/> White, not of Hispanic Origin	<input type="checkbox"/> White, not of Hispanic Origin
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male
AGE: _____	AGE: _____
How did you hear about our program? _____	
NUMBER OF PERSONS IN HOUSEHOLD: _____	

Office Use Only:		
Income is within this range (mark one box only):		
<input type="checkbox"/> 0-30% of area median income	<input type="checkbox"/> 31-50% of area median income	<input type="checkbox"/> 51-100 % of area median income

THIS DOCUMENT WILL BE INCLUDED IN A SEPARATE FILE