



## Mobile Home Rehabilitation Program **APPLICATION**

Dear Prospective Applicant:

Thank you for your interest in the City of Rialto Mobile Home Rehab Program. The Mobile Home Rehab Program assists Rialto residents who reside in eligible mobile home parks within the City of Rialto. The Mobile Home Rehab Program offers eligible applicants to receive a maximum grant amount up-to \$10,000.00 per mobile home. The City may grant up-to \$10,000 to address lead abatement and asbestos cost, if needed, for mobile homes built prior to 1978. Enclosed you will find a preliminary application, an information sheet with details on the program, a list of eligible improvements, Income determination and a checklist indicating the documentation that must be provided to fully determine your eligibility.

Please review all requirements below before submitting your grant application. Once you have completed the preliminary application and have obtained all necessary documents, please submit the completed packet (\*please do not send original documents) to the City of Rialto's Community Development Department. Homeowners must meet the income guidelines below to qualify for assistance. We will review your application to determine eligibility and contact you to schedule an application review meeting as soon as possible.

### **Eligibility Requirements**

- Applicant Mobile Home must be within the City of Rialto.
- The home must be owner occupied and reside in the mobile home requesting the repairs for at least one year
- The home must be located within the incorporated Rialto City limits
- One application per Household
- Household income cannot exceed 80% of San Bernardino County Income Limits
- Property cannot be located within a flood hazard zone

### **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. An inspection will be conducted by department staff to determine serious code violations/deficiencies once approval of application.

Eligible rehabilitation work includes:

- Repair or replacement of structural items such as roof, porches, steps, sliding partitions, windows, doors
- Repair or replacement of listings of electrical, heating, and plumbing items
- Painting
- Termite inspections and extermination
- Special rehabilitations necessary elderly or disabled people such as grab bars, handrails, ramps
- Work in compliance with Federal Regulations for Lead Based Paint Hazards & Asbestos



**Mobile Home Rehabilitation Program**  
**APPLICATION**

**Income Determination Table**

Staff will review all documents to determine annual household income and verify eligibility.

Maximum Annual Household Income Limits as Determined by HUD effective April 1, 2022								
Persons in Household								
	1	2	3	4	5	6	7	8
80% Moderate Income	\$49,300	\$56,350	\$63,400	\$70,400	\$76,050	\$81,700	\$87,300	\$92,950

**Required Documents**

- Income tax returns from prior year, including all schedules for each working member of the household.
- Copy of Grant Deed or Certificate of Title
- Copy of current Property Tax Bill, if applicable
- Copy of recent Utility Bill
- Copy of current property insurance certificate
- Copy of **two (2) months** most recent consecutive months of payroll stubs
- Copies of all sources of income for all household members for the past **two (2) months**, including but not limited to Social Security/SSI benefits, Unemployment checks/statements, retirement/pensions, and public assistance.
- Copies of **two (2) months** most recent bank statements for all household members.
- Copy of Photo I.D. of Applicant

**When submitting documentation – DO NOT SEND ORIGINALS**



**Mobile Home Rehabilitation Program**  
**APPLICATION**

**Applicant Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**I. HOUSEHOLD INFORMATION**

**a. Head of Household Information**

Head of Household is \_\_\_\_\_ (check all that apply)

Male       Female       62 years or older       Disabled

**b. Employment and Income**

Please complete the table below.

APPLICANT	SPOUSE/CO-APPLICANT
Current Employer:	Current Employer:
Employer	Employer
Address:	Address:
Business Phone:	Business Phone:
Position:	Position:
Length of Time Currently Employed:	Length of Time Currently Employed:
Current Annual Gross Income:	Current Annual Gross Income:

**c. What is the total number of persons who live in the household?** \_\_\_\_\_

**FEDERAL LAW REQUIRES THAT WE COLLECT THE FOLLOWING INFORMATION:**

In determining individual and family income, annual income shall be defined as the total gross income received from all sources by an individual or family members, including head of household, spouse, and each additional member of the household who has earned or received income during a twelve-month period. Income includes interest income, dividends, social security payments, income from annuities, pensions, and any other income from other sources such as insurance policies and death benefits. Payments in lieu of earnings, such as unemployment, workers compensation, severance pay, alimony, and child support and welfare assistance shall also be counted toward the household's gross income.

**d. Household Income Information**

Complete the following table for all persons residing in the household (attach additional sheets, if needed). Verification of income must be provided and attached to determine program eligibility.

	Name	Age	Annual Income	Income Source	Relation to Homeowner
1					
2					
3					
4					
5					
6					



**Mobile Home Rehabilitation Program**  
**APPLICATION**

**Are all sources of income listed above?**

- Yes
- No (Please list any other income available to the household. Attach additional sheets, if necessary)

**II. PROPERTY INFORMATION**

**a. Property Type**

1. How long have you owned this property? \_\_\_\_\_
2. What year was the Mobile Home Built? \_\_\_\_\_
3. Are you a permanent, full-time resident of this property?  Yes  No
4. Are the property taxes current on the above listed property?  Yes  No
5. Are all financial obligations current for which the property is used as collateral?  Yes  No
6. If the property is currently used as loan collateral, please list the outstanding balance of all loans. \$ \_\_\_\_\_
7. What is your monthly mortgage payment? \$ \_\_\_\_\_
8. How many loans do you currently have outstanding against the property? \_\_\_\_\_
9. Are there any outstanding or pending liens against the property?  Yes  No

**b. Proposed Improvements**

- Plumbing  Heating  Structural  Painting (exterior)
- Roofing  Electrical  Code Work  Other \_\_\_\_\_

Specify Improvements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**c. Does your property have any outstanding Building Safety and/or Code Enforcement violations?**

- Yes  No If yes, please specify: \_\_\_\_\_
- \_\_\_\_\_

**III. DEMOGRAPHIC INFORMATION**

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

**Racial Background**

SINGLE CATEGORIES	DOUBLE CATEGORIES
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> American Indian or Alaska Native and White
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black or African American and White
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> American Indian or Alaska Native and Black or African American
<input type="checkbox"/> White	
<input type="checkbox"/> Other-for individuals who do not identify with any of the above	



**Ethnic Background**

<input type="checkbox"/> Not Hispanic/Latino
<input type="checkbox"/> Hispanic/Latino Ethnicity
<input type="checkbox"/> Mexican American
<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Cuban
<input type="checkbox"/> Other Hispanic/Latino
_____

**IV. CONFLICT OF INTEREST**

Do you or any member of your household have any direct or indirect family or business relationship with officials, agents, or employees of the City of Rialto? (Note: Such a relationship does not necessarily prohibit participation in the program)    Yes    No

If yes, please give the person's name and describe the relationship:

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**V. PROGRAM**

How did you hear about our program?

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Have you ever applied for assistance in the City of Rialto?    Yes                       No

If yes, please specify date and type of assistance:

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**Mobile Home Rehabilitation Program**  
**APPLICATION**

**VI. PRELIMINARY INCOME DOCUMENTATION FORM**

Please submit documentation as indicated in the documentation column. Fill all boxes- if you do not have income from that source, mark "0" in the box.

SOURCE OF INCOME	LIST GROSS MONTHLY INCOME IN DOLLARS	DOCUMENTATION (Documentation must be submitted for each type of income revied as specified. Unless otherwise noted, documentation may not be older than 6 months)
Salary		<i>Submit as least 1 sources of the following:</i> <ul style="list-style-type: none"> <li>• Two most current months of paychecks stubs.</li> <li>• Employment and salary documentation form.</li> <li>• Federal of State income tax returns of W-2 forms (not older than 1 year)</li> </ul>
SSA/SSI/SSD- Social Security Income/Supplemental Security Income/Disability		<i>Submit as least 1 sources of the following:</i> <ul style="list-style-type: none"> <li>• Copy of applicant's monthly award check.</li> <li>• Form SSA-2458 (request from Social Security Office)</li> <li>• Copy of applicant's award letter.</li> <li>• Bank statement showing direct deposits of applicant's award check.</li> </ul>
Aid For Families with Dependent Children (AFDC) and General Relief		<i>Submit as least 1 of the following sources:</i> <ul style="list-style-type: none"> <li>• Award letter stating the amount of the applicant's benefit.</li> <li>• Copy of applicant's most recent check.</li> <li>• Written statement Caseworkers stating applicant's award check.</li> </ul>
Pension		<i>Submit as least 1 of the following sources:</i> <ul style="list-style-type: none"> <li>• Copy of applicant's most recent pension check.</li> <li>• Copy of pension award letter showing monthly benefits.</li> <li>• Bank statement showing direct deposit of applicant's award check.</li> </ul>
Alimony and Child Support		<i>Submit each of the following sources:</i> <ul style="list-style-type: none"> <li>• Copy of applicant's weekly/monthly check.</li> <li>• Court decree-establishing payments.</li> </ul>
Unemployment Insurance		<i>Submit 1 of the following sources:</i> <ul style="list-style-type: none"> <li>• Copy of award notice stating applicant's benefit.</li> <li>• Payment booklet.</li> </ul>
Self-Employment Profits		<i>Submit 2 of the following sources:</i> <ul style="list-style-type: none"> <li>• Current account records.</li> <li>• Currents quarterly income tax return (not older than 6 months)</li> <li>• Current Federal tax returns</li> </ul>
Interest from Bank Accounts and Cash Funds		<i>Submit 1 of the following for each account:</i> <ul style="list-style-type: none"> <li>• Letter from Bank manager stating interest earned (letter may identify several accounts)</li> <li>• Bank statements showing last 12 months of interest earned.</li> <li>• Most recent Federal income tax return (not older than 6 months)</li> <li>• Investment statements indicating the amount of dividends earned.</li> </ul>
Rental Property Income		<i>Submit as least 2 sources of the following for each property:</i> <ul style="list-style-type: none"> <li>• Copy of recent rent check.</li> <li>• Rent receipt book.</li> <li>• Copy of property rental agreement signed by current tenant showing monthly rent amount.</li> </ul>
Other Income Not Shown Above List Sources		<ul style="list-style-type: none"> <li>• Attach documentation to support declaration.</li> </ul>

*I certify that the above information is correct and complete to the best of my knowledge*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



**Mobile Home Rehabilitation Program**  
**APPLICATION**

**VII. APPLICANT'S CERTIFICATION/CONSENT**

The applicant(s) certifies, under the penalty or perjury, that all information provided in this application, and supporting documentation is true and complete to the best of the applicant(s)'s knowledge. Applicant(s) also gives consent to have the City of Rialto to obtain any information or documents required to verify statements made herein, including income, employment, mortgage, and all other debt and credit obligations which may be required in connection with the applicant's application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR AGENCY USE ONLY**

<p><b>Date Application Received</b></p> <p><b>Application Approved?</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>If no, reason for denial:</b></p> <p><b>Interviewer:</b></p> <p><b>Comments:</b></p>
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